

619 Enterprise Drive | Oak Brook, Illinois 60523 | www.seldenfox.com p 630.954.1400 | f 630.954.1327 | email@seldenfox.com

October 25, 2023

Ms. Jeanne Steines, Accountant The Cavaliers AP&E. Inc. Post Office Box 501 Rosemont, IL 60018

Dear Ms. Steines:

The amended federal income tax return for the year ended September 30, 2022, for The Cavaliers AP&E, Inc. will be electronically filed; accordingly, we are providing the following:

FORM 8879-TE IRS e-file SIGNATURE AUTHORIZATION FOR A TAX EXEMPT ENTITY

09/30/22 U.S. AMENDED RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX FORM 990

09/30/22 ILLINOIS ATTORNEY GENERAL'S CHARITABLE ORGANIZATION ANNUAL REPORT – FORM AG990-IL (Original enclosed)

We must receive your signed authorization (Form 8879-TE) before we can electronically transmit your **amended** return. Please return the signed authorization to Selden Fox, Ltd. as soon as possible. Upon receipt of your signed authorization, we will electronically transmit the **amended** federal return to the Internal Revenue Service.

Also enclosed are the original of the state income tax return. The original return should be signed, dated, and filed in accordance with the filing instructions.

The provided PDF client copy is for your use and should be retained for your files.

Upon an audit of any return, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records.

We sincerely appreciate this opportunity to serve you. Please contact us if you have any questions or if we may be of further assistance.

Very truly yours,

SELDEN FOX, LTD.

Pobet & Wight

Robert G. Wujek

Senior Vice President

RGW/dsl



### **TAX RETURN FILING INSTRUCTIONS**

FORM 990

#### FOR THE YEAR ENDING

SEPTEMBER 30, 2022

Prepared for	THE CAVALIERS AP&E INC. POST OFFICE BOX 501 ROSEMONT, IL 60018
Prepared by	SELDEN FOX, LTD. 619 ENTERPRISE DRIVE OAK BROOK, IL 60523-8835
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	RETURN FORM 8879-TE TO US AS SOON AS POSSIBLE.
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

# IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879TE for the latest information.

Name o	f filer			EIN or SSN
	THE CAVALIERS A	P&E INC.		23-7449578
Name a	nd title of officer or person subject to tax	PAUL RIGBY		
		TREASURER		
Part	Type of Return and Re	eturn Information		
Check	the box for the return for which you a	re using this Form 8879-TE and enter the a	applicable amount, if any, fro	m the return. Form 8038-CP and
		s. For all other forms, enter whole dollars o		
		r the return being filed with this form was l ·0·). But, if you entered ·0· on the return, th		
	ne line in Part I.	o-j. But, if you entered to on the return, th	ien enter -0- on the applicable	e line below. <b>Do not</b> complete more
1a	Form 990 check here > X	<b>b Total revenue,</b> if any (Form 990, Pa	rt VIII, column (A), line 12)	1ь 2,456,203.
2a	Form 990-EZ check here	<b>b Total revenue,</b> if any (Form 990-EZ,		
3a	Form 1120-POL check here	<b>b Total tax</b> (Form 1120-POL, line 22)		3b
4a	Form 990-PF check here >	b Tax based on investment income		
5a	Form 8868 check here	<b>b Balance due</b> (Form 8868, line 3c)		
6a	Form 990-T check here	<b>b Total tax</b> (Form 990-T, Part III, line 4		
7a	Form 4720 check here	b Total tax (Form 4720, Part III, line 1)		
8a	Form 5227 check here	b FMV of assets at end of tax year (F	Form 5227, Item D)	8b
9a	Form 5330 check here	b Tax due (Form 5330, Part II, line 19)		9b
10a	Form 8038-CP check here	b Amount of credit payment reques	ted (Form 8038-CP, Part III, I	ine 22) <b>10b</b>
Part	II Declaration and Signa	ture Authorization of Officer or	Person Subject to Ta	x
Under	penalties of perjury, I declare that X	I am an officer of the above entity or	I am a person subject to ta	ax with respect to (name
of entit		•	•	that I have examined a copy of the
interme acknow of any entry to financial later th payme person	ediate service provider, transmitter, or wledgement of receipt or reason for re refund. If applicable, I authorize the U or the financial institution account indial institution to debit the entry to this ian 2 business days prior to the payment of taxes to receive confidential informal identification number (PIN) as my support to the payment of taxes to receive confidential informal identification number (PIN) as my support I authorize SELDEN FOX, as my signature on the tax year 20	ER0 firm name 021 electronically filed return. If I have indic	the return to the IRS and to for any delay in processing to Agent to initiate an electronic ayment of the federal taxes of tact the U.S. Treasury Finantiancial institutions involved it resolve issues related to the plicable, the consent to electronic to the plicable of the consent to electronic to electronic to the consent to	receive from the IRS (a) an an the return or refund, and (c) the date of funds withdrawal (direct debit) owed on this return, and the cial Agent at 1-888-353-4537 no in the processing of the electronic e payment. I have selected a attronic funds withdrawal.  The processing of the electronic e payment. I have selected a attronic funds withdrawal.  The processing of the electronic enter my PIN 49578  Enter five numbers, but do not enter all zeros a copy of the return is being filed
Г	on the return's disclosure consent			·
	return. If I have indicated within th	tax with respect to the entity, I will enter m is return that a copy of the return is being my PIN on the return's disclosure conser	filed with a state agency(ies)	
	e of officer or person subject to tax			Date
Part	III Certification and Auth	entication		
	<b>EFIN/PIN.</b> Enter your six-digit electroer (EFIN) followed by your five-digit self	_	36321060523 Do not enter all zeros	
submit		PIN, which is my signature on the 2021 eleer requirements of <b>Pub. 4163,</b> Modernized of Pub. 4163, Modernized of Pub. 416	e-File (MeF) Information for A	uthorized IRS e-file Providers for
ERO's s	ignature ▶ <u>fobut 2</u>	y wyce	Date	<sup>25/2023</sup>
		ERO Must Retain This Form - S	las Instructions	
	Do Not S	cubmit This Form to the IDS Unit		6-

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

## Form **990**

## Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A I	or the	2021 calendar year, or tax year beginning O	CT 1, 2021 and	ending S	EP 30, 2022	
B	Check if applicable	C Name of organization			D Employer identific	cation number
Г	Addres	THE CAVALIERS AP&E INC	•			
	Name change		<u> </u>		23-74495	78
	Initial return	Number and street (or P.O. box if mail is not deli POST OFFICE BOX 501	vered to street address)	Room/suite	E Telephone number 847-696-	
	☐return/ termin- ated		ZIP or foreign postal code		G Gross receipts \$	2,493,189.
X	Amend	ROSEMONT, IL 60018			H(a) Is this a group re	
	Application	F Name and address of principal officer:CHR	ISTOPHER HARTOW	ICZ	for subordinates	? Yes X No
	pendin	SAME AS C ABOVE			<b>H(b)</b> Are all subordinates in	cluded? Yes No
1	Гах-ехе		<b>◀</b> (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions
		e: ► WWW.CAVALIERS.ORG			H(c) Group exemption	
		- i guiniau i i i i i i i i i i i i i i i i i i	sociation Other	<b>L</b> Year	of formation: 1952 N	f State of legal domicile: $f IL$
Pa		Summary	DDOM	-OME MI		EODMANGE
Activities & Governance		Briefly describe the organization's mission or most AND EDUCATION	significant activities: PROM	OTE TH	E ARTS, PER	FORMANCE,
ern		Check this box 🕨 📖 if the organization discor				
Š		Number of voting members of the governing body				23
<u>«</u>		Number of independent voting members of the gov				23
ties		Fotal number of individuals employed in calendar y				8
ξį	6	Total number of volunteers (estimate if necessary)			6	100
Ac		Total unrelated business revenue from Part VIII, co				0.
	l b	Net unrelated business taxable income from Form	990-1, Part I, line 11	·····	7b Prior Year	Current Year
	. ,	Contributions and grants (Bort VIII line 1b)			1,080,108.	868,937.
Revenue	1	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)			665,567.	1,544,110.
) Ver	1	nvestment income (Part VIII, column (A), lines 3, 4,	and 7d)		0.00,007.	0.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			51,798.	43,156.
	1	Fotal revenue - add lines 8 through 11 (must equal			1,797,473.	2,456,203.
		Grants and similar amounts paid (Part IX, column (A			0.	23,650.
		Benefits paid to or for members (Part IX, column (A			0.	0.
ģ		Salaries, other compensation, employee benefits (F			232,014.	284,005.
Expenses		Professional fundraising fees (Part IX, column (A), li			0.	0.
ф		Fotal fundraising expenses (Part IX, column (D), line	404	25.		
ш	17 (	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		748,767.	
		Total expenses. Add lines 13-17 (must equal Part I			980,781.	2,229,781.
	19	Revenue less expenses. Subtract line 18 from line	12		816,692.	226,422.
Net Assets or Fund Balances				Ве	ginning of Current Year	End of Year
sset	20				1,260,732.	1,242,162.
et Agend	21				502,987.	313,257.
	22	Net assets or fund balances. Subtract line 21 from	line 20		757,745.	928,905.
	art II	Signature Block	in alcoding a second position and advok			. Impercipation and halfof it is
		ties of perjury, I declare that I have examined this return, , and complete. Declaration of preparer (other than office				/ Knowleage and Dellei, it is
uue	, correct	, and complete. Declaration of preparer (other than office	1) is based oil all illioithation of w	mon preparer	lias any knowledge.	
Sig	,	Signature of officer			I Date	
Her	I					
1101		Type or print name and title				
		Print/Type preparer's name	Preparer's signature		Date Check	PTIN
Paid	d	ROBERT G. WUJEK	Foliat & wi	jul 1	0/25/2023   if self-employe	P01367472
Pre	- +	Firm's name SELDEN FOX, LTD.		v	Firm's EIN	36-2985770
		Firm's address 619 ENTERPRISE DI	RIVE			
		OAK BROOK, IL 60			Phone no.63	0-954-1400
May	the IF	S discuss this return with the preparer shown abo	ve? See instructions			X Yes No

