efile	e GR	APHIC	print - DO NOT PROCESS As Filed Data -		DLI	1: 93	493061005317
Form	90		Return of Organization Exempt From	Income	e Tax	ON	MB No 1545-0047
Form	33		Under section 501(c), 527, or 4947(a)(1) of the Internal Reven				2016
			foundations) ► Do not enter social security numbers on this form as it ma	-			
-		f the Treas nue Servic	■ Information about Form 990 and its instructions is at www.	· ·			Open to Public Inspection
A Fe	or the	e 2016	calendar year, or tax year beginning 01-01-2016 ,and ending 12-31	L-2016			
		pplicable	C Name of organization 1ST CAVALRY DIVISION ASSOCIATION		D Employer I	dentıf	ication number
	aress o me cha	change ange			85-019919) 7	
	tial ret	turn	Doing business as				
Fin Detur		nınated	Number and street (or P O box if mail is not delivered to street address) Room/sui	te	E Telephone n	umber	
		d return on pendin	302 NORTH MAIN		(254) 547-	-6537	
	pireacie	on penam	City or town, state or province, country, and ZIP or foreign postal code COPPERAS COVE, TX 76522				
					G Gross receip		78,343
			F Name and address of principal officer DARA WYDLER		is a group retur	n for	🗆 Yes 🗹 No
			302 NORTH MAIN COPPERAS COVE, TX 76522		rdınates? Ill subordınates		⊥ Yes ☑No
I Ta:	k-exen	npt status	i i	inclu If "N	ded? o," attach a list	(500	
w t	ebsit	:e:▶ W	WW 1CDA ORG		p exemption nu	•	•
K Forr	n of or	rganızatıo	n ☑ Corporation ☐ Trust ☐ Association ☐ Other ►	L Year of form	ation 2003 M	State	of legal domicile TX
Pa	rt T	Sun	nmary				
		-	escribe the organization's mission or most significant activities				
ë	<u> </u>	/ETERAN	SUPPORT				
anc	-						
'en'	-						
Governance			his box \blacktriangleright if the organization discontinued its operations or disposed of m of voting members of the governing body (Part VI, line 1a)			ets 3	15
			of independent voting members of the governing body (Part VI, line 1b)			4	15
tle			mber of individuals employed in calendar year 2016 (Part V, line 2a) .		5	4	
Activities &	6	Total nu	mber of volunteers (estimate if necessary)			6	
Ă			related business revenue from Part VIII, column (C), line 12		•	7a	0
	b	Net unre	elated business taxable income from Form 990-T, line 34	- T	•	7 5	
		Carabasha		Pr	ior Year	<u> </u>	Current Year
ċηι			itions and grants (Part VIII, line 1h)			┼──	13,295 261,701
enneven		-	ent income (Part VIII, column (A), lines 3, 4, and 7d)				105,314
à			evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				0
	12	Total re	venue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)			-	380,310
	13	Grants a	and similar amounts paid (Part IX, column (A), lines 1–3)				0
	14	Benefits	paid to or for members (Part IX, column (A), line 4)				19,110
3			, other compensation, employee benefits (Part IX, column (A), lines 5–10)			<u> </u>	116,807
ens			onal fundraising fees (Part IX, column (A), line 11e)			<u> </u>	0
Exp enses			draising expenses (Part IX, column (D), line 25) ▶0			──	215 494
_			<pre>kpenses (Part IX, column (A), lines 11a-11d, 11f-24e)</pre>			+	215,484 351,401
			e less expenses Subtract line 18 from line 12				28,909
۶ e S				Beginning	of Current Year		End of Year
Net Assets or Fund Balances						<u> </u>	
Ass I Ba			sets (Part X, line 16)		2,306,028	_	2,319,983
N n n n			bilities (Part X, line 26)		73,904	_	58,950
	22 t II		ats or fund balances Subtract line 21 from line 20		2,232,124	<u></u>	2,261,033
Under	. pena	altıes of	perjury, I declare that I have examined this return, inclui				
knowl any k			ef, it is true, correct, and complete Declaration of prepa				
<u></u>		<u>-</u>					
		**** Signa	** ture of officer				
Sign Here							
			WYDLER EXECUTIVE DIRECTOR or print name and title				
			Print/Type preparer's name Preparer's signature				
Paid	ł		S NADINE FEILD S NADINE FEILD				
Pre		er 🛛	Firm's name JOHN LISTER INC PC				
Use			Firm's address ▶ 2420 E BUSINESS 190				

