990

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) D_0 not enter social security numbers on this form as it may be made public.

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

2024

Open to Public Inspection

Form **990** (2024)

Internal	Reven	ue Service						
A F	or th	e 2024 d	calendar year, or tax year beginni	ing 01-01-2024 , and ending 12-31-	2024			
		applicable	C Name of organization 1ST CAVALRY DIVISION ASSOCIATI	ON		D Emplo	yer identi	fication number
L.		change hange	10. 0.00, 12.00	o		85-0	199197	
L.	itial re	-	Doing business as					
	nal m/term	inated				E Talanha		
L.		d return		mail is not delivered to street address) Room	n/suite	E Telepho	one number	
At	plicat	ion pendir	ng 302 NORTH MAIN			(254)	547-65	37
			City or town, state or province, cou COPPERAS COVE, TX 76522	untry, and ZIP or foreign postal code				
			·	inal officer.			receipts \$ 9	
			F Name and address of princi	ipai officer:	H(a)	Is this a group subordinates?	return for	Yes 🔽 No
			302 N MAIN		Н(b)	Are all subordin	nates	Yes No
	V-0V0	mpt statu	COPPERAS COVE,TX 7652		-	included?	- 1:-+ 6-	
	ix-exe	mpt statu	501(c)(3) 🔽 501(c) (19) (i	nsert no.) 4947(a)(1) or 527	H(c)	If "No," attach Group exemption		
J W	ebsi	te: W	/WW.1CDA.ORG			Group exemption	ni iluliibe	I
K For	m of c	organizatio	on: 🔽 Corporation 🗌 Trust 🔲 Associa	other Other	L Year	of formation:	M State	of legal domicile:
Р	art I	Sui	mmary					
			describe the organization's mission	on or most significant activities:				
an a			AN SUPPORT	on or most significant detivities.				
nc								
Ē								
o ve	,	Check	this box [if the organization d	iscontinued its operations or dispose	d of more t	han 25% of its	net asset	s.
5	3	Numbe	r of voting members of the gover	ning body (Part VI, line 1a) · · ·			3	1 !
S	4	Numbe	r of independent voting members	of the governing body (Part VI, line 1	lb) • •		4	15
Æ	5	Total n	umber of individuals employed ir	n calendar year 2024 (Part V, line 2a)			5	3
Activities & Governance	6	Total n	umber of volunteers (estimate if	necessary) · · · · · ·			6	
A	7a	Total u	nrelated business revenue from I	Part VIII, column (C), line 12 · ·			7a	(
	b	Net un	related business taxable income	from Form 990-T, Part I, line 11			7b	
						Prior Year		Current Year
9			outions and grants (Part VIII, line	·				134,11
Revenue		-	,	2g)				8,91
å			, , , ,	A), lines 3, 4, and 7d) • • • •			-	433,17
			revenue (Part VIII, column (A), lir		10)		-+	79,03 655,23
	+			must equal Part VIII, column (A), line X, column (A), lines 1–3)	: 12)		+	033,23
			s paid to or for members (Part IX				+	226,91
**			,	e benefits (Part IX, column (A), lines	5-10)			176,50
Exp enses				column (A), line 11e)	-			170,30
C G			ndraising expenses (Part IX, column (D)					
页	17			nes 11a-11d, 11f-24e) · · · ·		17.	384	190,61
	18			equal Part IX, column (A), line 25)		<u> </u>	384	594,03
	19		ue less expenses. Subtract line 1			-17,		61,20
or					Ве	eginning of Curre		End of Year
Net Assets or Fund Balances						Year		
Ass	20		ssets (Part X, line 16)			2,706,		2,768,90
und	21		abilities (Part X, line 26)				258	63,63
	22		sets or fund balances. Subtract li	ine 21 from line 20		2,644,	078	2,705,27
	art II		nature Block	xamined this return, including accom	nanying co	hodulos and sta	tomonts	and to the best of
				mplete. Declaration of preparer (othe				
prepa	arer l	nas any	knowledge.			2025-01-29		
Sign	1		ure of officer			Date		_
Her	е		WYDLER EXEC DIRECTOR or print name and title					
		.,,,,,	Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN	1
Pai	d				2025-01-3	self-employed	P0004523	1
Pre	par	er	Firm's name JOHN LISTER INCORPO	PRATED PC		Firm's EIN 74-	2511572	
Use	-		Firm's address 2420 E HIGHWAY 190			Phone no. (254) 547-0773	<u> </u>
		-	COPPERAS COVE, TX 76	5522				
Marr	the T	חכ לו-י	use this waturn with the array	shown phous? Cos Itti		•		Vec DNe