Pai	Charlet Calcadula Countains a re	•		
1	Briefly describe the organization's missi	esponse or note to any line in this Part III		<u></u>
•		ITH MUSICAL TRAINING A	AND LIFE CHANGING E	DUCATIONAL
		ES THROUGH WHICH THEY		
	MUSICAL TRAINING AND	PERFORMANCE EXPERIENC	CES.	
2	Did the organization undertake any sign	ificant program services during the year whi	ch were not listed on the	
				Yes X No
	If "Yes," describe these new services or			77
3		or make significant changes in how it condu	icts, any program services?	Yes X No
	If "Yes," describe these changes on Scl			
4		rvice accomplishments for each of its three li		
	revenue, if any, for each program service	tions are required to report the amount of gr	rants and allocations to others, the to	tai expenses, and
 4а		748,624 including grants of \$	23,650.) (Revenue \$	1,544,110.)
Ta	YOUTH MUSICAL ACTIVI	TIES, PERFORMANCE TOUR	RS. AND COMPETITION	
		. ,		<u></u>
4b	(Code:) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	<u> </u>
	) (Expenses +			
4d	Other program services (Describe on Sc			,
<u>.</u>	(Expenses \$	including grants of \$ 1,748,624.	) (Revenue \$	)
<u>4e</u>	Total program service expenses	1,740,024.		Form <b>990</b> (2021)
				FUIIII <b>330</b> (2021)

#### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	<u> </u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			ا ۔۔
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			٦,
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		<b>.</b>
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		x
10	If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		22
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
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,	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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			X
45	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15		45		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		<del></del> -
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u></u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
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	Х	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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? If "Yes," complete Schedule I, Parts I and II	21		Х

#### 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			-110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			177
	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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	051-		x
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant 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? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			177
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			X
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
J-4	Part V, line 1	34		x
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			177
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule 0  t V Statements Regarding Other IRS Filings and Tax Compliance	_ 30		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		77	
	(gambling) winnings to prize winners?	1c	Х	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		•		Yes	No		
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	2a 8	1				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur		2b	Х			
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions				v		
3a	-		3a		X		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		4.		X		
h	financial account in a foreign country (such as a bank account, securities account, or other financial a If "Yes," enter the name of the foreign country	account)?	4a		25		
Б	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	counts (FRAR)					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time daming the tax year?		5b		X		
	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		<u> </u>				
	any contributions that were not tax deductible as charitable contributions?		6a		Х		
b	If "Yes," did the organization include with every solicitation an express statement that such contribut						
	were not tax deductible?		6b				
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		Х		
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	as required					
	to file Form 8282?	1	7c		X		
d	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 c		7e				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7 <del>f</del> 7g				
g							
_	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		8				
9	sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.		L				
a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9a 9b				
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders	11a					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)	11b					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	12a				
	,	12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a				
h	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.						
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	13b					
c	Enter the amount of reserves on hand	13c					
14a		100	14a		Х		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		† <u></u>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune						
	excess parachute payment(s) during the year?		15		х		
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		Х		
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	any					
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17				
	If "Yes," complete Form 6069.						

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Form **990** (2021)

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			
Sec	tion 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			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 23			
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
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		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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 on Schedule O	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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		X
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		X
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		X
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			37
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
40	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	40		v
	taxable entity during the year?	16a		X
р	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	401-		
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17 10	List the states with which a copy of this Form 990 is required to be filed \(\bigsigma \text{IL}\)  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A. if applicable), 990, and 990 T (section 501(c)/3)	e only	\ availe	able
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply.	s or ily	, avalla	aDIE
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d fina-	ncial	
13	statements available to the public during the tax year.	u midi	icial	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JEANNE STEINES - 224-567-8171			
	POST OFFICE BOX 501, ROSEMONT, IL 60018			

Form **990** (2021)

Pa	T V	Ш	_						
			Check if Schedule O co	ontains a response	or note to any III	ne in this Part VIII (A)	(B)	(C)	(D)
						Total revenue	Related or exempt		Revenue excluded
							function revenue		from tax under sections 512 - 514
(O (O				1.1					Sections 512 - 514
ant:			Federated campaigns						
ig of			Membership dues						
Ŧ,			Fundraising events						
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations		COO FOO				
ns, Sim			Government grants (contrib	· · · · · · · · · · · · · · · · · · ·	622,539.				
er.		f	All other contributions, gifts, gr		046 200				
년 된			similar amounts not included a		246,398.				
ont od (		g	Noncash contributions included in lin	nes 1a-1f <b>1g</b> \$		0.60 000			
ā Č		h	Total. Add lines 1a-1f		<u></u>	868,937.			
					Business Code	566 456	566 456		
S C	2		PARTICIPATION	FEES	711130	766,456.			
er i		b	SPONSORSHIPS		711130	388,012.			
n Si		С	PERFORMANCES &	E EVENTS	711130	325,562.	325,562.		
ran ?ev		d							
Program Service Revenue		е							
Δ			All other program service re			64,080.	64,080.		
		g	Total. Add lines 2a-2f		<u></u>	1,544,110.			
	3		Investment income (includir	-					
			other similar amounts)						
	4		Income from investment of	-					
	5		Royalties						
				(i) Real	(ii) Personal				
				6a					
		b	· · · · · · · · · · · · · · · · · · ·	6b					
		С	Rental income or (loss)	6c					
			Net rental income or (loss)						
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			· -	7a					
		b	Less: cost or other basis						
Revenue				7b					
eve			· /	7c	L .				
er B			Net gain or (loss)		<b>D</b>				
Othe	8	а	Gross income from fundraising	,					
٥			including \$						
			contributions reported on li						
			Part IV, line 18						
			Less: direct expenses						
			Net income or (loss) from fu	• –	<b></b>				
	9	а	Gross income from gaming		80,142.				
			Part IV, line 19			-			
			Less: direct expenses			43,156.			43,156.
			Net income or (loss) from ga	_	<u></u>	43,130.			43,130.
	10	а	Gross sales of inventory, les						
			and allowances		+	-			
			Less: cost of goods sold		·				
_		C	Net income or (loss) from sa	ales of inventory	Business Code				
snc	11	2			Business Code				
nec	11								
Miscellaneous Revenue		b							
Re		q	All other revenue						
Σ			Total. Add lines 11a-11d						
	12	<del>-</del>	Total revenue. See instructions			2,456,203.	1.544.110.	0.	43,156.
	14		TOTAL TOTOLING. OUU IIISII UUUIN	·		<u>_ ,                                   </u>	<u>- ,                                   </u>		,,

#### 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).

	Check if Schedule O contains a respon				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations		·	<u> </u>	·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	02 650	02.650		
	individuals. See Part IV, line 22	23,650.	23,650.		
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				
5	Compensation of current officers, directors,	72 000		72 000	
	trustees, and key employees	72,000.		72,000.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	183,058.		102 050	
7	Other salaries and wages	103,030.		183,058.	
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)	9,333.		9,333.	
9	Other employee benefits	19,614.		19,614.	
10	Payroll taxes	19,014.		19,014.	
11	Fees for services (nonemployees):				
a	Management	10,638.		10,638.	
b	Legal	11,750.		11,750.	
C	Accounting	11,750.		11,750.	
d	Lobbying				
e	Investment management fees				
f	Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A), amount, list line 11g expenses on Sch 0.)	463,523.	463,523.		
12	Advertising and promotion	25,181.	103/3231		25,181
13	Office expenses	30,973.		13,729.	17,244
14	Information technology	30,3730		2377230	
15	Royalties				
16	Occupancy				
17	Travel	760,884.	760,884.		
18	Payments of travel or entertainment expenses	,	,		
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	17,136.		17,136.	
21	Payments to affiliates	, = = = =		, ====	
22	Depreciation, depletion, and amortization	42,684.	42,684.		
23	Insurance	53,482.	,	53,482.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	EQUIPMENT AND SUPPLIES	370,643.	370,643.		
b	UNIFORMS	87,240.	87,240.		
С	BANK & CREDIT CARD FEES	32,365.	-	32,365.	
d		-		-	
е	All other expenses	15,627.		15,627.	
25	Total functional expenses. Add lines 1 through 24e	2,229,781.	1,748,624.	438,732.	42,425
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)				

Form **990** (2021)

