B Check if Address Name ch Initial re Final return/te Amendee	f the Treasury nue Service he 2015 cal e of applicable s change eturn eturn terminated	Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Confoundations) Do not enter social security numbers on this form as it may Information about Form 990 and its instructions is at www Information about Form 990 and its instructions is at www Information about Form 990 and its instructions is at www Information about Form 990 and its instructions is at www Information about Form 990 and its instructions is at www Information about Form 990 and its instructions is at www Information about Form 990 and its instructions is at www Information about Form 990 and its instructions is at www Information about Form 990 and its instructions is at www Information about Form 990 and its instructions is at www Information about Form 990 and its instructions is at www Information about Form 990 and its instructions is at www Information about Form 990 and its instructions is at www Information about Form 990 and its instructions is at www Information about Form 990 and its instructions is at www Information about Form 990 and its instructions is at www Information about Form 990 and its instructions is at www Information about Form 990 and its instructions is at www Information about Form 990 and its instructions is at www Information about Form 990 and its instructions is at www Information about Form 990 and its instructions is at www Information about Form 990 and its instructions is at www Information about Form 990 and its instructions is at ww	de (except priva ay be made publi w.IRS.gov/form99 5 D	ate IC 90	OMB No 1545-0047 2015 Open to Public Inspection		
Department of I nternal Revenue A For the B Check If Address Name ch Initial re Final return/te Amende	f the Treasury nue Service he 2015 cal of applicable s change change eturn terminated ed return	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co foundations) ► Do not enter social security numbers on this form as it ma ► Information about Form 990 and its instructions is at <u>www</u> endar year, or tax year beginning 01-01-2015 , and ending 12-31-2019 C Name of organization 1ST CAVALRY DIVISION ASSOCIATION Doing business as Number and street (or P 0 box if mail is not delivered to street address) Room/suit	de (except priva ay be made publi w.IRS.gov/form99 5 D	ate IC 90 Employer id	Open to Public Inspection		
A For th B Check If Address Name ch Initial re Final return/te Amende	he 2015 cal f applicable s change change eturn terminated ed return	 Do not enter social security numbers on this form as it mathematical between the information about Form 990 and its instructions is at www. Endar year, or tax year beginning 01-01-2015 , and ending 12-31-2019 C Name of organization 1ST CAVALRY DIVISION ASSOCIATION Doing business as Number and street (or P O box if mail is not delivered to street address) Room/suit 	5 D	90 Employer id	Inspection		
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Generation Check If Address Name ch Initial re Final return/te Amende	f applicable s change change eturn terminated ed return	C Name of organization 1ST CAVALRY DIVISION ASSOCIATION Doing business as Number and street (or P O box if mail is not delivered to street address) Room/suit	D		dentification number		
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_ Fınal return/te Amende	terminated ed return						
return/te	ed return		E	Telephone n	umber		
			.c				
Applicati	tion pending	City or town, state or province, country, and ZIP or foreign postal code COPPERAS COVE, TX 76522		_			
		COPPERAS COVE, TX 76522	G	Gross receipt	:s \$ 695,517		
		F Name and address of principal officer DENNIS WEBSTER	H(a) Is this a				
		DENNIS WEBSTER	subordın H(b) Are all s		「Yes √No s 「Yes √No		
		611 JUDY LANE COPPERAS COVE,TX 76522	included	?			
Tax-exe	empt status	501(c)(3) 501(c) (19) (insert no) 4947(a)(1) or 527			st (see instructions)		
J Websi	ite: ► WW\	V 1CDA ORG	H(c) Group e	xemption i	lumber 🖛		
		Corporation Trust Association Other ►	L Year of forma	tion	M State of legal domicile		
Part I	_	-		uon	Fi State of legal dofficile		
		ribe the organization's mission or most significant activities					
. I		voting members of the governing body (Part VI, line 1a)	. 4	15			
5		ber of individuals employed in calendar year 2015 (Part V , line 2a) $\ .$			5		
		ber of volunteers (estimate if necessary)					
		lated business revenue from Part VIII, column (C), line 12 ed business taxable income from Form 990-T, line 34		. 7a 7b	0		
			Prior Y		Current Year		
8	Contrib	utions and grants (Part VIII, line 1h)		81,775	17,130		
9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9		n service revenue (Part VIII, line 2g)		104,111	404,702		
10 E		nent income (Part VIII, column (A), lines 3, 4, and 7d)		75,568			
L 11 12		evenue (Part VIII, column (A), lınes 5, 6d, 8c, 9c, 10c, and 11e) evenue—add lınes 8 through 11 (must equal Part VIII, column (A), lıne		4,155	-		
	12)			265,609	613,315		
13		and similar amounts paid (Part IX, column (A), lines 1–3)			0 28,469		
14		s paid to or for members (Part IX, column (A), line 4)					
89 89	5-10)			88,134	107,696		
∰ 16a		sional fundraising fees (Part IX, column (A), line 11e)			0		
<u>а</u> ь 17		draising expenses (Part IX, column (D), line 25) ▶ <u>0</u> xpenses (Part IX, column (A), lines 11a–11d, 11f–24e)		181,188	184,669		
18		xpenses Add lines 13–17 (must equal Part IX, column (A), line 25)		269,322	320,834		
19	Revenu	e less expenses Subtract line 18 from line 12		-3,713	292,481		
8 9 9 9 9 9 9 9			Beginning of Cu	urrent Year	End of Year		
	Total a	ssets (Part X, line 16)	2	2,112,515	2,306,028		
	. Total lı	abilities (Part X, line 26)		172,525	73,904		
ិទ្ឋ 21	Net as	ets or fund balances Subtract line 21 from line 20	1 .	<u> </u>			
Second Se		ture Block					