Forn	n 990 (2024)				Page 2
Pa		of Program Service Ac	_		
	Check if Sched	lule O contains a response or	note to any line in this Part III \cdot		<u> </u>
1	Briefly describe the o	rganization's mission:			
VET	ERAN SUPPORT				
2		undertake any significant pro r 990-EZ?	gram services during the year which	ch were not listed on	☐Yes 🔽 No
	If "Yes," describe the	ese new services on Schedule	e O.		
3	Did the organization services?		gnificant changes in how it conduc	ts, any program	Yes V No
	If "Yes," describe the	ese changes on Schedule O.			
4	expenses. Section 50	. •	nplishments for each of its three I zations are required to report the rogram service reported.		•
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
			RANS OF FIRST CAVALRY DIVISION ASSOC ALSO PROVIDES SUPPORT TO PERSONNEL		
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	-				
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	-				
	(Code: VETERAN SUPPORT) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program serv	vices (Describe in Schedule ().)		
	(Expenses \$	•	grants of \$) (Revenue \$)
4e	Total program serv	ice expenses			
		-			Form 990 (2024)

Form 990 (2024) Page 3 **Checklist of Required Schedules** Yes No Νo

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1

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Form **990** (2024)

Yes

Yes

Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. . . .

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to

Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)

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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III . .

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

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part Il 🐯

complete Schedule D, Part III 🥦

negotiation services? If "Yes," complete Schedule D, Part IV 🐿

VIII, IX, or X, as applicable.

Did the organization receive or hold a conservation easement, including easements to preserve open space,

Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

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

permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 😼 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII,

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🐯 c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🐿 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 划 e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

Did the organization's separate or consolidated financial statements for the tax year include a footnote that

12a ប៊ីលើវិទាទ ទល្បានខែង និក្សានាមែន និក្សានាខែង និក្សានាខែង និក្សានាខេង និក្សានេះ និក្សានិក្សាននិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្សានិក្ស

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🐒

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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for

b Was the organization included in consolidated, independent audited financial statements for the tax year?

14a Did the organization maintain an office, employees, or agents outside of the United States?

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions. 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

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

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

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

any foreign organization? If "Yes," complete Schedule F, Parts II and IV

"Yes," complete Schedule L, Part I

If "Yes," completeSchedule L,Part III

conservation contributions?

and Part V, line 1

Part V

sections 301.7701-2 and 301.7701-3?

entity or family member of any of these persons?

Form 990 (2024) Page 4 Part IV Checklist of Required Schedules (continued) Yes No

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on

Part IV instructions for applicable filing thresholds, conditions, and exceptions):

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable

b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

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 . . .

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

Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or

former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

哲道學研究 公公司用包括证例所的的形式的 智利并引力 or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member,

or to a 35% controlled entity (including an employee thereof) or family member of any of these persons?

b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . .

Was the organization a party to a business transaction with one of the following parties (see the Schedule L,

c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes,"

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Hid He Granketation field to Me, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete

เพื่อรัฐเลือ อาการเลือยสาย Rarahy tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

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 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

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

Statements Regarding Other IRS Filings and Tax Compliance

a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes,"

Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

1a

1b

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

24a 24b 24c

25a

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orm	990 (2024)		Page 5
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		
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	3	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	No
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	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	4a	Νo
b	over, a financial account in a foreign country (such as a bank account, securities account, or other financial ರ್ಷರ್ಥಿಕ್ಷಾರೆ) enter the name of the foreign country:		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		
	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
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
	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
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).	_	
	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	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
	If "Yes," indicate the number of Forms 8282 filed during the year	-	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as		
	required?	7g	
"	Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
		9a	
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
		-	
11	Section S01(c)(12) organizations. Enter:	1	
	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.) 11b		
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 year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	
	Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
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
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	No
16	IB "thesohgaæeizationsanuetloostaondafilæsFiduutio47ឱយា់្រទែchedulleeNsection 4968 excise tax on net investment income? · ·	16	No
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17	

Form	990 (2024)					Page (
Pa	Governance, Management, and Disclosure. For each "Yes" response to lines 2 thr 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedul Check if Schedule O contains a response or note to any line in this Part VI.			espons	e to line	. [
Se	ection A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax	1a	1 5			
	Year 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 but other officer, director, trustee, or key employee?	siness •	relationship with any	2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co	,		3		Νo
4	Did the organization make any significant changes to its governing documents since	the p	rior Form 990 was	4		Νo
5	600 field the organization become aware during the year of a significant diversion of the 600	organi	zation's assets? .	5		Νo
6	Did the organization have members or stockholders?			6		Νo
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?	er to	elect or appoint one or	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approve or persons other than the governing body?	l by)	members, stockholders,	7b		No
8	Did the organization contemporaneously document the meetings held or written acti year by the following:	ons ur	dertaken during the			
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, w organization's mailing address? If "Yes," provide the names and addresses in Schedule		nnot be reached at the	9		No
Se	ection B. Policies (This Section B requests information about policies not	requ	ired by the Internal R	even	ue Coa	le.)
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		No
b	If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organizat			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of it the form?	s gove	erning body before filing	11a		No
ь	Describe on Schedule O the process, if any, used by the organization to review this	Form	990.			

	supervision of officers, directors or trustees, or key employees to a management company or other person? .	_		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	4		Νo
5	600 he organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6		Νo
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? 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 R	eveni	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No No
	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		Yes	
b 11a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	10b	Yes	No
b 11a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	No
b 11a b 12a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	N o
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a	Yes	N o
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes	N o
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	10b 11a 12a 12b	Yes	No No

	supervision of officers, directors or trustees, or key employees to a management company or other person? .			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	4		Νo
5	60 and 60 organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6		Νo
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		Νo
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? If "Yes," provide the names and addresses in Schedule O	9		Νo
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
	and the organization have local enapters, branches, or annucles.	10a		IVO
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10a		IN O
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			No
b 11a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	10b		
b 11a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b		
b 11a b 12a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b		No
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a		No
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b		No
b 11a b 12a b c	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	10b 11a 12a 12b		No No
b 11a b 12a b c	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13		No No

	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? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal R	even		
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No 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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Νo
b	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 on Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Νo
14	Did the organization have a written document retention and destruction policy?	14		Νo
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		Νo
b	Other officers or key employees of the organization	15b		Νo
	If "Yes" to line 15a or 15b, describe the process on 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		<u> </u>
	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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that			

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 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

Form **990** (2024)

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

See the instructions for the order in which to Check this box if neither the organization r				у сі	ırrei	nt offi	cer	, director, or tru	stee.	
(A) Name and title	(B) Average hours per week (list	Posi ui	(C) tion (do not check more nless person is both an director/truste	tha office)	an o	ne bo and a	(D) Reportable compensation from the	(E) Reportable	(F) Estimated amount of other compensation	
	related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	from the organization and related organizations
(1) DARA WYDLER EXEC DIRECTO				Х				0	0	0
EALE DIRECTO										
						<u> </u>			Form 990 (2	024)