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to a	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			820,280.	1	893,051.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			63,405.	4	47,231.
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	ıbstantial	contributor, or 35%			
		controlled entity or family member of any of t	hese pers	ons		5	
	6	Loans and other receivables from other disqu	ualified pe	rsons (as defined			
		under section 4958(f)(1)), and persons descri	bed in se	ction 4958(c)(3)(B)		6	
şţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			13,601.	9	19,908.
	10a	Land, buildings, and equipment: cost or other	II.				
		basis. Complete Part VI of Schedule D		367,234.	1 1 0		44
	b	Less: accumulated depreciation	10b	249,506.	155,712.	10c	117,728.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, li				13	
	14	Intangible assets	000 004	14	164 044		
	15	Other assets. See Part IV, line 11			207,734.	15	164,244.
	16	Total assets. Add lines 1 through 15 (must e			1,260,732.	16	1,242,162.
	17	Accounts payable and accrued expenses			26,118.	17	83,757.
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
Liabilities	22	Loans and other payables to any current or f					
ij		trustee, key employee, creator or founder, su					
Lia I		controlled entity or family member of any of t				22	
	23	Secured mortgages and notes payable to un			476,869.	23	229,500.
	24	Unsecured notes and loans payable to unrela			4/0,003.	24	229,300.
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li		•		05	
	26	of Schedule D			502,987.	25 26	313,257.
	20	Organizations that follow FASB ASC 958,			302,307	20	313,237
es		and complete lines 27, 28, 32, and 33.	JIICCK IIC				
auc	27	Net assets without donor restrictions			757,745.	27	928,905.
Bal	28	Net assets with donor restrictions			,	28	7_0,7000
pu		Organizations that do not follow FASB AS					
Ψ		and complete lines 29 through 33.	o 000, o				
ŏ	29	Capital stock or trust principal, or current fun	ıds			29	
sets	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			757,745.	32	928,905.
_	33	Total liabilities and net assets/fund balances			1,260,732.	33	1,242,162.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
			_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		, 45		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	, 22		
3	Revenue less expenses. Subtract line 2 from line 1	3			6,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			7,7	
5	Net unrealized gains (losses) on investments	5		-3	7,2	62.
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 on Schedule O)	9		-1	8,0	00.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10		92	8,9	05.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat					
	consolidated basis, or both:					
	X 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	e audit	t,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule	Ο.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	udit			
	Act and OMB Circular A-133?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization THE CAVALIERS AP&E INC. 23-7449578 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if you checked			•	on failed to qualify	under Part III. If th	e organization
	fails to qualify under the tests	listed below, plea	ase complete Part	: III.)			
Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support		1	1		,	
	endar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for th	-			•		
<u></u>	organization, check this box and stop						<u></u>
	ction C. Computation of Publ					Taal	
	Public support percentage for 2021 (I					14	%
15	Public support percentage from 2020						%
102	33 1/3% support test - 2021. If the contains						
	stop here. The organization qualifies						
Ľ	33 1/3% support test - 2020. If the c	-					
47.	and <b>stop here.</b> The organization qual						
1/8	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances to	-		• • •		170 and line 15 is	
C	10% -facts-and-circumstances tes						10% UI
	more, and if the organization meets the organization meets the facts-and-circle		*				ightharpoonup
	organization meets the lacts allufollo	amotanices test. I	no organization q	uannes as a public	ny supported organ	112au011	

Schedule A (Form 990) 2021

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .......

#### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	492,563.	528,579.	547,458.	1,080,108.	868,937.	3,517,645.		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,341,329.	1,202,740.	267,345.	665,567.	1,544,110.	5,021,091.		
3	Gross receipts from activities that		. ,	-			. ,		
	are not an unrelated trade or business under section 513	64,473.	19,773.		71,100.	80,142.	235,488.		
4	Tax revenues levied for the organ-	,	-,		,	,	,		
·	ization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities								
_	furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5	1,898,365.	1,751,092.	814,803.	1,816,775.	2,493,189.	8,774,224.		
78	Amounts included on lines 1, 2, and								
	3 received from disqualified persons	12,500.	17,500.	7,200.	17,750.	18,800.	73,750.		
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	1 016				222 727	022 752		
	amount on line 13 for the year	1,016. 13,516.	17 500	7 200	17 750		233,753.		
	Add lines 7a and 7b	13,516.	17,500.	7,200.	17,750.	251,537.	307,503.		
	Public support. (Subtract line 7c from line 6.)						8,466,721.		
	ction B. Total Support								
	endar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019 814,803.	(d) 2020	(e) 2021	(f) Total		
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,898,365.	1,751,092.	014,003.	1,816,775.	2,493,189.	8,774,224.		
k	Unrelated business taxable income								
	(less section 511 taxes) from businesses acquired after June 30, 1975								
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)	1,898,365.	1,751,092.	814,803.	1,816,775.	2,493,189.	8,774,224.		
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizati	on,		
	check this box and stop here						▶∟		
Se	ction C. Computation of Publ	ic Support Pe	rcentage						
15	Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	96.50 %		
	Public support percentage from 2020					16	98.62 %		
Se	ction D. Computation of Inves					1	0.0		
17	Investment income percentage for 20					17	.00 %		
18	Investment income percentage from 2					18	<u>%</u>		
19a	a 33 1/3% support tests - 2021. If the								
k	more than 33 1/3%, check this box at 33 1/3% support tests - 2020. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%,			
	line 18 is not more than 33 1/3%, che						<b>&gt;</b>		
20	<b>Private foundation.</b> If the organization	n did not check a	pox on line 14, 19;	a. or 190. check th	us pox and see ins	structions			

#### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ju		
9b		
9c		
10a		
44.		
10b		

132024 01-04-21

Par	t IV   Supporting Organizations (continued)			
	, territoria, terr		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations	•		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers	,		
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	,		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	_		
	tion E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	ne)		
' a	The organization satisfied the Activities Test. Complete line 2 below.	113).		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instructio	ns).	
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b | 132025 01-04-22 | Schedule A (Form 990) 2021

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga	nizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain						
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in <b>Part VI</b> ):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Section C - Distributable Amount				Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	$\top$					
	emergency temporary reduction (see instructions)	اءا					

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2021

instructions).

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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.

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Inspection

Name of the organization

THE CAVALIERS AP&E INC.

**Employer identification number** 23-7449578

Par		ed Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		(b) Tours de constante en constante
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	_	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	
Da			
Par		<del>-</del>	t IV, line 7.
1	Purpose(s) of conservation easements held by the organization	·	
	Preservation of land for public use (for example, recrea	· —	nistorically important land area
	Protection of natural habitat	Preservation of a c	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired $% \left( x\right) =\left( x\right) \left( x\right) \left($	after 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the or	ganization during the tax
	year >		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes  No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservations	vation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	n easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(	(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes  No
9	In Part XIII, describe how the organization reports conservation	ion easements in its revenue and expense sta	atement and
	balance sheet, and include, if applicable, the text of the footi	note to the organization's financial statement	s that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and	balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in furth	erance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and bal	ance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	ance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB A		•
а	Revenue included on Form 990, Part VIII, line 1	_	<b>&gt;</b> \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2021

(a) Current year

Other

(b) Prior year

b

Part IV

collection items (check all that apply):

1a Beginning of year balance **b** Contributions c Net investment earnings, gains, and losses **d** Grants or scholarships

and programs f Administrative expenses g End of year balance

a Board designated or quasi-endowment

The percentages on lines 2a, 2b, and 2c should equal 100%.

e Other expenditures for facilities

**b** Permanent endowment ► \_\_\_ Term endowment

☐ Preservation for future generations

reported an amount on Form 990, Part X, line 21.

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

☐ Public exhibition

Scholarly research

4	Descr	ibe in Part XIII the intended uses of the organization's endowment funds.
Pai	rt VI	Land, Buildings, and Equipment.

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

		. '	· · · · · · · · · · · · · · · · · · ·	
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
<b>b</b> Buildings				
c Leasehold improvements				
<b>d</b> Equipment		367,234.	249,506.	117,728.
e Other				
Total. Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part X, colu	mn (B), line 10c.)	•	117,728.

Schedule D (Form 990) 2021

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.  Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(h) Rook valua
Part IX Other Assets.  Complete if the organization answered "Yes"  (a)	Description		(b) Book value
Part IX Other Assets.  Complete if the organization answered "Yes"  (a)  (1) BENEFICIAL INTEREST IN FU	Description		* *
Part IX Other Assets.  Complete if the organization answered "Yes"  (a)  (1) BENEFICIAL INTEREST IN FU  (2)	Description		* *
Part IX Other Assets.  Complete if the organization answered "Yes"  (a)  (1) BENEFICIAL INTEREST IN FU  (2)  (3)	Description		* *
Part IX Other Assets.  Complete if the organization answered "Yes"  (a)  (1) BENEFICIAL INTEREST IN FU  (2)  (3)  (4)	Description		* *
Complete if the organization answered "Yes"  (a)  (1) BENEFICIAL INTEREST IN FU  (2)  (3)  (4)  (5)	Description		* *
Part IX Other Assets.  Complete if the organization answered "Yes"  (a)  (1) BENEFICIAL INTEREST IN FU  (2)  (3)  (4)  (5)  (6)	Description		* *
Part IX Other Assets.  Complete if the organization answered "Yes"  (a)  (1) BENEFICIAL INTEREST IN FU  (2)  (3)  (4)  (5)  (6)  (7)	Description		* *
Part IX Other Assets.  Complete if the organization answered "Yes"  (a)  (1) BENEFICIAL INTEREST IN FU  (2)  (3)  (4)  (5)  (6)  (7)  (8)	Description		* *
Part IX Other Assets.  Complete if the organization answered "Yes"  (a)  (1) BENEFICIAL INTEREST IN FU  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line	Description INDS HELD BY C		(b) Book value 164,244
Complete if the organization answered "Yes"  (a)  (1) BENEFICIAL INTEREST IN FU  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	Description INDS HELD BY C	OTHERS	164,244
Complete if the organization answered "Yes"  (a)  (1) BENEFICIAL INTEREST IN FU  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes"	Description INDS HELD BY C	OTHERS	164,244
Part IX Other Assets.  Complete if the organization answered "Yes"  (a)  (1) BENEFICIAL INTEREST IN FU  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes"  I. (a) Description of liability	Description INDS HELD BY C	OTHERS	164,244
Part IX Other Assets.  Complete if the organization answered "Yes"  (a)  (1) BENEFICIAL INTEREST IN FU  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes	Description INDS HELD BY C	OTHERS	164,244
Complete if the organization answered "Yes"  (a)  (1) BENEFICIAL INTEREST IN FU  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes  (2)	Description INDS HELD BY C	OTHERS	164,244
Part IX Other Assets.  Complete if the organization answered "Yes"  (a)  (1) BENEFICIAL INTEREST IN FU  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes  (2)  (3)	Description INDS HELD BY C	OTHERS	164,244
Part IX Other Assets.  Complete if the organization answered "Yes"  (a)  (1) BENEFICIAL INTEREST IN FU  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)	Description INDS HELD BY C	OTHERS	164,244
Complete if the organization answered "Yes"  (a)  (1) BENEFICIAL INTEREST IN FU  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)	Description INDS HELD BY C	OTHERS	164,244
Complete if the organization answered "Yes"  (a)  (1) BENEFICIAL INTEREST IN FU  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)	Description INDS HELD BY C	OTHERS	164,244
Complete if the organization answered "Yes"  (a)  (1) BENEFICIAL INTEREST IN FU  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes"  . (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)	Description INDS HELD BY C	OTHERS	164,244
Complete if the organization answered "Yes"  (a)  (1) BENEFICIAL INTEREST IN FU  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)	Description INDS HELD BY C	OTHERS	164,244
Complete if the organization answered "Yes"  (a)  (1) BENEFICIAL INTEREST IN FU  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)	Description INDS HELD BY C	THERS  11e or 11f. See Form 990, Part X, line 25.	164,244