Sign	7	Signature of offic						
Here	DENNIS WEBSTER EXEC DIRECTOR							
	1	ype or print name and title						
Paid		Print/Type pre S NADINE FEI	eparer's name LD CPA	Preparer's signature S NADINE FEILD CPA				
Preparer		Firm's name	Firm's name F JOHN LISTER INCORPORATED PC					
Use Onl		Firm's addres	Firm's address Þ 2420 E HIGHWAY 190					
	у		COPPERAS COVE, TX 76	5222556				

May the IRS discuss this return with the preparer shown above? (see instructio For Paperwork Reduction Act Notice, see the separate instructions.

Form	1990 (2015)				Page 2				
Par	t IIII Statement of Prog Check If Schedule O cor		•	s Part III					
1	Briefly describe the organization	on's mission							
VET	ERAN SUPPORT								
2	Did the organization undertake the prior Form 990 or 990-EZ?			he year which were not listed on	∏Yes I No				
	If "Yes," describe these new se	rvices on Sche	lule O						
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?								
	If "Yes," describe these change	es on Schedule	C						
4		nd 501(c)(4) or	ganizations are required to	f its three largest program services o report the amount of grants and al d					
4a	(Code) (Exp	enses \$	171,250 including grants	of \$) (Revenue \$)				
14				ISION TOGETHER THROUGH CORRESPOND	,				
	CHARTERED ACTIVITIES, AND ANNU	AL REUNIONS IT AL	SO PROVIDES SUPPORT TO PER	SONNEL ACTIVELY SERVING IN THE FIRST	CAVALRY DIVISION				
4b	(Code) (Exp	enses \$	including grants o	f \$) (Revenue \$)				
4 c	(Code) (Exp	enses \$	including grants o	f \$) (Revenue \$)				
	Other and an area ()		- 0)						
4d	Other program services (Desc (Expanses #		•) (Payanya t	N				
	(Expenses \$		g grants of \$) (Revenue \$)				
4e	Total program service expense	es 🕨	171,250						
					Form 990 (2015)				

Form 990 (2015)
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)? <i>If "Yes," complete Schedule A</i>	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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		No
	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		
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		No
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? <i>If "Yes," complete Schedule D, Part I</i>	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 😨	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🕲	8		No
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? <i>If "Yes," complete Schedule D, Part IV</i> 😨	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 🗐	10		No
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	Yes	
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? <i>If "Yes," complete Schedule D, Part VII</i> 😨	11b		No
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? <i>If "Yes," complete Schedule D, Part VIII</i> 🚳 .	11c		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 😨	12a		No
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 \mathfrak{B}	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
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		No
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		No
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