COPPERAS COVE, TX 76522

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

Form	990 (2016)					Page 2								
Par	t IIII Statement	of Program Service	e Accomplis	hments										
	Check If Sche	dule O contains a respoi	nse or note to a	any line in this Part III		🗆								
1	Briefly describe the o	organization's mission												
VETE	RAN SUPPORT													
2	Did the organization	undertake any significar	nt program serv	vices during the year wh	ich were not listed on									
	the prior Form 990 o	or 990-EZ?				🗌 Yes 🗹 No								
	If "Yes," describe the	ese new services on Sch	edule O											
3	Did the organization cease conducting, or make significant changes in how it conducts, any program													
	services?					🗌 Yes 🗹 No								
	If "Yes," describe the	ese changes on Schedule	e O											
4	Section 501(c)(3) an		ns are required	to report the amount of	argest program services, as measur grants and allocations to others, th									
4a	(Code) (Expenses \$	193.135	including grants of \$) (Revenue \$)								
	THE FIRST CAVALRY DI	VISION ASSOCIATION BRIN	GS VETERANS OF	FIRST CAVALRY DIVISION	TOGETHER THROUGH CORRESPONDENCE _ ACTIVELY SERVING IN THE FIRST CAVAI	, PUBLICITY, LOCAL RY DIVISION								
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)								
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)								
4d	Other program servi	ces (Describe in Schedui	le 0)											
	(Expenses \$	•	ding grants of	\$) (Revenue \$)								
4e	Total program serv	vice expenses 🕨	193,1	35										

Par	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		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? If "Yes," complete Schedule D, Part 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			
		11a	Yes	
		11b		No
	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		No
		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)? <i>If "Yes," complete Schedule D, Part X</i>	11f		No
		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	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	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? If "Yes," complete Schedule F, Parts III and IV	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? If "Yes," complete Schedule G, Part II	18		No
19 	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
		F	orm 99	D (2016)

Part IV Checklist of Required Schedules (continued)

			Yes	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		
21	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
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		No
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? <i>If "Yes," complete Schedule J</i>	23		No
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? <i>If</i> " <i>Yes," answer lines 24b through 24d and complete Schedule K If</i> " <i>No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? \ldots .	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
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		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L,</i> Part IV			
L		28a		No
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I \cdot	31		No
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		No
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		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38		No
		F	orm 99	0 (2016)

Form	990 (2016)			Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 2			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	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 by			
	this return	21		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	Зb		
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		No
Ь	If "Yes," enter the name of the foreign country			
D	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? \cdot .	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>	No
		50		
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?	6 a		No
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
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		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
	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		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	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?	9 a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	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)			
17-	Section 4047(a)(1) non-available truste. Is the eventuation films from 000 million of from 10412	12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
Ь	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			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments 'If "No," provide an explanation in Schedule O $~$.	14b		

	340 (2010)			Page
Par	t VI Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	" respo	nse to li	_
	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
1a	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 15			
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
	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		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? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	∋.) Yes	Na
10-	Did the organization have local chapters, branches, or affiliates?	10a	res	No No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		NO
	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		No
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	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		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	ection C. Disclosure			
17	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)			

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest 19 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 DARA WYDLER 302 N MAIN COPPERAS COVE, TX 76522 (254) 547-6537 20

orm 9	90	(201	6)
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7a	Did the organization have members, stockholders, or other persons who had the power to elect or a members of the governing body?
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, persons other than the governing body?
8	Did the organization contemporaneously document the meetings held or written actions undertaken the following
а	The governing body?
b	Each committee with authority to act on behalf of the governing body?