Schedule D (Form 990) 2021

Sche	edule D (Form 990) 2021 THE CAVALIERS AP&E INC.			23-	7449578 <sub>Page</sub> 4
_	rt XI Reconciliation of Revenue per Audited Financial Statem		Revenue per R	eturr	
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			1	2,455,927
1	Total revenue, gains, and other support per audited financial statements			-	2,433,321
a		2a	-37,262.		
b		··	0.,2020		
c					
d			36,986.		
e				2e	-276
3	Subtract line 2e from line 1			3	2,456,203
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				· · · · · ·
а		4a			
b				•	
	Add lines <b>4a</b> and <b>4b</b>			4c	0
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			5	2,456,203
	rt XII Reconciliation of Expenses per Audited Financial Staten			Retu	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total expenses and losses per audited financial statements			1	2,284,767
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	54,986.		
е	Add lines 2a through 2d			2e	54,986
3	Subtract line 2e from line 1			3	2,229,781
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,229,781
Pa	rt XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad			4; Part	X, line 2; Part XI,
PAI	RT X, LINE 2:				
TH	E CAVALIERS FOLLOWS GENERALLY ACCEPTED ACC	COUNTIN	G PRINCIPL	ES 1	FOR THE
RE	PORTING OF UNCERTAIN TAX POSITIONS AND HAS	S DETER	MINED IT I	S N	OT REQUIRED
то	RECORD A LIABILITY FOR ANY SUCH POSITIONS	S.			
PAI	RT XI, LINE 2D - OTHER ADJUSTMENTS:				
DII	RECT EXPENSES ASSOCIATED WITH GAMING ACTIV	VITIES			36,986
PAI	RT XII, LINE 2D - OTHER ADJUSTMENTS:				

36,986. DIRECT EXPENSES ASSOCIATED WITH GAMING ACTIVITIES

18,000. PROVISION FOR BAD DEBTS

TOTAL TO SCHEDULE D, PART XII, LINE 2D

54,986. Schedule D (Form 990) 2021

132054 10-28-21

Schedule D (Form 990) 2021	THE CAVALIERS	S AP&E INC.	23-7449578 Page 5
Schedule D (Form 990) 2021 Part XIII Supplemental In	nformation (continued)		

#### SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization THE CAVALIERS AP&E INC. 23-7449578 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

132081 10-21-21

Schedule G (Form 990) 2021

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

Schedule G (Form 990) 2021 THE CAVALIERS AP&E INC. 23-7449578 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (event type) (total number) (event type) Revenue 1 Gross receipts 2 Less: Contributions Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes ..... Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment Other direct expenses ..... 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) 80,142. 80,142. Gross revenue ..... 2 Cash prizes Direct Expenses 27,321. 27,321. 3 Noncash prizes 4 Rent/facility costs 9,665. 9,665. **5** Other direct expenses Yes Yes Yes 6 Volunteer labor No 36,986. 7 Direct expense summary. Add lines 2 through 5 in column (d) 43,156. 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: IL a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? \_\_\_\_\_\_\_ Yes X No

Schedule G (Form 990) 2021

**b** If "Yes," explain:

132082 10-21-21

Sch	nedule G (Form 990) 2021 THE CAVALIERS AP&E INC. 23-	7449578	Page 3
11	Does the organization conduct gaming activities with nonmembers?	X Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Yes	X No
13	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility	13a 100	.00 %
ŀ	<b>b</b> An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name > JEANNE STEINES		
	Address ► POST OFFICE BOX 501 - ROSEMONT, IL 60018		
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	X No
ŀ	b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount		
	of gaming revenue retained by the third party > \$		
(	c If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name ► N/A		
	Gaming manager compensation > \$		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	X No
ŀ	<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt activities during the tax year ▶ \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P.	art III, lines 9,	, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	(Form 990)	THE C	AVALIERS	AP&E	INC.	23-7449578 Page 4
Part IV	(Form 990)  Supplemental Information	rmation (d	continued)			<b>9</b>

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name o	of the organization							Employer identification number
THE CAVALIERS AP&E INC.					23-7449578			
Part I	General Information on Grants a	ınd Assistance						
	oes the organization maintain records							
CI	riteria used to award the grants or assi	stance?						X Yes No
	escribe in Part IV the organization's pro						· "	
Part II	Grants and Other Assistance to recipient that received more than					anization answered "1	res" on Form 990, Pari	t IV, line 21, for any
1 (a	a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	nter total number of section 501(c)(3) a			ne line 1 table		I	1	<b>_</b>

Page 2

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
MUSICIAN SCHOLARSHIP AWARDS	13	23,650.	0.		
Part IV Supplemental Information. Provide the information red	quired in Part I, lin	ie 2; Part III, column	(b); and any other a	dditional information.	
PART I, LINE 2:					
EVERY SUMMER SCHOLARSHIPS ARE AWAF	RDED TO D	ESERVING M	EMBERS TO	HELP OFFSET	
THE COST OF THEIR PARTICIPATION FE	EES.				

#### **SCHEDULE 0** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Inspection

Name of the organization

Employer identification number

THE CAVALIERS AP&E INC.	23-7449578
AMENDED RETURN	
THIS AMENDED 990 IS BEING SUBMITTED TO REFLECT THE CAVAL	IERS'
ACTIVITIES AND FINANCIAL POSITION BASED ON THE COMPLETION	N OF THE OF THE
AUDIT OF THEIR FINANCIAL STATEMENTS FOR THE YEAR ENDED D	ECEMBER 31,
2021. THE AMOUNTS REPORTED IN THE RETURN PREVIOUSLY FILE	ED WERE BASED
ON UNAUDITED DATA AND SHOULD BE CONSIDERED SUPERSEDED AND	D REPLACED IN
THEIR ENTIRETY. HOWEVER, THERE WERE NO CHANGES TO THE P	ROGRAM
DESCRIPTIONS, POLICIES, BOARD OF DIRECTORS, OR OTHER NAR	RATIVE DATA
FROM WHAT WAS PREVIOUSLY REPORTED.	
FORM 990, PART VI, SECTION B, LINE 11B:	
AFTER FORM 990 IS PREPARED BY THE INDEPENDENT AUDITOR, I	I IS DELIVERED TO
THE TREASURER FOR REVIEW AND EVENTUAL SUBMISSION TO THE	ORGANIZATION'S
GOVERNING BODY.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE CAVALIERS MAKES ANY REQUIRED DOCUMENTS AVAILABLE TO	THE PUBLIC UPON
REQUEST AT THEIR CORPORATE OFFICE.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONTRACTED INSTRUCTORS:	
PROGRAM SERVICE EXPENSES	463,523.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	463,523.

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2 Name of the organization **Employer identification number** 23-7449578 THE CAVALIERS AP&E INC. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 463,523. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: PROVISION FOR BAD DEBTS -18,000.FORM 990, PART XII, LINE 2C: THE CAVALIERS BOARD OF DIRECTORS IS RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT AND THE SELECTION OF THE INDEPENDENT AUDITORS. THIS PROCESS HAS NOT CHANGED FROM PRIOR YEARS.

### TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM AG990-IL

### FOR THE YEAR ENDING

SEPTEMBER 30, 2022

Prepared for	THE CAVALIERS AP&E INC. POST OFFICE BOX 501 ROSEMONT, IL 60018
Prepared by	SELDEN FOX, LTD. 619 ENTERPRISE DRIVE OAK BROOK, IL 60523-8835
Amount due or refund	BALANCE DUE OF \$115.00
Make check payable to	ILLINOIS CHARITY BUREAU FUND
Mail tax return and check (if applicable) to	OFFICE OF THE ATTORNEY GENERAL CHARITABLE TRUST BUREAU 115 S. LASALLE STREET CHICAGO, ILLINOIS 60603
Return must be mailed on or before	PLEASE MAIL AS SOON AS POSSIBLE.
Special Instructions	THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).
	THE FORM AG990-IL MUST BE SIGNED BY TWO DIFFERENT OFFICERS OR BY TWO TRUSTEES. ONE SIGNATURE SHALL BE ACCEPTED IF THERE IS ONLY ONE TRUSTEE. A FORM AG990-IL WITHOUT TWO OF THE AFOREMENTIONED REQUIRED SIGNATURES WILL BE CONSIDERED INCOMPLETE.