t IV Checklist of Required Schedules (continued)			
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
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		No
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? <i>If "Yes," complete Schedule J</i> .	23		No
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
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?	24c		
Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? \cdot .	24d		
Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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		
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?			No
Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantia contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family			No
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 family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule (28a		No
Part IV	28b		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I \cdot	31		No
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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		No
Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
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		
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
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		No
	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 17 If "Yes," complete Schedule 1, Parts I and II	bit the organization report more than 55 000 of grants or other assistance to any domestic expanization or domestic government on Part IX, column (A), line 27 If Yes," complete Schedule I, Parts I and II 22 Did the organization report more than 55 000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 If Yes," complete Schedule I, Parts I and III 23 Did the organization assee" 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 II Yes," 23 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 24 as of the list day of the yest, that was issued after December 31, 2002 7 IF Yes," answel incese 24b through 244 24 Did the organization maver any proceeds of tax-exempt bonds boyond a temporary period exception? 24 Did the organization maver any proceeds of tax-exempt bonds outstanding at any time during the year? 24 Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. 24 Did the organization acts as in on behalf of issuer for bonds outstanding at any time during the year? If Yes," complete Schedule L, Part I 25 Is the organization engage in an excess benefit transaction with a disqualified person an parry year, and that the transaction with a organization was pror Gross 90 or 990 or 990 - 920. E27 25 If Yes, "complete Schedule L, Part II 26 27	Did the organization report more than 55,000 of grants or other assistance to any domestic organization and the section of the section of the organization and the section of the organization. Did the organization maintain an escretion beact of the section of the organization and the section of the organization. 246 Did the organization maintain an escretion beact of the section of the organization and the section of the organization. 246 Did the organization and the section and the composed of the provide the section. 246 Section Did (C)(3), Did (C)(4), and Did (C)(20) organizations. 246 Did the organization encore and and the composed of and provides control o

Form	990 (2015)			Page 5
Pa	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			. <u> </u>
19	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a		Yes	No
	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 (gambling) winnings to prize winners?	1c	Yes	
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		165	
	by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
39	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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		No
Ь	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		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5с		
	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		No
_	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7		7-		
	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 7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
C		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	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		
	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		
9a	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? \ldots .	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
Ь	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			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the 12b			
13	year 120 Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
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			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		No
		- 10		L

Form	990 (2015)			Page 6
Par	t VI Governance, Management, and Disclosure			
	For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, describe the circumstances, processes, or changes in Schedule O. See instructions.	or 10	b belo	w,
	Check if Schedule O contains a response or note to any line in this Part VI			
Se	ction A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year 15			
	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			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
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?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $$.	5		No
6	Did the organization have members or stockholders?	6		No
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		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
	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? If "No," go to line 13	12a		No
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
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?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	O ther officers or key employees of the organization	15b		No
	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		No
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		
Se	ction C. Disclosure			
	List the States with which a conviol this Form 990 is required to be filed			

- List the States with which a copy of this Form 990 is required to be filed♥
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you made these available Check all that apply ☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)
- 19 Describe in 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
- State the name, address, and telephone number of the person who possesses the organization's books and records DENNISE WEBSTER 302 N MAIN COPPERAS COVE, TX 76550 (254) 547-6537 20

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, or 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 nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	lame and Title A verage hours per week (list any hours					heck unless officer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organızatıons below dotted lıne)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W-2/1099- MISC)	organızatıon and related organızatıons
(1) DENNIS WEBSTER DENNIS WEBSTER EXEC DIRECTO				х				0	0	0
(2) MARTHA FISHER MARTHA FISHER CHAPTER COOR				x				0	0	0
(3) ANGELA MURPHY ANGELA MURPHY OFFICE WORKE				x				0	0	0
										Earm 990 (2015)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	Name and Title Average Position (do not check Reportable Reportable hours per more than one box, unless compensation compensation week (list person is both an officer from the from relation any hours and a director/trustee) organization (W- organization							Reportable compensation from related organizations (W		(F) Estima mount of compens from t	ted fother ation he	
		for related organizations below dotted line)	Individual trustaa or dilector	Former Former Highest compensated employee Key employee Key employee Officer Officer Instautional Trustee Instautional Trustee or director		2/1099-MISC)			rganızatı relate organıza	ed			
											_		
											_		
											_		
											+		
1b c d	Sub-Total	s to Part VII, S	ection /	· .	•								
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) w	ho received more th	an			
												Yes	No
3	Did the organization list any f e on line 1a? <i>If "Yes," complete S</i>					key •	emplo	yee, •	or highest compen	sated employee	3		No
4	For any individual listed on line organization and related organ <i>individual</i>												
5	Did any person listed on line 1	a receive or acc	crue con	••• mpen	• satio	• on fr	om anv	• vunr	elated organization	or individual for	4		No
	services rendered to the organ										5		No