П

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• 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, 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	(B) Average hours per week (list any hours for related organizations below dotted line)	Positic than ob Individual trustee or director	ne bo	ox, u n of tor/t	t che Inles ficer rust	ss pers and a ee)	ore	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) DARA WYDLER EXEC DIRECTOR	40 00			×				38,502	0	0
-										
	•					•		•		Form 990 (2016)

Form	990	(2016)	
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Par	t VII Section A. Officers, Direc	tors, Trustees	, Key l	Emp	loye	es,	and I	High	nest Cor	npensate	ed Employees	(cont	inued)	
	(A) Name and Title				(C) (Position (do not check more than one box, unless person is both an officer and a director/trustee) organiz 2/109						(E) Reportable compensation from related organizations (2/1099-MISC	w-	(F) Estimated amount of oth compensatio from the organization a	
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2,105			,	relati	ed
c	Sub-Total			•			• •			38,502				
2	Total number of individuals (including of reportable compensation from the	g but not limited				bove	e) who	rece	eived moi	re than \$1	00,000	•		
													Yes	No
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i> .			ee, k	ey ei •	mplo •	oyee, c	or hig •	ghest cor	npensated	employee on	3		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such</i>														
Individual								4		No No				
S	ection B. Independent Contract											5		110
1	Complete this table for your five high from the organization Report competed											npens	sation	
	Name a	(A) and business addre	955							Desc	(B) ription of services		(C Comper	

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

Form	990	(2016)

	/
Part VIII	Statement of Reven

Page 9	

	VIII Statement o	ule O contains a re	sponse or note	to any line	in this Part VII	т		
					(A) tal revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a Federated campai	gns 1	9	I				
ons, Gifts, Grants Similar Amounts	b Membership dues	1	b	1,345				
Gra	c Fundraising event	s 1	=					
ts.	d Related organizati	ions 1	 1					
Gif	e Government grants ((contributions)	e					
ns,	f All other contribution							
itio er		not included 1	f	1,950				
Contributions, Gifts, Grants and Other Similar Amounts	g Noncash contribut in lines 1a-1f \$	tions included						
Cont	h Total. Add lines 1a	-1f			13,295			
RIE			В	usiness Cod	e	50.070		
1eV-	2a SABER SUBSCRIPTION	١S				53,372 87,050		53,372 87,050
Program Service Revenue	b REUNION INCOME c SOUVENIR SHOP					25,416		25,416
NC	d CALENDAR					18,966		18,966
₩.	e FINANCIAL PROGRAM					20,350		20,350
ranı						56,547		56,547
rogi	f All other program s			261,7	701			
<u> </u>	9 Total. Add lines 2a-3		►			-1		
	3 Investment income (similar amounts)	(including dividend	s, interest, and	other	112,53	3		112,533
	4 Income from investr		bond proceed	s 🕨				
	5 Royalties	-		►				
		(ı) Real	(II) Pers	onal				
	6a Gross rents							
	b Less rental expenses	5						
	c Rental income or (loss)							
	d Net rental income	or (loss)	• • •	•				
		(I) Securities	(II) Otl	ner				
	7a Gross amount from sales of assets other than inventory	90,8	14					
	b Less cost or other basis and sales expenses	98,0	33					
	c Gain or (loss)	-7,2	19					
	d Net gain or (loss)			•	-7,21	9 -7	.219	
ani	8a Gross income from (not including \$ contributions report	of						
Other Revenue	See Part IV, line 18		a					
ď	b Less direct expens		b					
her	c Net income or (loss		events	<u>▶</u>		-		
ot	9a Gross income from See Part IV, line 19							
			а					
	b Less direct expens	ses	b					
	c Net income or (loss	s) from gaming acti	vities	<u> </u>				
	10a Gross sales of inver returns and allowar		a					
	b Less cost of goods	sold	b					
	c Net income or (loss	s) from sales of inv	entory	•				
	Miscellaneou	is Revenue	Business	Code				
	11a							
	h							
	Ь							
			_					
	c							
			_					
	d All other revenue							
	e Total. Add lines 11	.a-110	• • •					
	12 Total revenue. Se	e Instructions		►	380,31	0 -7	.219	374,234
	-				,	•		Form 990 (2016)