Y) #

$\overline{}$	fice Use Only	ILLINOIS CHARITABLE ORGANIZATION ANNUAL			Revised 1/1
PMT	-#	Attorney General KWAME RAOUL State of I Charitable Trust Bureau, 100 West Rando		# O1	-008308
		11th Floor, Chicago, Illinois 60601	,ipii CO		all items attached:
AMT	-	Report for the Fiscal Period:	X		IRS Return
		·	Make Checks X		Financial Statements
		Beginning 10/01/2021	Payable to the Illinois		Form IFC
INIT		2 = "	Charity		Annual Report Filing Fee
		& Ending 09/30/2022 MO DAY YR	Bureau Fund X		Late Report Filing Fee
	al ID # 23-7449578			•	MO DAY YR 02/27/1952
Are co	ontributions to the organization to the contribution to the contributions to the organization to the contributions to the contribution to the co	tax deductible? A Yes No Date Of	ganization was created Year-end	u:	02/2//1952
		IERS AP&E INC.	amounts		
	MAIL		A) ASSETS	A) \$	1,242,162
Αſ	DDRESS POST OFFIC	CE BOX 501	B) LIABILITIES	B) \$	313,257
	, STATE ROSEMONT,	IL	C) NET ASSETS	C) \$	928,905
	P CODE 60018	DEVENUE ITEMO DUDINO THE VEAD	DEDOENTAGE		AMOUNT
l.		REVENUE ITEMS DURING THE YEAR: RIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	PERCENTAGE 72.897%	D) \$	AMOUNT 1,790,508
	E) GOVERNMENT GRANTS &	(	25.346%	E) \$	622,539
	F) OTHER REVENUES	R WIEWIDENGIIII DOEG	1.757%	F) \$	43,156
	,				· · · · · · · · · · · · · · · · · · ·
	•	E AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$	2,456,203
II.		EXPENDITURES DURING THE YEAR:	F0 401		1 740 604
	H) OPERATING CHARITABLE	PROGRAM EXPENSE	78.421%	H) \$	1,748,624
	I) EDUCATION PROGRAM S	EDI/ICE EVDENCE	%	1) \$	
	i) LDOGATION FROGRAM 3	ENVIOL EXPENSE	/6	η φ	
	J) TOTAL CHARITABLE PRO	GRAM SERVICE EXPENSE (ADD H & I)	78.421%	J) \$	1,748,624
	J1) JOINT COSTS ALLOCATE	D TO PROGRAM SERVICES (INCLUDED IN J): \$			
	,	· · · · · · · · · · · · · · · · · · ·			
	K) GRANTS TO OTHER CHAP	RITABLE ORGANIZATIONS	%	K) \$	
	L) TOTAL CHARITABLE PRO	GRAM SERVICE EXPENDITURE (ADD J & K)	78.421%	L) \$	1,748,624
	M) MANAGEMENT AND GENE	ERAL EXPENSE	19.676%	M) \$	438,732
	N) FUNDRAISING EXPENSE		1.903%	N) \$	42,425
	.,			11, +	
	0) TOTAL EXPENDITURES T	HIS PERIOD (ADD L, M, & N)	100 %	0) \$	2,229,781
III.	(Attach Attorney General Repo	PAID FUNDRAISER AND CONSULTANT ACTIVITIES rt of Individual Fundraising Campaign- Form IFC. One for each PFR.)			
	PN TOTAL AMOUNT RAISED	I <u>S:</u> BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$	0
	) TOTAL AUTOON THATCLE	DIT THE FINE ESSIONAL FONDITHISENS	100 /0	Ι , Ψ	
	Q) TOTAL FUNDRAISERS FEE	ES AND EXPENSES	%	Q) \$	
	R) NET RECEIVED BY THE CI	HARITY (P MINUS Q=R)	%	R) \$	
	PROFESSIONAL FUNDRAISIN	G CONSULTANTS:			
	,	PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$	0
ĮΨ.		OTHE (3) HIGHEST PAID PERSONS DURING THE Y	EAR:	T) ¢	72 000
		E MAST, EXECUTIVE DIRECTOR NE STEINES, ACCOUNTANT		T) \$ U) \$	72,000 57,600
		NE SIEINES, ACCOUNTANT NNE DUEWERTH, OFFICE MANAGER		V) \$	50,000
V.		RAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPEND	ED)	<del>                                     </del>	n back side of instructions CODE
04-01-21	W) DESCRIPTION DRIIM	AND BUGLE CORPS; YOUTH BAND		W)#	042
91 04	X) DESCRIPTION:			X) #	<del>-</del>

Y) DESCRIPTION:

IF	THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		X
2	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY			
۷.	COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.		X
	COUNT OF AINT MISDEMICATION INVOLVING THE MISUSE ON MISAFFROFRIATION OF LUNDS ON AINT LECONT!	۷.		21
3	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS,			
٥.	DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS,			
	DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE			
	ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	3.		X
	ANTITING OF WILDEROTHED THE COUNT ENGATION:	0.		
4	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE			
	THAN 10% OF THE OUTSTANDING SHARES?	4.		Х
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON			
	OR ORGANIZATION?	5.		Х
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		Х
	, , , , , , , , , , , , , , , , , , , ,			
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS			
	BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.		Х
7b.	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$; (ii) THE AMOUNT			
	ALLOCATED TO PROGRAM SERVICES \$ ; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND			
	GENERAL \$; AND (iv) THE AMOUNT ALL OCATED TO FUNDRAISING \$			
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.		X
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR			
	REVOKED BY ANY GOVERNMENTAL AGENCY?	9.		X
	WAS TURDE OR DO VOLUME ANY AND FROM OF ANY AND FROM OF ANY ANY PRINT OF ANY TURET OFFIL OUT ON ANY AND PROPERTY.			
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION,	40		Х
	COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.		Λ
11	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS			
11.	THREE LARGEST ACCOUNTS:			
	TINEL LANGEST ACCOUNTS.			
	US BANK - HQ: 800 NICOLLET MALL, MINNEAPOLIS, MN 55402			
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <b>JEANNE STEINES</b> - 224-567-8171			
	ATTACHMENTO MUCT ACCOMPANY THE DEPORT OF INCTRUCTIONS			
ALI	L ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS			

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

#### BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

198101 04-01-21

RESIDENT or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
REASURER OF TRUSTEE (PRINT NAME)	SIGNATURE	DATE
	_	

ROBERT G. WUJEK

folit & wige

10/25/2023

PREPARER (PRINT NAME)



619 Enterprise Drive | Oak Brook, Illinois 60523 | www.seldenfox.com p 630.954.1400 | f 630.954.1327 | email@seldenfox.com

March 24, 2023

Office of the Attorney General Charitable Trust Bureau Attn: Annual Report Section 100 West Randolph Street, 11th Floor Chicago, Illinois 60601-3175

Re: Form AG990-IL Extension

The Cavaliers AP&E, Inc. Post Office Box 501 Rosemont, IL 60018 EIN: 23-7449578

EIN: 23-7449578 CO#: 01-008308

Tax Year: September 30, 2022

#### Ladies or Gentlemen:

We hereby request an extension of time to file the Illinois Charitable Organization Annual Report (Form AG990-IL) for The Cavaliers AP&E, Inc. This extension is requested so that necessary information can be obtained from third parties. We request an extension of time until May 31, 2023. The federal Form 990 has been extended until August 15, 2023.

This request is being filed in duplicate so that you can return a copy verifying your acceptance of our request for extension.

If you have any questions regarding this matter, please do not hesitate to call.

Very truly yours,

SELDEN FOX, LTD.

Robert G. Wujek Senior Vice President

folit & wight

RGW/njc

# The Cavaliers AP&E, Inc. Audit Report For the Year Ended September 30, 2022

### **Table of Contents**

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619 Enterprise Drive | Oak Brook, Illinois 60523 | www.seldenfox.com p 630.954.1400 | f 630.954.1327 | email@seldenfox.com

#### INDEPENDENT AUDITOR'S REPORT

Board of Directors The Cavaliers AP&E, Inc. Rosemont, Illinois

#### **Opinion**

We have audited the accompanying financial statements of **The Cavaliers AP&E, Inc.**, which comprise the statement of financial position as of September 30, 2022, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of The Cavaliers AP&E, Inc. as of September 30, 2022, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

#### **Basis for Opinion**

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of The Cavaliers AP&E, Inc. and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about The Cavaliers AP&E, Inc.'s ability to continue as a going concern within one year after the date that the financial statements are available to be issued.



#### Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether
  due to fraud or error, and design and perform audit procedures responsive to those risks.
   Such procedures include examining, on a test basis, evidence regarding the amounts and
  disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit
  procedures that are appropriate in the circumstances, but not for the purpose of expressing
  an opinion on the effectiveness of The Cavaliers AP&E Inc.'s internal control. Accordingly,
  no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about The Cavaliers AP&E, Inc.'s ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

October 24, 2023

Selden Fox, Etd.