Section B. Independent Contractors

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

	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those listed above) \$100,000 of compensation from the organization 🕨	who received more than	

Νo

5

Form 99								Page 9
Part V	/III	Statement o						
		Check If Schedu	ule O contains a respon	se or note to any lır	ne in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s 2	1a	Federated camp	paigns 1a					
Grants mounts	Ь	Membershıp du	es 1b					
Đũ Đầ	с	Fundraising eve	ents 1c					
Gifts, ilar A	d	Related organiz	ations 1d					
imi (e	Government grants	s (contributions) 1e					
tion er S	f	All other contributions and a similar amounts no	ons, gifts, grants, and 1f	17,130				
Contributions, Giffs, Grants and Other Similar Amounts	g	Noncash contribution	ons included in lines					
iont nd i	h	1a-1f \$ Total. Add lines	s 1a-1f		17,130			
				► Business Code				
Program Service Revenue	2a	SABER SUBSCRIPT	IONS	Busiliess coue	156,707			156,707
Fe ve	Ь	REUNION INCOME			74,517			74,517
6e l	с	SOUVENIR SHOP			58,437			58,437
Xer M	d	CALENDAR			53,271			53,271
Ę	e	FINANCIAL PROGRA			20,000			20,000
uDo,	f	All other progra	am service revenue		41,770			41,770
<u> </u>	g	Total. Add lines		🕨	404,702			
	3		ome (including dividenc ar amounts)		101,129			101,129
	4	Income from inves	tment of tax-exempt bond p	roceeds 🕨 🕨				
	5	Royalties		· · · ►				
	6a	Gross rents	(ı) Real	(11) Personal				
	Ь	Less rental						
	_	expenses Rental income						
	C L	or (loss)	me or (loss)					
	d	Net rentar moor	(I) Securities	•••• • - (11) Other				
	7a	Gross amount from sales of assets other than inventory	169,655					
	ь	Less cost or other basis and sales expenses	82,257					
	с	Gain or (loss)	87,398					
	d		s)	· · · ·	87,398	87,398		
Other Revenue	8a	Gross income fi events (not incl \$	luding					
Å		of contributions See Part IV, lin	reported on line 1c) ie 18					
the			a					
Ò	b c		penses b (loss) from fundraising e	events 🕨				
	9a	Gross income f	rom gaming activities					
		See Part IV, lın	a a					
	Ь	Less directex	penses b					
	с	Net income or (loss) from gaming activ	ntiesþ-				
	10a	Gross sales of returns and allo						
			а	258				
	Ь		oodssold b	-55	212			212
	c	Net income or (Miscellaneous	(loss) from sales of inve	Business Code	313			313
	11a		DISTRIBUTION	200.000 0000	2,643			2,643
	ь							
	с							
	d	All other revenu	L					
	e	Total. Add lines		🕨	2,643			
	12	Total revenue.	See Instructions	••• •	613,315	87,398		508,787

508,787 Form **990** (2015)

	on 501(c)(3) and 501(c)(4) organizations must complete all columns	All other organize	ations must com	plete column (A)					
Check if Schedule O contains a response or note to any line in this Part IX									
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21								
2	Grants and other assistance to domestic individuals See Part IV , line 22								
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16								
4	Benefits paid to or for members	28,469	28,469						
5	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	Other salaries and wages	99,665		99,665					
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)								
9	Other employee benefits								
10	Payroll taxes	8,031		8,031					
11	Fees for services (non-employees)								
а	Management								
b	Legal								
с	Accounting	4,245		4,245					
d	Lobbying								
е	Professional fundraising services See Part IV, line 17								
f	Investment management fees								
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)								
12	Advertising and promotion	405		405					
13	Office expenses								
14	Information technology								
15	Royalties								
16	Occupancy	3,231		3,231					
17	Travel	2,987		2,987					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
19	Conferences, conventions, and meetings								
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	942	942						
23	Insurance	5,413		5,413					
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	REUNION EXPENSE	70,566	70,566						
b	CALENDARS	33,283	33,283						
С	INVESTMENT MANAGEMENT FEE	19,047		19,047					
d	POSTAGE & SHIPPING	17,773	17,773						
е	All other expenses	26,777	20,217	6,560					
25	Total functional expenses. Add lines 1 through 24e	320,834	171,250	149,584	0				
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here Fr following SOP 98-2 (ASC 958-720)								
				Ec	orm 990 (2015)				