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

500	$\sin 501(c)(3)$ and $501(c)(4)$ organizations must complete an co	adminis All other orga			_
	Check if Schedule O contains a response or note to any	line in this Part IX			<u></u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4	Benefits paid to or for members	19,110	19,110		
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	108,216		108,216	
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	8,591		8,591	
	Fees for services (non-employees)				
ā	Management	0			
		0			
	Accounting	3,320		3,320	
	Lobbying	0		,	
	Professional fundraising services See Part IV, line 17	-			
	Investment management fees	0			
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	609		609	
	Office expenses	0			
	Information technology	0			
	Royalties	0			
	Occupancy	2,809		2,809	
	Travel	9,315		9,315	
		0		5,315	
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings	0			
	Interest	0			
	Payments to affiliates	0			
	Depreciation, depletion, and amortization	663	663		
	Insurance Other expenses Itemize expenses not covered above (List	5,808		5,808	
	miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
	a REUNION EXPENSE	107,487	107,487		
	b CALENDARS	14,177	14,177		
	c INVESTMENT MANAGEMENT FEE	19,598		19,598	
	d POSTAGE SHIPPING	19,654	19,654		
	e All other expenses	32,044	32,044		
25	Total functional expenses. Add lines 1 through 24e	351,401	193,135	158,266	
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	Check here Check				
	and a nere y an informing Son 50-2 (ASC 550-720)				Form 990 (2016)

Part X Balance Sheet

		Check if Schedule O contains a response or not	e to ar	ny line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	• •			1	
	2	Savings and temporary cash investments	• •		320,589	2	95,458
	3	Pledges and grants receivable, net				з	
	4	Accounts receivable, net		[7,530	4	2,575
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa II of Schedule L Loans and other receivables from other disquali	ited en	nployees Complete Part		5	
ts	-	section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza- voluntary employees' beneficiary organizations Part II of Schedule L	n 4958 tions d	(c)(3)(B), and of section 501(c)(9)		6	
Assets	7	Notes and loans receivable, net		_	26.247	7	24.222
As	8	Inventories for sale or use		· –	26,317	8	34,232
	9	Prepaid expenses and deferred charges	· ·	· · · -		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	30,474			
	b	Less accumulated depreciation	10 b	27,760	3,376	10c	2,714
	11	Investments—publicly traded securities .			1,948,216	11	2,185,004
	12	Investments—other securities See Part IV, line	11 .			12	
	13	Investments—program-related See Part IV, line	e 11 .			13	
	14	Intangible assets	•			14	
	15	Other assets See Part IV, line 11		[15	
	16	Total assets.Add lines 1 through 15 (must equ	al line	34)	2,306,028	16	2,319,983
	17	Accounts payable and accrued expenses			2,616	17	2,928
	18	Grants payable				18	
	19	Deferred revenue			71,288	19	56,022
	20	Tax-exempt bond liabilities				20	
ŝ	21	Escrow or custodial account liability Complete F	art IV	of Schedule D		21	
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee					
ab		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ted th	rd parties		23	
	24	Unsecured notes and loans payable to unrelated	thırd	parties		24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17-24) Complete Part X of Schedule D		s to related third parties,		25	
	26	Total liabilities.Add lines 17 through 25			73,904	26	58,950
or Fund Balances		Organizations that follow SFAS 117 (ASC 9 complete lines 27 through 29, and lines 33			2 222 424		2 061 022
alai	27	Unrestricted net assets			2,232,124	27	2,261,033
ä	28	Temporarily restricted net assets	•	· · · · · · -		28	
Ē	29	Permanently restricted net assets		-		29	
떠		Organizations that do not follow SFAS 117	-	• ·			
ts or	30	check here L and complete lines 30 th Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or eq	uıpme	nt fund		31	
	32	Retained earnings, endowment, accumulated inc	come,	or other funds		32	
Net	33	Total net assets or fund balances	•	[2,232,124	33	2,261,033
	34	Total liabilities and net assets/fund balances .	•		2,306,028	34	2,319,983

Form	990 (2016)				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				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1			380,310
2	Total expenses (must equal Part IX, column (A), line 25)	2			351,401
3	Revenue less expenses Subtract line 2 from line 1	3			28,909
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) $\ .$.	4		2	,232,124
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)	9			
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	,261,033
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
	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 reviewed separate basis, consolidated basis, or both	on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the 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 in Sche	dule C)		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ired	Зb		