	(A) Name and title	(B) Average hours per week (list	u	(C) tion (do not check more nless person is both an director/truste	offi			x,	(D) Reportable compensation from the	(E) Reportable compensation from related	(F Estim amount comper	iated of othei
		any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	from organi and re organiz	zation elated
_	Γotal from continuatio Γotal (add lines 1b and		t VII, S 	ection A								
2	Total number of indiv \$100,000 of reportal			not limited to those listen	ed a	bove	e) who	rec	eived more than			
											Yes	No
3	Did the organization on line 1a? If "Yes," o			, director or trustee, ke	y er	nplo	yee, o	or hi	ghest compensat			
4	•	,		sum of reportable comp	• ensa	• itior	and o	othe	r compensation f	rom the		No
	organization and rela individual	ated organizatio	ns gre	eater than \$150,000? <i>If</i>	"Yes	s," c	omple	te S	chedule J for such	4		No
_					•	•						1110
5				accrue compensation fi es," complete Schedule!					-	individual for 5		Νo
Se	ection B. Indepen									I .	I .	1
1	•	, -		ompensated independe t compensation for the						' '		
		Name a	(A) nd busir	ness address					Descrip	(B)	Compe	c) nsation

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

,	Total number of independent contractors (including but not limited to those listed above) v	who received more than	

\$100,000 of compensation from the organization

			(2024)												Page 9
Part	t \	/III		nt of Revenue					Process Des	+ \ / / / III					
			Check if Sc	chedule O contains a re	espoi	ise or no	te to		(A) Total revenue	(B) Related exemp function	or ot on	(C) Unrelate business	5	exc tax u	(D) Revenue cluded from nder sections
Contr	ib	utio	ons, Gifts, Gra	nts, and OtherAmt Sim	nilar	Amounts	1a	l Fed	erated campaig	reven	ue 1a] 5	12 - 514
30			0.10, 0.110, 0.10	nes, una sensimi em		7	-		nbership dues		1b	5,9	961		
							С	Fun	draising events		1c				
									ated organizatio		1d				
									ernment grants (cor		1e				
								and	ther contributions, g similar amounts no	girts, grants, t included	1f	128,	157		
							q	None	ve cash contributions ir s 1a - 1f:\$	ncluded in					
									al. Add lines 1a	-1f	1g 			124.1	10
	T				В	usiness (I	• •			134,11	18
ø.		2a]	INVENTORY SALES						8,911						8,911
Program Service Revenue		b													
ce B		c													
Servi		-													
ram		d													
Prog		e													
				am service revenue.											
	1	g	Total. Add line	3 Investment income	(inc		8,911		interest and		T				
				other 49inclianeafformitsles						14	46,612	146,612			
				5 Royalties											
				[(i) R	Real		(ii) Personal						
				6a Gross rents	6a										
				b Less: rental	6b										
				expenses c Rental income or	6с										
				(loss) d Net rental income	e or	(loss).									
				[(i) Sec	uritie	es	(ii) Other						
				7a Gross amount	7a		551,	036							
				from sales of assets other											
<u>e</u>				than inventory . b Less: cost or	7b					_					
E				other basis and	75		264,	475							
Sev				sales expenses • Gain or (loss)	7c		206	FC1							
e				d Net gain or (loss) -		286,			28	86,561	286,561			
Other Revenue				8a Gross income from ful			_	_	<u> </u>		,	•			
_				(not including \$ contributions reported	on lii	01 ne 1c)	f								
				See Part IV, line 18			1	8a							
				b Less: direct expe	nses	;	-	8b							
				c Net income or (los	ss) fi	om fundi	raisin	ng e	vents						
				9a Gross income fror	n da	mina									
				activities.	_	_	9	9a							
				See Part IV, line 1 b Less: direct expe				9b							
				c Net income or (los	ss) f	rom gami	ng a	ctiv	ities						
				10a Gross sales of inv	ento	ry, less									
				returns and allow	ance	s	1	0a							
				b Less: cost of good	ds so	old	1	0b							
				c Net income or (los	ss) fi	rom sales	of ir	nvei	•						
				11a SABER SUBSCR	IPTI	ONS		ļ	Business Code		50,378	50,378			
				SADER SUBSCR	11	. 5 . 1 5									
				b CALENDARS				+		:	20,151	20,151			
Othe	er	Rev	venueMiscAmt	c MISCELLANEOU	IS			\dashv			3,206	3,206			
				d All other revenue	•			\dashv			5,302	5,302			
				e Total. Add lines 1	1a-	11d .					79,037				
				12 Total revenue. Se	e ins	structions	S .				55,239	512,210			8,911
											2	7		Га :-	m 000 (2024)