Balance Sheet

Part X

I GI	τχ	Check if Schedule O contains a response or note to any line	e in this	Part X			
					(A)		(B)
	-				Beginning of year		End of year
	1	Cash-non-interest-bearing				1	
	2	Savings and temporary cash investments		130,049		320,589	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			5,000	4	7,530
	5	Loans and other receivables from current and former office key employees, and highest compensated employees Co Schedule L		5			
Assets	6	Loans and other receivables from other disqualified person section 4958(f)(1)), persons described in section 4958(c contributing employers and sponsoring organizations of se voluntary employees' beneficiary organizations (see instr II of Schedule L		5			
22	7	Notes and loans receivable, net				7	
<	8	Inventories for sale or use			26,262	-	26.317
	9	Prepaid expenses and deferred charges	20,202	9	20,017		
	10a	Land, buildings, and equipment cost or other basis		30,474		9	
	Ь	Complete Part VI of Schedule D Less accumulated depreciation	10a	27,098		10c	3,376
	11	Investments—publicly traded securities		,	1,946,538		1,948,216
	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)	2,112,515		2,306,028		
	17	Accounts payable and accrued expenses	1,818		2,616		
	18	Grants payable			.,	18	
	19	Deferred revenue			170,707	19	71,288
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of		ile D		21	
"iabilities	22	Loans and other payables to current and former officers, d					
ž.		key employees, highest compensated employees, and dis	-			22	
iat:	22	persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third p				23	
	24	Unsecured notes and loans payable to unrelated third part				24	
	25	Other liabilities (including federal income tax, payables to and other liabilities not included on lines 17-24) Complete Part X of Schedule D	related	i third parties,		25	
	26	Total liabilities. Add lines 17 through 25	• •	• •	172,525	25 26	73.904
	26	Organizations that follow SFAS 117 (ASC 958), check here			172,323	20	75,904
ě		lines 27 through 29, and lines 33 and 34.	er iv				
and	27	Unrestricted net assets			1,939,990	27	2,232,124
Fund Balance	28	Temporarily restricted net assets				28	
Ţ	29	Permanently restricted net assets				29	
Τu		Organizations that do not follow SFAS 117 (ASC 958), cho	eck here	e► ┌─ and			
2		complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fo	und .			31	
Å	32	Retained earnings, endowment, accumulated income, or o				32	
Net	33	Total net assets or fund balances			1,939,990	33	2,232,124
	34	Total liabilities and net assets/fund balances	• •		2,112,515	34	2,306,028 Form 990 (2015)

Form	990	(2015)	
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Form	990 (2015)			I	Page 12
Par	t XI Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		e	513,315
2	Total expenses (must equal Part IX, column (A), line 25)	2			320,834
3	Revenue less expenses Subtract line 2 from line 1	3			292,481
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	4		1,1	939,990
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)	9			-347
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		2,2	232,124
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>	<u>. Г</u>
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If `Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	ewed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig of the audit, 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 Schedule O	IN			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	ne	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		Зb		