Additional Data

Software ID: 16000333 Software Version: 17.2.0.0

EIN: 85-0199197

Name: 1ST CAVALRY DIVISION ASSOCIATION



efile	GRAPHIC pr	int - DO NOT PROCESS	As Filed Data -				DL	N: 934930		
SCH (Form		Supple	mental Fina	ncial Sta	atements				1545-0047	
Departm	ent of the Treasury	 Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/forms 						2016 Open to Public Inspection		
	Revenue Service e of the organ		D (Form 990) and		ns is at <u>www.ii</u>			entification r		
	AVALRY DIVISION						199197			
Part	I Organi	zations Maintaining Donor	Advised Funds	or Other Si	milar Funds o					
	Comple	te if the organization answere			line 6.					
1	Total number	at end of vear	(a) Donor ad	lvised funds		(b)	Funds and	d other accou	nts	
2		ue of contributions to (during								
-	year)									
3	Aggregate val	ue of grants from (during year)								
4		ue at end of year								
5 [f	Dıd the organıza funds are the or	ation inform all donors and donor ganization's property, subject to	advisors in writing the organization's ex	hat the assets clusive legal c	held in donor ad	lvised				
		ation inform all grantees, donors,	-	-		he		L Ye	es ∐ I	
ι	used only for ch	aritable purposes and not for the rmissible private benefit?					ırpose	_	_	
Part		vation Easements. Comple	to if the organizati		l "Voc" on Forr	m 000	Dort IV		es ∐ I	
		onservation easements held by th				11 990	, Pait IV,	, iiiie 7.		
	_ ``	on of land for public use (e g , red	5	_ ''	reservation of an	histor	ically imp	ortant land ar	ea	
		of natural habitat		_	eservation of a d	certifie	d historic	structure		
	Preservation	on of open space								
		2a through 2d if the organization e last day of the tax year	held a qualified cons	ervation contr	ibution in the for	rm of a		tion t the End of	the Year	
а⊺	Total number of	conservation easements				2a				
	-	stricted by conservation easemer				2b				
-		ervation easements on a certified ervation easements included in (c		. ,	on a historic	2c				
		n the National Register) acquired after o/17	700, anu not		2d				
	Number of cons tax year ►	ervation easements modified, tra	nsferred, released, e	extinguished, c	r terminated by	the org	ganızatıon	during the		
4	Number of state	es where property subject to cons	ervation easement is	s located ►						
		zation have a written policy regain t of the conservation easements		onitoring, insp	ection, handling	of viola	itions,	🗌 Yes	□ No	
6 ⁹	Staff and volunt	eer hours devoted to monitoring,	inspecting, handling) of violations,	and enforcing co	onserva	ation ease	ments during	the year	
'	Amount of expe	nses incurred in monitoring, insp	ecting, handling of vi	iolations, and	enforcing conser	vation	easement	s during the	year	
	Does each conse and section 170	ervation easement reported on lir (h)(4)(B)(II)?	ne 2(d) above satisfy	the requirem	ents of section 1	70(h)(4	4)(B)(ı)	🗌 Yes	□ No	
ł	balance sheet, a	scribe how the organization repor and include, if applicable, the text n's accounting for conservation ea	of the footnote to th							
Part		zations Maintaining Collect te if the organization answere				er Si	nilar As	sets.		
 4	art, historical tro provide, in Part	ion elected, as permitted under S easures, or other similar assets h XIII, the text of the footnote to il	eld for public exhibit ts financial statemen	ion, education ts that describ	, or research in f ies these items	further	ance of pu	ublic service,		
ł	historical treasu	ion elected, as permitted under S ires, or other similar assets held f nts relating to these items								
(i)	Revenue includ	led on Form 990, Part VIII, line 1					▶\$			
(ii)	Assets included	ın Form 990, Part X					▶\$			
		on received or held works of art, hts required to be reported under				ncıal g	aın, provid	de the		
a i	Revenue include	ed on Form 990, Part VIII, line 1					►\$			
b /	Assets included	ın Form 990, Part X					▶ \$			

For Paperwork Reduction	Act Notice, see th	ne Instructions for Form 990.