# The Cavaliers AP&E, Inc. Statement of Financial Position September 30, 2022

Assets	
Cash Accounts receivable, net of allowance for doubtful accounts of \$18,000 Prepaid expenses	\$ 893,051 47,231 19,908
Vehicles and equipment, less accumulated depreciation of \$249,506  Beneficial interest in assets held by others	 117,728 164,244
Total assets	\$ 1,242,162
Liabilities and Net Assets	
Accounts payable and accrued expenses  Notes payable	\$ 83,757 229,500
Total liabilities	313,257
Net assets without donor restrictions	 928,905
Total liabilities and net assets	\$ 1,242,162

# The Cavaliers AP&E, Inc. Statement of Activities For the Year Ended September 30, 2022

Revenues:	
Contributions of cash and other financial assets:	
General	\$ 246,398
Shuttered Venue Operators Grant	272,412
Village of Rosement	305,000
Participation fees	766,456
In-kind sponsorships	388,012
Performances and events	325,562
Fund-raising events	80,142
Merchandise and supplies	39,596
Gain on extinguishment of	
Paycheck Protection Program Loan	45,127
Net investment income credited based on	
change in beneficial interest in assets held by others	(37,262)
Other	24,484
Total revenues	2,455,927
Expenses:	
Program services	1,748,624
Supporting services:	
General and administrative	456,732
Fund-raising and promotion	79,411
Total expenses	2,284,767
Change in net assets	171,160
Net assets, beginning of the year	757,745
Net assets, end of the year	\$ 928,905

# The Cavaliers AP&E, Inc. Statement of Functional Expenses For the Year Ended September 30, 2022

Program services:		
Contractual labor		463,523
Fleet		441,048
Music and performance equipment		370,643
Tour food and facilities	2	202,936
Uniforms		87,240
Events		75,853
Travel		41,047
Scholarships		23,650
Depreciation		42,684
Total program services	1,	748,624
Supporting services:		
General and administrative:		
Compensation and benefits	2	284,005
Insurance		53,482
Professional fees		22,388
Office		13,729
Bank and credit card fees		32,365
Interest		17,136
Provision for bad debts		18,000
Other		15,627
Total general and administrative		456,732
Total general and administrative		450,732
Fund-raising and promotion:		
Fund-raising events		36,986
Marketing and promotion		25,181
Merchandise and supplies		17,244
Total fund-raising and promotion		79,411
Total supporting services		536,143
Total expenses	\$ 2,2	284,767

# The Cavaliers AP&E, Inc. Statement of Cash Flows For the Year Ended September 30, 2022

Cash flows from operating activities:	
Change in net assets	\$ 171,160
Adjustments to reconcile change in net assets	
to net cash from operating activities:	
Provision for bad debts	18,000
Depreciation	42,684
Net investment income credited based on	
change in beneficial interest in assets held by others	37,262
Gain on extinguishment of	
Paycheck Protection Program Loan	(45,127)
Changes in operating assets and liabilities:	
Accounts receivable	(1,826)
Prepaid expenses	(6,307)
Accounts payable and accrued expenses	 57,639
Net cash from operating activities	 273,485
Cash flows from investing activities:	
Purchases of vehicles and equipment	(4,700)
Distribution received from beneficial interest held by others	 6,228
Net cash from investing activities	 1,528
Cash flows from financing activities - repayment of notes payable	 (202,242)
Net change in cash	72,771
Cash, beginning of the year	820,280
Cash, end of the year	\$ 893,051
Supplementary cash flow information - interest paid	\$ 24,354

#### 1. Summary of Significant Accounting Policies

Organization – The Cavaliers AP&E, Inc. (Cavaliers), was incorporated as The Cavaliers Drum and Bugle Corps, Inc. in 1952 under the General Not-for-Profit Corporation Act of Illinois. In February 2020, the Cavaliers filed articles of amendment to change its legal name to highlight its overall focus on the arts, performance, and education. Through its flagship Drum and Bugle Corps, Chromium Winds, and GearWORKS programs, the Cavaliers aims to provide its members with educationally and socially life changing experiences, through which they gain real-world life skills, musical training and performance experiences.

**Basis of Accounting** – The financial statements have been prepared on the accrual basis of accounting and are designed to focus on the Cavaliers as a whole, with balances and transactions presented according to the existence or absence of donor-imposed restrictions as follows:

**Net Assets Without Donor Restrictions** – Net assets which are available for fulfillment of the Cavaliers' mission and which may be expended at the discretion of management and the Board of Directors.

**Net Assets With Donor Restrictions** – Net assets which are subject to donor-imposed restrictions. Some restrictions could be temporary in nature, such as those that will be met by the actions of the Cavaliers' or the passage of time, while some restrictions could be perpetual in nature, in that a donor has stipulated the funds be maintained in perpetuity. Contributions received with donor restrictions that are met in the same year as received are reported as being received without donor restrictions. The Corps reported no net assets with donor restrictions at September 30, 2022.

**Use of Estimates** – The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and operations and the related disclosures at the date of the financial statements and during the reported period. Actual results could differ from those estimates.

A significant estimate used in the preparation of the financial statements includes the valuation of in-kind sponsorships. For the aforementioned estimate, it is reasonably possible the recorded amounts or related disclosures could significantly change in the near future as new information is available.

**Fair Value of Financial Instruments** – Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants as of a given measurement date. Valuations of specific assets and liabilities are classified based on a three-level hierarchy based on the reliability of observable and unobservable inputs as follows:

- **Level 1** Valuations are based on quoted prices in active markets for identical assets or liabilities that the Cavaliers has the ability to access at the measurement date.
- **Level 2** Valuations are based on quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in markets that are not active; and model-derived valuations whose significant inputs are observable.
- **Level 3** Valuations are based on unobservable inputs for the asset or liability that reflect the Cavaliers' own data and assumptions that market participants would use in pricing the asset or liability.

#### 1. Summary of Significant Accounting Policies (cont'd)

Accounts Receivable – Accounts receivable are stated at their net collectible amount. The Cavaliers do not charge interest or late fees on amounts past due. The Cavaliers have established an allowance for doubtful accounts through a provision for bad debts charged to expense. Accounts are charged against the allowance for doubtful accounts when management believes collectability is unlikely. Management's periodic evaluation of the collectability of an account is based on the Cavaliers' past experience, known and inherent risks in the accounts, adverse situations that may affect a borrower's ability to repay, and current economic conditions. The delinquency of accounts is based on past due status in accordance with payment terms.

**Vehicles and Equipment** – Vehicles and equipment are stated at cost and depreciated, using the straight-line method, over the estimated useful lives of the assets.

**Beneficial Interest in Assets Held by Others** – Beneficial interests in assets held by others are accounted for at fair value. The net investment income credited based on the Cavaliers' beneficial interest is reported in the statement of activities.

Paycheck Protection Program Loans Payable – In March 2021, the Cavaliers obtained a \$45,127 unsecured promissory note under the Additional Coronavirus Response and Relief (ACRR) provisions of the Consolidated Appropriations Act (CAA) of 2021. Under the terms of the agreement, the note was eligible for forgiveness upon the incurrence of qualifying expenses and satisfaction of other criteria, and any principal and interest payments would be deferred until a forgiveness determination could be made. At that time, any amounts not forgiven could be repaid over a two-year period at an annual interest rate of 1%.

The Cavaliers elected to account for the related loan proceeds under Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 470, *Debt.* Under this guidance, the extinguishment of all or a portion of the loans would be recognized when the Cavaliers have been legally released as the primary obligor of the respective loans. This would occur if and when the United States Small Business Administration (SBA) approves the Cavaliers' respective forgiveness application or when a loan is paid in full.

Based on its application for forgiveness, the Cavaliers was informed in October 2021, that the SBA had granted forgiveness such that the related proceeds have been recognized as a gain on extinguishment of indebtedness in the accompanying statement of activities. However, the Cavaliers remains subject to a potential audit of its forgiveness application and any disallowed claims from such an audit could become a liability to the Cavaliers.

**Revenue Recognition** – The recognition of revenue is determined based on whether an activity is classified as a contribution or exchange transaction.

Contributions, including grants and sponsorships, representing unconditional promises to give, are recognized as revenue in the period received. Conditional promises to give are not recognized until they become unconditional, that is, when the conditions on which they depend are substantially met.

On the other hand, revenue from exchange transactions, representing contracts with customers, is recognized when promised goods or services are transferred in an amount that reflects the consideration the organization expects to be entitled in exchange for those goods or services. Based on the nature of the organization, the Cavaliers receives a significant portion of its contract revenue in advance or at the time of the related performance obligation(s).

#### 1. Summary of Significant Accounting Policies (cont'd)

#### Revenue Recognition (cont'd)

However, in certain instances payment may not be received until after the fact. In those instances, the Cavaliers has elected the practical expedient that allows it not to recognize a significant financing component as it anticipates payment will be received within one year of transferring the related goods or services. In addition, the Cavaliers has applied the practical expedients to account for revenues with similar characteristics as a collective group, rather than individually, and not to disclose the transaction price allocated to unsatisfied performance obligations as of the end of the reporting period as the performance obligations generally relate to contracts with an original term of one year or less.

Significant sources of contract revenue include the following:

Participation Fees – Participation fees are assessed for various activities leading up to and including the Cavaliers' annual tour and performance season which begins with rehearsals in mid-May and ends with the Drum Corps International (DCI) World Championships held in Indianapolis the second Saturday of August. Based on an analysis of the underlying performance obligations, revenues for audition and camp fees are recognized at the time the related event takes place, while revenues for membership fees are recognized ratably over the course of the Cavaliers' tour and performance season. However, all related performance obligations are considered to be fulfilled within the reporting period.