efile GRAPHIC	print - DO NOT PROCESS	As Filed Data -		DLN: 9349	3074004356
SCHEDULE D Form 990)	Supplen	nental Financial Statements			No 1545-0047
Constraint of the Treasury		he organization answered "Yes," on Form 990 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 1 ▶ Attach to Form 990.			2015 en to Public
epartment of the Treasury nternal Revenue Service	Information about Schedule D	(Form 990) and its instructions is at <u>www.irs</u>	s.gov/f		nspection
Name of the organ 1ST CAVALRY DIVISION			Empl	oyer identificatio	n number
				199197	
		• Advised Funds or Other Similar Fi ed "Yes" on Form 990, Part IV, line 6.	unds o	or Accounts.	
1 Total numbe	er at end of year	(a) Donor advised funds	(b)	Funds and other a	ccounts
2 Aggregate v year)	value of contributions to (during				
	value of grants from (during year)				
Aggregate v	alue at end of year				
		advisors in writing that the assets held in don the organization's exclusive legal control?	ior advis		Yes 🗌 No
used only for c		and donor advisors in writing that grant funds benefit of the donor or donor advisor, or for ai		r purpose 🛛 🔄	Yes 🔽 No
		ete if the organization answered "Yes" o	on Forn	n 990, Part IV, l	ine 7.
Preservation	conservation easements held by th on of land for public use (e g , recre of natural habitat	e organization (check all that apply) ation or education)			
	on of open space				
	3 2a through 2d if the organization he last day of the tax year	held a qualified conservation contribution in t	he form		
a Total number o	of conservation easements		2a	Held at the En	d of the Year
	restricted by conservation easeme	ents	2b		
	servation easements on a certified		2c		
	servation easements included in (ure listed in the National Register	:) acquired after 8/17/06, and not on a	2d		
Number of con tax year 🕨	,	nsferred, released, extinguished, or terminate	ed by th	e organızatıon dur	ing the
		ervation easement is located >			
violations, and	enforcement of the conservation e		_	∏ Yes	
year •		inspecting, nanoling of violations, and emore		servation easemen	its during the
A mount of exp		ecting, handling of violations, and enforcing c	onserva	ition easements d	uring the year
Does each cor		ne 2(d) above satisfy the requirements of sec	tion 17	0(h)(4) ΓYes	∏ No
balance sheet,		ts conservation easements in its revenue and of the footnote to the organization's financial sements			
art IIII Organ	izations Maintaining Collec	etions of Art, Historical Treasures, ed "Yes" on Form 990, Part IV, line 8.	or Oth	ner Similar As	sets.
works of art, hi	storical treasures, or other similar	FAS 116 (ASC 958), not to report in its reven assets held for public exhibition, education, note to its financial statements that describe	or resea	arch in furtherance	
works of art, hi		AS 116 (ASC 958), to report in its revenue assets held for public exhibition, education, these items			
(i) Revenue inclu	uded on Form 990, Part VIII, line :	L	►\$		
	ed in Form 990, Part X				
If the organiza	tion received or held works of art, I	nistorical treasures, or other similar assets fo SFAS 116 (ASC 958) relating to these items	or financ		
_	ded on Form 990, Part VIII, line 1			▶\$	
b Assets include	ed in Form 990, Part X ction Act Notice, see the Instructi			► \$ 3D Schedule D	

nstructions for Form 990.	Cat No 52283D	Schedule D (Form 990) 2015
		Schedule D (1 0111 330) 2013

Sch	edule D (Form 990) 2015								Page 2
Par	Continued (continued)	Collections of A	Art, His	stori	cal Tre	easures,	or Ot	her Similar <i>I</i>	Assets
3	Using the organization's acquisition, acce collection items (check all that apply)	ssion, and other re	cords, ch	neck a	ny of th	e following t	hat are	e a sıgnıfıcant u	se of its
а	\square Public exhibition		d	Г	Loan o	r exchange	prograi	ms	
Ь			e	Г	Other	-	_		
C A	Preservation for future generations	- collections and as	(nlaun ha)		further	the organiz	ation/c	avampt purpag	0. ID
4	Provide a description of the organization's Part XIII	conections and ex	cpiain nov	withey	runner	the organiz	ations	exempt purpos	em
5	During the year, did the organization solid assets to be sold to raise funds rather the	an to be maintained						similar Ye	s 🔽 No
Ра	rt IV Escrow and Custodial Arra Complete if the organization a Part X, line 21.		n Form	990,	Part IV	/, lıne 9, o	r repo	rted an amou	nt on Form 990,
1a	Is the organization an agent, trustee, cus included on Form 990, Part X?	todıan or other ınte	rmediary	for co	ontributi	ions or othe	r asset	rs not	s 🥅 No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	te the fol	lowing	g table			Ar	nount
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 or	۱ Form 990, Part X,	line 21,	for es	crow or	custodial a	ccount	liability? 🔽 Ye	s 🔽 No
Ь									Г
	If "Yes," explain the arrangement in Part Int V Endowment Funds. Comple								
ΓG	Endowment Funds. comple	(a)Current year	1	ior yea		(c)Two years I		1) Three years back	
1a	Beginning of year balance								
b	Contributions								
с	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								
ء 2	Provide the estimated percentage of the	urrent year end ha	I lance (lun	ne 1 a	column	(a)) held as			
– a	Board designated or quasi-endowment	arrene year ena ba		.c 19,	corunn	(4)) Here 45			
b	Permanent endowment								
c	Temporarily restricted endowment								
C	The percentages on lines 2a, 2b, and 2c s	should equal 100%							
3a	Are there endowment funds not in the pos organization by			that a	re held	and adminis	tered f	_	Yes No
	(i) unrelated organizations			•••	•••	• •			Ba(i) a(ii)
Ь	(ii) related organizations								3b
4	Describe in Part XIII the intended uses of						•••	· · · · L	
Ра	rt VI Land, Buildings, and Equip	ment.							
	Complete if the organization a	nswered 'Yes' to	Form 9						
	Description of property		(a)		or other b vestment	•	her bası	Accumulate s (c)depreciatio	
1a	Land		· · L						
	Buildings		· · _						
	Leasehold improvements		· L						
d	Equipment		•						