Cat No 52283D Schedule D (Form 990) 2016

Schedule D (Form 990) 2016

e Other

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

Sche	dule D) (Form 990) 2016													Page 2
Par	t III	Organizations Ma	aintaining Col	lections o	of Art, H	listori	cal Tr	eası	ires, o	r Othe	er Similar	Assets (contini	led)	
3		g the organızatıon's acq s (check all that apply)	uisition, accession	n, and other	· records,	check a	any of	the fo	llowing t	hat ar	e a significan	t use of it	s colleo	tion:	
а		Public exhibition				d		Loan	or exch	ange p	rograms				
b		Scholarly research				е		Othe	r						
С		Preservation for future	e generations												
4	Provi Part	ide a description of the XIII	organızatıon's col	lections and	l explaın l	now the	ey furth	ner the	e organiz	zation's	exempt pur	pose in			
5		ng the year, dıd the orga ts to be sold to raıse fur									sımılar		es		2
Pa	rt IV	Escrow and Cust Complete if the or X, line 21.			" on For	m 990	, Part	IV, lı	ne 9, o	r repo	rted an am	ount on	Form	990, I	Part
1a		e organization an agent ded on Form 990, Part X		an or other	Intermed	ary for	contril	oution	s or othe	er asse	ts not	□ v	es	□ No)
b	If "Ye	es," explain the arrange	ement in Part XIII	and comple	ete the fo	llowing	table					Amount			-
с	Begir	nning balance		·		-				1c				-	-
d	Addıt	tions during the year								1d				-	-
е	Dıstr	ibutions during the year	r							1e					-
f	Endır	ng balance								1f					-
2 a		the organization include	an amount on Fo	rm 990, Par	t X, line i	21, for	escrow	or cu	istodial a	account	liability?		P.C	☑ No	- 7
b	If "Ye	es," explain the arrange	ment in Part XIII	Check here	e if the ex	planati	on has	been	provide	d ın Pa	rt XIII				-
Pa	rt V	Endowment Fund	ds. Complete if	the organ	ization a	nswer	ed "Ye	es" oi	n Form	990, I	Part IV, line	e 10.			
				(a)Curren	nt year	(b)Pi	rior yeai	r	(c) Two y	ears ba	k (d)Three	years back	(e)Fou	ur years	s back
1a	Beginr	ning of year balance .													
b	Contri	butions													
С	Net in	vestment earnings, gair	ns, and losses												
d	Grants	s or scholarships													
e		expenditures for facilitie	es												
f	Admın	nistrative expenses .													
g	End of	f year balance 🛛 🔒													
2		ide the estimated perce	-	ent year end	balance	(line 1 <u>c</u>	g, colur	mn (a)) held a	IS					
а	Board	d designated or quasi-e	ndowment 🕨												
b	Perm	nanent endowment 🕨													
с	Temp	porarily restricted endov	wment 🕨												
		percentages on lines 2a		•											
3а		there endowment funds nızatıon by	not in the posses	sion of the o	organızat	ion that	: are he	eld an	d admın	istered	for the		Г	Yes	No
	-	inrelated organizations										3	a(i)		
	• •	related organizations											a(ii)	-+	
b		es" on 3a(II), are the rel		ns listed as r	required o	on Sche	dule R	· .	· ·				3b	\rightarrow	
4	Desc	ribe in Part XIII the inte	ended uses of the	organızatıo	n's endov	vment f	unds						I		
Pa	rt VI	, ,			on Form	~ 000	Dort 1	N/ 1.	0.110	500 F	orm 000 . Г	ort V luo	0.10		
	Descr	Complete if the ore	(a) Cost or oth		(b)Cost						d depreciation		(d)Bool	k value	
	5050		(investme		,								,		
1a	Land		<u> </u>									1			
	Buildir														
		hold improvements													
		ment													
		· · · ·					٩	30,474			27,76	0			2,714
-									1		,				-,