**In-Kind Sponsorships** – The Cavaliers annually receives the in-kind use of music, performance equipment, and uniforms under the terms of various sponsorship agreements. The value of these sponsorships has generally been estimated based on a percentage of the cost required to purchase the related items, given the non-retail nature of the underlying sponsorship agreements and lack of other observable inputs. Based on the foregoing and an analysis of the underlying performance obligations, the related revenues are typically recognized over the course of the Cavaliers' tour and performance season such all substantial performance obligations are considered to be fulfilled within the reporting period.

**Performances and Events** – Performance and event revenues, including those associated with fund-raising events, are considered to contain a single performance obligation such that they are recognized at the time the related event takes place.

**Merchandise and Supplies** – Sales of merchandise and supplies are considered to contain a single performance obligation, such that the related revenue is recognized at the time of sale when the related product is delivered.

Based on the nature of the organization, aside from general pricing and timing matters management does not believe there are any significant factors which should be considered regarding the nature, amount, or uncertainty of revenues or cash flows.

**Functional Allocation of Expenses** – The costs of program and supporting services have been summarized on a functional basis in the statement of activities but are detailed by their natural classification in the statement of functional expenses. In determining the functional allocation of expenses, direct expenses are charged to the program or supporting service benefited. All other expenses, including any indirect program or supporting service expenses, are classified as management and general expenses.

#### 1. Summary of Significant Accounting Policies (cont'd)

**IncomeTaxes** – The Cavaliers is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code, except to the extent of any net unrelated business income in excess of a \$1,000 specific deduction. The Cavaliers reported no such income for the year ended September 30, 2022. Although the Cavaliers has determined it is not required to record a liability for any uncertain tax positions as of September 30, 2022, and has received no notice of exam, the Cavaliers' tax returns for years ending since September 30, 2020 remain subject to examination.

**Subsequent Events** – Subsequent events have been evaluated through October 24, 2023, which is the date the financial statements were available to be issued.

#### 2. Beneficial Interest in Assets Held by Others

The Cavaliers has established an account with and irrevocably transferred certain funds to the Legacy Foundation (Foundation) of Merrillville, Indiana. Under the terms of the agreement, the Cavaliers granted variance power to the Foundation at the time of transfer. This power allows the Foundation to comingle the Cavaliers' investment with other Foundation assets in accordance with their investment policy.

While the funds transferred are no longer assets of the Cavaliers, the income generated from the funds is designed to benefit the Cavaliers. Accordingly, the Cavaliers has recorded a beneficial interest based on the estimated fair value of the related assets reported by the Foundation. This beneficial interest is classified in Level 3 of the fair value hierarchy.

The Cavaliers is eligible for semi-annual distributions totaling 2.5% of its beneficial interest for the previous twelve quarters. At each distribution date, the Cavaliers, at its discretion, may elect to add the amount granted to the permanent balance of the fund held by the Foundation, retain the amount granted in the fund until a future date, or request payment of the available amount to themselves or a qualifying charitable organization.

The change in the Cavaliers' beneficial interest for the year ended September 30, 2022, is as follows:

Beneficial interest, beginning of the year Net investment income credited	\$ 207,734 (37,262)
Distributions received	 (6,228)
Beneficial interest, end of the year	\$ 164.244

#### 3. Notes Payable

Notes payable at September 30, 2022, consist of unsecured related party advances from the Cavaliers Investment Club, L.L.C. (CIC) due on demand, with interest payable monthly. Given the COVID-19 pandemic, CIC lowered the interest rate for calendar 2021 to the prime rate plus 1%. However, in January 2022, the interest on the note returned to its stated rate of the prime rate plus 2.25%, not to exceed 6.5%. At September 30, 2022 the principal balance of the loan was \$229,500.

#### 4. Contract Revenue and Balances

Revenue for the year ended September 30, 2022, consisted of the following:

	Contract Revenue Contributions		Contract Revenue				3	
		rned at a nt in Time	Ea	rned Over Time	and Other Revenue Sources			Total
Contributions of cash and other financial assets:								
General	\$	-	\$	-	\$	246,398	\$	246,398
Shuttered Venue Operators Grant		-		-		272,412		272,412
Village of Rosemont		-		-		305,000		305,000
Participation fees		69,524		696,932		-		766,456
In-kind sponsorships		-		388,012		-		388,012
Performances and events		325,562		-		-		325,562
Fund-raising events		80,142		-		-		80,142
Merchandise and supplies Gain on extinguishment of		39,596		=		-		39,596
Paycheck Protection Program Loan Net investment income credited based on change in beneficial interest in		-		-		45,127		45,127
assets held by others		_		_		(37,262)		(37,262)
Other		24,484				-		24,484
	\$	539,308	\$	1,084,944	\$	831,675	\$	2,455,927

Accounts receivable at September 30, affecting the cash flow of these revenue sources consisted of the following:

	2022		-	2021
Contract revenue, net of allowance Contributions and other revenue sources	\$	47,231 -	\$	48,405 15,000
	\$	47,231	\$	63,405

#### 5. In-Kind Sponsorships

The Cavaliers annually receive the in-kind use of music, performance equipment, and uniforms under the terms of various sponsorship agreements. For the year ended September 30, 2022, these sponsorships were attributed to the following program service expense classifications:

Music and performance equipment Uniforms	\$ 312,423 75,589
	\$ 388,012

#### 6. Liquidity and Availability

Financial assets, available for general expenditure, that is, without donor or other restrictions limiting their use, within one year of the balance sheet date at September 30, 2022, have been determined as follows:

Cash Accounts receivable	\$ 893,051 47,231
	\$ 940.282

In addition to these financial assets, the Cavaliers maintain liquidity as a significant portion of its revenues are collected in advance of the related performance obligations. For the year ended September 30, 2022, the Cavaliers also maintained liquidity by receiving additional supplemental funding totaling \$272,412, as part of the Shuttered Venue Operator's Grant (SVOG). These funds were available to cover eligible expenses incurred between March 1, 2020 through June 30, 2022.

#### 7. Concentrations and Commitments

**Concentration of Deposits** – At September 30, 2022, the Organization had \$648,166 of uninsured deposits with a large financial institution.

**Concentration of Revenue** – For the year ended September 30, 2022, approximately 13% of the Cavaliers revenue was recognized based on funding received under the SBA's SVOG and PPP programs and an additional 13% of its revenue was recognized based on a sponsorship from the Village of Rosemont.

**Motor Coach and Driver Services** – The Cavaliers has contracted motor coach and driver services for its summer 2023 tour and performance season. Amounts due under the agreement are anticipated to total \$235,480 for the year ending September 30, 2023.

## Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury
Internal Revenue Service

A For the 2021 cale

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

<u> </u>	רטו נו	ie 2021 calendar year, or tax year beginning OCI I, 2021 and er	naing 5	EP 30, 2022	
В	Check applica	fole: C Name of organization		D Employer identific	cation number
	Add	THE CAVALIERS AP&E INC.			
L	Nam char		23-74495	78	
	Initia retui Fina	Number and street (or P.U. box if mail is not delivered to street address)	loom/suite	E Telephone number 847-696-	
	Fina retui term				
<b>5</b>	ated Ame retui	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$  H(a) Is this a group re	2,493,189.
F	App	F Name and address of principal officer: CHRISTOPHER HARTOWIC	C7		
	tion pen	F Name and address of principal officer: CITK IS TOF TIEM TIAN TOW IS	CZ	for subordinates	—
		SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in	
		xempt status: $X = 501(c)(3) = 501(c)(0)$ (insert no.) $4947(a)(1)$ or	527	1 '	list. See instructions
		ite: WWW.CAVALIERS.ORG	1	H(c) Group exemption	
		of organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 1954 N	1 State of legal domicile: ${ t IL}$
Р	art I			T ADMC DED	EODWANGE
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: PROMO AND EDUCATION	TE TH	E ARTS, PER	FORMANCE,
ž	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	sets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	23
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			23
Š	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			8
ij	6	Total number of volunteers (estimate if necessary)			100
Ė	7 7	Total unrelated business revenue from Part VIII, column (C), line 12			0.
⋖	1 .	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
		, ,		Prior Year	Current Year
a)	8	Contributions and grants (Part VIII, line 1h)		1,080,108.	868,937.
Revenue	9	Program service revenue (Part VIII, line 2g)		665,567.	1,544,110.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		51,798.	43,156.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,797,473.	2,456,203.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	23,650.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s	1			232,014.	284,005.
JSe	16	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses		Professional fundraising fees (Part IX, column (A), line 5-10)	5.		
й	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		748,767.	1,922,126.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		980,781.	2,229,781.
	19	Revenue less expenses. Subtract line 18 from line 12		816,692.	226,422.
Or Sec	3			ginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)		1,260,732.	1,242,162.
ASS	21	Total liabilities (Part X, line 26)		502,987.	313,257.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		757,745.	928,905.
P	art I			,	<i>,</i>
Und	der pei	nalties of perjury, I declare that I have examined this return, including accompanying schedules a	and statem	ents, and to the best of m	/ knowledge and belief, it is
		ect, and complete. Declaration of preparer (other than officer) is based on all information of whic			,
Sig	ın	Signature of officer		Date	
He					
	. •	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	ROBERT G. WUJEK	ie  1	0/25/2023   if self-employe	P01367472
	parer	Firm's name SELDEN FOX, LTD.			36-2985770
	Only	Firm's address 619 ENTERPRISE DRIVE		o Env	<u> </u>
		OAK BROOK, IL 60523-8835		Phone no 63	0-954-1400
Ma	v the	IRS discuss this return with the preparer shown above? See instructions		1. 110110 110.00	X Yes No
	,	p p			<u> —</u>