~

e Other .

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

Schedule	D .		0001	201E
scneaule	\mathbf{v}	(rorm	9901	2013

3,376

3,376

27,098

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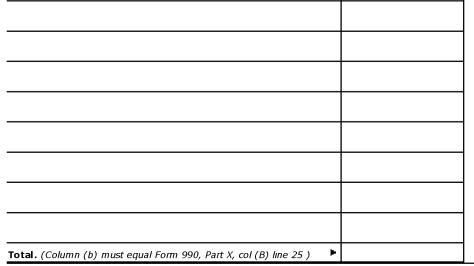
. .

30,474

. .

. .

Part VII	Investments—Other Securities. Co See Form 990, Part X, line 12.	mplete if the organiz	ation answered 'Ye	es' on Form 990, Part IV, line 11b.
	(a) Description of security or category (including name of security)		(b) Book value	(c)Method of valuation Cost or end-of-year market value
	l derivatives			
	held equity interests			
Other				
al. (Colum	nn (b) must equal Form 990, Part X, col (B) line 12)	•		
rt VIII	Investments—Program Related.			
	Complete if the organization answered	'Yes' on Form 990,		ee Form 990, Part X, line 13.
	(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
al. (Colum	nn (b) must equal Form 990, Part X, col (B) line 13)	•		
art IX		n answered 'Yes' on Fo	rm 990, Part IV, line	11d See Form 990, Part X, line 15
	(a) Desc		, ,	(b) Book value
	mn (b) must equal Form 990, Part X, col.(B) line 3 Other Liabilities. Complete if the org		Yes' on Form 990,	
	See Form 990, Part X, line 25. (a) Description of liability	(b) Book value		
			4	
deral inco	ome taxes			
			1	



Schedule D (Form 990) 2015

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

Page **3**

Sched	lule D (Form 990) 2015		Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments		
Ь	Donated services and use of facilities		
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	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line ${f 1}$		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
с	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)......	5	
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
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		
а	Donated services and use of facilities		
b	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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 4a		
b	Other (Describe in Part XIII)		
с	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)......	5	

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

Return Reference	Explanation

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Part XIII Supplemental Information	on (<i>continued</i>)	
Return Reference	Explanation	
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Schedule D (Form 990) 2015

efile GRAPHIC pr	int - DO NOT PROCESS	As Filed Data -		DLN: 93493074004356
SCHEDULE O	OMB No 1545-0047			
(Form 990 or 990-EZ)	Complete to prov	sponses to specific questions on additional information.	2015	
Department of the Treasury Internal Revenue Service		Attach to Form 99	or 990-EZ. or 990-EZ) and its instructions is at	Open to Public Inspection
Name of the organization	r identification number			

85-0199197

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	NO REVIEW WAS OR WILL BE CONDUCTED
FORM 990, PAGE 6, PART VI, LINE 19	NO DOCUMENTS AVAILABLE TO THE PUBLIC
FORM 990, PART XI, LINE 9	BOOK / TAX DEPRECIATION DIFFERENCE -347 TOTAL -347