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2,714

	form 990) 2016			Page 3
	Investments—Other Securities. Complete if the See Form 990, Part X, line 12.	organization answ	vered 'Yes' on Form 990), Part IV, line 11b.
	(a) Description of security or category (including name of security)	(b)Book value		d of valuation -year market value
(1)Financial d	derivatives			·
(3)Other	eld equity interests			
	derivatives and other financial products			
(B) Closely-he	eld equity interests			
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column	(b) must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments—Program Related. Complete if the	e organization ans	swered 'Yes' on Form 99	90, Part IV, line 11c.
	See Form 990, Part X, line 13. (a) Description of investment	(b) Book value		od of valuation
(1)				-year market value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col (B) line 13)	•		
	Other Assets. Complete if the organization answered 'Y		rt IV, line 11d See Form 9	
(1)	(a) Description			(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colun	nn (b) must equal Form 990, Part X, col (B) line 15)			•
	Other Liabilities. Complete if the organization ans See Form 990, Part X, line 25.	swered 'Yes' on Fo	rm 990, Part IV, line 1	1e or 11f.
1.	(a) Description of liability	(b) B	ook value	
(1) Federal In	come taxes			
Federal incom	ne taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	(b) must equal Form 990, Part X, col (B) line 25)	 ▶		

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2016 Schedule D (Form 990) 2016

Pa	rt XI Reconciliation of Revenue per Audited Financi				
	Complete if the organization answered 'Ye			<u>ne 12a</u>	I
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	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
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)	4b		1	
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	
Par	t XII Reconciliation of Expenses per Audited Financia Complete if the organization answered 'Ye				
Par 1		es' on	Form 990, Part IV, lu		
	Complete if the organization answered 'Y	es' on	Form 990, Part IV, lu	<u>ne 12a</u>	
1	Complete if the organization answered 'Y Total expenses and losses per audited financial statements	es' on	Form 990, Part IV, lu	<u>ne 12a</u>	
1 2	Complete if the organization answered 'Ye Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25	<u>es' on</u>	Form 990, Part IV, lu	<u>ne 12a</u>	
1 2 a	Complete if the organization answered 'Yo Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	es' on • •	Form 990, Part IV, lu	<u>ne 12a</u>	
1 2 a b	Complete if the organization answered 'Y Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments	es' on • • 2a 2b	Form 990, Part IV, lu	<u>ne 12a</u>	
1 2 b c	Complete if the organization answered 'Y Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses	es' on 2a 2b 2c 2d	Form 990, Part IV, III	<u>ne 12a</u>	
1 2 b c d	Complete if the organization answered 'Ye Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII)	es' on 2a 2b 2c 2d 	Form 990, Part IV, III	ne 12a	
1 2 b c d e	Complete if the organization answered 'Ye Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII) Add lines 2a through 2d	es' on 2a 2b 2c 2d 	Form 990, Part IV, III	1 1 2e	
1 2 b c d e 3	Complete if the organization answered 'Ye Total expenses and losses per audited financial statements . Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities . Prior year adjustments . Other losses . Other (Describe in Part XIII) . Add lines 2a through 2d .	es' on 2a 2b 2c 2d 	Form 990, Part IV, III	1 1 2e	
1 2 b c d e 3 4	Complete if the organization answered 'Y Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	es' on 2a 2b 2c 2d 	Form 990, Part IV, III	1 1 2e	
1 2 b c d 8 3 4 a	Complete if the organization answered 'Ye Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	es' on 2a 2b 2c 2d 4a 4b	Form 990, Part IV, III	1 1 2e	
1 2 6 6 3 4 8 5	Complete if the organization answered 'Ye Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII) Add lines 2a through 2d Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII)	es' on 2a 2b 2c 2d 4a 4b	Form 990, Part IV, III	2e 3	

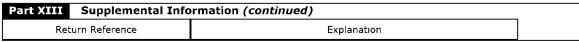
Supplemental Information Part XIII

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 Explanation

Return Reference









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990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11B	ORGANIZATIONS PROCESS TO REVIEW FORM 990 NO REVIEW WAS OR WILL BE CONDUCTED

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19	GOVERNING DOCUMENTS DISCLOSURE EXPLANATION - NO DOCUMENTS AVAILABLE TO THE PUBLIC