Form 990 (2024)				Page 1
Part IX Statement of Functional Expenses		*** ***		
Section 501(c)(3) and 501(c)(4) organizations mus	•			ete column (A).
Check if Schedule O contains a response or note to	any line in this Par			
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	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	226,916	226,916		
	ı.			
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	164,265	164,265	1	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	,	, , , ,		
9 Other employee benefits		Ĭ	1	
10 Payroll taxes	12,239	12,239		
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	3,270		3,270	
d Lobbying	,			
e 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	17,956	17,956		
13 Office expenses	42,958	42,958		
14 Information technology				
15 Royalties				
16 Occupancy	12,306	12,306		
17 Travel	4,609	4,609		
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	2,348	2,348		
23 Insurance	9,266	9,266		
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.)				
a CALENDARS	44,435	44,435		
b INVESTMENT MGMT FEE	29,694	29,694		
c COGS	6,361	6,361		
d CREDIT CARD EXPENSE	5,102	-72	5,102	
e All other expenses	12,314	3,215	9,099	
25 Total functional expenses. Add lines 1 through 24e	594,039	576,568	17,471	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720).	25,,000	27.8,550	2,,,,2	

_	_	•	•	_	~	_	٠	
					1	-	•	

Pa	irt X	Balance Sheet					
		Check if Schedule O contains a response or	note to	any line in this Part IX .			🗀
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			58,264	1	75,399
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		[8,002	4	8,197
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons				5	
	6	Loans and other receivables from other disqu under section $4958(f)(1)$, and persons described.		6			
2	7	Notes and loans receivable, net	Notes and loans receivable, net				
Assets	8	Inventories for sale or use			13,430	8	11,482
As	9	Prepaid expenses and deferred charges .				9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	57,913			
	b	Less: accumulated depreciation	10b	24,155	33,362	10 c	33,758
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities. See Part IV, Ii	ne 11			12	
	13	Investments—program-related. See Part IV, I	ine 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			2,593,278	15	2,640,073
	16	Total assets: Add lines 1 through 15 (must e	2,706,336	16	2,768,909		
	17	Accounts payable and accrued expenses			49,355	17	52,355
	18	Grants payable		18			
	19	Deferred revenue	12,575	19	11,277		
	20	Tax-exempt bond liabilities		20	1		
S	21	Escrow or custodial account liability. Complet		21			
O	22	Loans and other payables to any current or for key employee, creator or founder, substantial controlled entity or family member of any of t		22			
	23	Secured mortgages and notes payable to unre		23			
	24	Unsecured notes and loans payable to unrelate		24			
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D			328	25	
	26	Total liabilities. Add lines 17 through 25 .	62,258	26	63,632		
lances	27	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets without donor restrictions				27	
B	26	Not accets with depar restrictions		1	ĺ	28	İ
Assets or Fun	28	Net assets with donor restrictions		28			
	20	Organizations that do not follow FASB ASC 9 complete lines 29 through 33.					
	29	Capital stock or trust principal, or current fun		29			
	30	Paid-in or capital surplus, or land, building or	0.044.070	30	0.705.077		
	31	Retained earnings, endowment, accumulated income, or other funds			2,644,078	31	2,705,277
Net	32	Total net assets or fund balances			2,644,078	32	2,705,277
	33 Total liabilities and het assets/fund balances				2,706,336	33	2,768,909 Form 990 (2024)

3b

Form 990 (2024)

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.

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

Form 990 (2024)		
Additional Data		Return to Form
	Software ID:	
	Software Version:	
Form 990, Special Condition Descripti	on:	
	Special Condition Description	

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

(Rev. January 2025)

Attach to Form 990.

Department of the Treasury ▶ Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** Name of the organization 85-0199197 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are ☐ Yes ☐ No the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Part III Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year Total number of conservation easements . . . 2a 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register . . . 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located 🕨 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

Cat. No.

52283D

Schedule D (Form 990) (Rev. 1-2025)

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

3	collection items (check all that apply):	ssion, and other records,	, cneck any o	t the following	ng that are a signific	cant use of its
а	Public exhibition		d Loa	n or exchang	ge programs	
b	Scholarly research		e Oth	er		
С	Preservation for future generations					
4	Provide a description of the organization's Part XIII.	collections and explain	how they fur	ther the orga	nization's exempt p	urpose in
5	During the year, did the organization solic assets to be sold to raise funds rather tha					Yes No
Pai	Complete if the organization as Part X, line 21.		m 990, Par	t IV, line 9,	or reported an a	mount on Form 990,
1a	Is the organization an agent, trustee, cust included on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part	XIII and complete the fo	ollowing table	:	An	nount
c	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	n Form 990, Part X, line	21, for escro	w or custodi	al account liability?	Yes No
b	If "Yes," explain the arrangement in Part	XIII. Check here if the e	explanation h	as been prov	ided in Part XIII .	
Pa	rt V Endowment Funds. Complete if the organization as	nswered "Yes" on For	m 990 Pari	TV line 10	1	
	COMPLETE II THE OTGAMIZATION OF		(b) Prior year			rs back (e) Four years back
1a	Beginning of year balance					
b	Contributions					
С	Net investment earnings, gains, and losses	s				
А	Grants or scholarships	1		1		I
	Other expenditures for facilities and programs					
f	Administrative expenses					
	End of year balance					
2	Provide the estimated percentage of the c	urrent year end balance	(line 1a. coli	ımn (a)) held	l as:	
a	Board designated or quasi-endowment		(57	(=),		
b	Permanent endowment					
c	Term endowment	•				
	The percentages on lines 2a, 2b, and 2c s	should equal 100%.				
3a	Are there endowment funds not in the pos organization by:	session of the organizati	ion that are h	eld and adm	inistered for the	Yes No
	(i) Unrelated organizations					3a(i)
	(ii) Related organizations					3a(ii)
b	If "Yes" on 3a(ii), are the related organiza	ations listed as required	on Schedule	κ?		3b
4	Describe in Part XIII the intended uses of	the organization's endo	wment funds			
Pa	rt VI Land, Buildings, and Equip	ment.				-
	Complete if the organization at				La. See Form 990 nulated depreciation	, Part X, line 10.
	Description of property (a) Cost or o (investri		other basis (othe	er) (c) Accur	nulated depreciation	(a) book value
1a	Land					
b	Buildings					
c	Leasehold improvements					
d	Equipment					
е	Other					
Tota	Add lines 12 through 10 (Column (d) mus	st agual Form 000 Part V	column (P) li	no 10(c))	_	

Total revenue, gains, and other support per audited financial statements .

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Net unrealized gains (losses) on investments

Donated services and use of facilities

Recoveries of prior year grants

Other (Describe in Part XIII.)

Other (Describe in Part XIII.)

Add lines 2a through 2d

Subtract line 2e from line 1

Add lines **4a** and **4b**

d	Other (Describe in Part XIII.) 2d		
e	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 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		

2a

2b

2c

4b

2c

2d

1 Total expenses and losses per audited financial statements . 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 Donated services and use of facilities 2a 2b Prior year adjustments

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

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

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

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 4a Other (Describe in Part XIII.) 4b Add lines **4a** and **4b** 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5

Part XIII

Schedule D (Form 990) (Rev. 1-2025)

1

2

Part XII

3

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

Page 4

1

4c

3

SCHEDULE O (Form 990) (Rev. January 2025)

Department of the Treasury

Name of the organization 1ST CAVALRY DIVISION ASSOCIATION

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Open to Public Inspection

OMB No. 1545-0047

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number**

85-0199197

Return Reference	Explanation Explanation
FORM 990, PAGE 2, PART III, LINE 4D	VETERAN SUPPORT
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.	BOOK / TAX DEPRECIATION DIFFERENCE -1

LINE 9

Schedule O (Form 990) (Rev. 1-2025)