Pai	Charlet Calcadula Countains a re	•		
1	Briefly describe the organization's missi	esponse or note to any line in this Part III		<u></u>
•		ITH MUSICAL TRAINING A	AND LIFE CHANGING E	DUCATIONAL
		ES THROUGH WHICH THEY		
	MUSICAL TRAINING AND	PERFORMANCE EXPERIENC	CES.	
2	Did the organization undertake any sign	ificant program services during the year whi	ch were not listed on the	
				Yes X No
	If "Yes," describe these new services or			77
3		or make significant changes in how it condu	icts, any program services?	Yes X No
	If "Yes," describe these changes on Scl			
4		rvice accomplishments for each of its three li		
	revenue, if any, for each program service	tions are required to report the amount of gr	rants and allocations to others, the to	tai expenses, and
 4а		748,624 including grants of \$	23,650.) (Revenue \$	1,544,110.)
Ta	YOUTH MUSICAL ACTIVI	TIES, PERFORMANCE TOUR	RS. AND COMPETITION	
		. ,		<u></u>
4b	(Code:) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	<u> </u>
	) (Estation )			
4d	Other program services (Describe on Sc			,
<u>.</u>	(Expenses \$	including grants of \$ 1,748,624.	) (Revenue \$	)
<u>4e</u>	Total program service expenses	1,740,024.		Form <b>990</b> (2021)
				FUIIII <b>330</b> (2021)

#### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	<u> </u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			ا ۔۔
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			٦,
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		<b>.</b>
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		x
10	If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		22
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
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,	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
_	ported in Part X, line 16? If "Yes," complete Schedule D, Part VII			х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	e organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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			X
45	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15		45		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		<del></del> -
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u></u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
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	Х	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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? If "Yes," complete Schedule I, Parts I and II	21		Х

#### 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			-110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			177
	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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	051-		x
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant 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? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			177
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			X
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
J-4	Part V, line 1	34		x
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			177
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule 0  t V Statements Regarding Other IRS Filings and Tax Compliance	_ 30		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		77	
	(gambling) winnings to prize winners?	1c	Х	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		•		Yes	No			
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	2a 8	2b	х				
b	<b>b</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		За		X			
3a	0 ,							
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		4.		X			
h	financial account in a foreign country (such as a bank account, securities account, or other financial a If "Yes," enter the name of the foreign country	account)?	4a		25			
Б	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	counts (FRAR)						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time daming the tax year?		5b		X			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c					
6a								
	any contributions that were not tax deductible as charitable contributions?		6a		Х			
b	If "Yes," did the organization include with every solicitation an express statement that such contribut							
	were not tax deductible?		6b					
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		Х			
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	as required						
	to file Form 8282?	1	7c		X			
d	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 c		7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f					
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, airplanes,		7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		8					
9	sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.		L					
a	D. I		9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b					
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders	11a						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)	11b						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	12a					
	,	12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40					
а	Is the organization licensed to issue qualified health plans in more than one state?		13a					
h	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.							
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	13b						
c	Enter the amount of reserves on hand	13c						
14a		100	14a		Х			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		† <del></del>			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune							
	excess parachute payment(s) during the year?		15		х			
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		Х			
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	any						
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17					
	If "Yes," complete Form 6069.							

6

Form **990** (2021)

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			
Sec	tion 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			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 23			
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
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		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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 on Schedule O	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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		X
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		X
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		X
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			37
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
40	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	40		v
	taxable entity during the year?	16a		X
р	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	401-		
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17 10	List the states with which a copy of this Form 990 is required to be filed \(\bigsigma \text{IL}\)  Section 6104 requires an erganization to make its Forms 1023 (1024 or 1024 A. if applicable), 990, and 990 T (section 501(c)/3)	e only	\ availe	able
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply.	s or ily	, avalla	abie
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d fina-	ncial	
13	statements available to the public during the tax year.	u midi	icial	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JEANNE STEINES - 224-567-8171			
	POST OFFICE BOX 501, ROSEMONT, IL 60018			

Form **990** (2021)

Pa	T V	Ш	_						
			Check if Schedule O co	ontains a response	or note to any III	ne in this Part VIII (A)	(B)	(C)	(D)
						Total revenue	Related or exempt		Revenue excluded
							function revenue		from tax under sections 512 - 514
(O (O				1.1					Sections 512 - 514
ant:			Federated campaigns						
ig of			Membership dues						
Ŧ,			Fundraising events						
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations		COO FOO				
ns, Sim			Government grants (contrib	· · · · · · · · · · · · · · · · · · ·	622,539.				
er.		f	All other contributions, gifts, gr		046 200				
들는			similar amounts not included a		246,398.				
ont od (		g	Noncash contributions included in lin	nes 1a-1f <b>1g</b> \$		0.60 000			
ā Č		h	Total. Add lines 1a-1f		<u></u>	868,937.			
					Business Code	566 456	566 456		
S C	2		PARTICIPATION	FEES	711130	766,456.			
er i		b	SPONSORSHIPS		711130	388,012.			
n Si		С	PERFORMANCES &	E EVENTS	711130	325,562.	325,562.		
ran ?ev		d							
Program Service Revenue		е							
Δ			All other program service re			64,080.	64,080.		
		g	Total. Add lines 2a-2f		<u></u>	1,544,110.			
	3		Investment income (includir	-					
			other similar amounts)						
	4		Income from investment of	-					
	5		Royalties						
				(i) Real	(ii) Personal				
				6a					
		b	· · · · · · · · · · · · · · · · · · ·	6b					
		С	Rental income or (loss)	6c					
			Net rental income or (loss)						
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			· -	7a					
		b	Less: cost or other basis						
Revenue				7b					
eve			· /	7c	L .				
er B			Net gain or (loss)		<b>D</b>				
Othe	8	а	Gross income from fundraising	,					
٥			including \$						
			contributions reported on li						
			Part IV, line 18						
			Less: direct expenses						
			Net income or (loss) from fu	• –	<b></b>				
	9	а	Gross income from gaming		80,142.				
			Part IV, line 19						
			Less: direct expenses			43,156.			43,156.
			Net income or (loss) from ga	_	<u></u>	43,130.			43,130.
	10	а	Gross sales of inventory, les	II.					
			and allowances		+				
			Less: cost of goods sold		·				
_		C	Net income or (loss) from sa	ales of inventory	Business Code				
snc	11	2			Business Code				
nec	11								
Miscellaneous Revenue		b							
Re		q	All other revenue						
Σ			Total. Add lines 11a-11d						
	12	<del>-</del>	Total revenue. See instructions			2,456,203.	1.544.110.	0.	43,156.
	14		TOTAL TOTOLING. OUU IIISII UUUIN	·		<u>_ ,                                   </u>	<u>- ,                                   </u>		,,

#### 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).

	Check if Schedule O contains a respon				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations		·	<u> </u>	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	02 650	02.650		
	individuals. See Part IV, line 22	23,650.	23,650.		
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				
5	Compensation of current officers, directors,	72 000		72 000	
	trustees, and key employees	72,000.		72,000.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	183,058.		102 050	
7	Other salaries and wages	103,030.		183,058.	
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)	9,333.		9,333.	
9	Other employee benefits	19,614.		19,614.	
10	Payroll taxes	19,014.		19,014.	
11	Fees for services (nonemployees):				
a	Management	10,638.		10,638.	
b	Legal	11,750.		11,750.	
C	Accounting	11,750.		11,750.	
d	Lobbying				
e	Investment management fees				
f	Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A), amount, list line 11g expenses on Sch 0.)	463,523.	463,523.		
12	Advertising and promotion	25,181.	103/3231		25,181
13	Office expenses	30,973.		13,729.	17,244
14	Information technology	30,3730		2377230	
15	Royalties				
16	Occupancy				
17	Travel	760,884.	760,884.		
18	Payments of travel or entertainment expenses	,	,		
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	17,136.		17,136.	
21	Payments to affiliates	, = = = =		, ====	
22	Depreciation, depletion, and amortization	42,684.	42,684.		
23	Insurance	53,482.	,	53,482.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	EQUIPMENT AND SUPPLIES	370,643.	370,643.		
b	UNIFORMS	87,240.	87,240.		
С	BANK & CREDIT CARD FEES	32,365.	-	32,365.	
d		-		-	
е	All other expenses	15,627.		15,627.	
25	Total functional expenses. Add lines 1 through 24e	2,229,781.	1,748,624.	438,732.	42,425
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)				

Form **990** (2021)

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to a	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			820,280.	1	893,051.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			63,405.	4	47,231.
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu	ualified pe	rsons (as defined			
		under section 4958(f)(1)), and persons descri	bed in se	ction 4958(c)(3)(B)		6	
şţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			13,601.	9	19,908.
	10a	Land, buildings, and equipment: cost or other	II.				
		basis. Complete Part VI of Schedule D		367,234.	1 1 0		44
	b	Less: accumulated depreciation	10b	249,506.	155,712.	10c	117,728.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, li				13	
	14	Intangible assets	000 004	14	164 044		
	15	Other assets. See Part IV, line 11			207,734.	15	164,244.
	16	Total assets. Add lines 1 through 15 (must e			1,260,732.	16	1,242,162.
	17	Accounts payable and accrued expenses	26,118.	17	83,757.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
Liabilities	22	Loans and other payables to any current or f					
ij		trustee, key employee, creator or founder, su					
Lia I		controlled entity or family member of any of t				22	
	23	Secured mortgages and notes payable to un			476,869.	23	229,500.
	24	Unsecured notes and loans payable to unrela			4/0,003.	24	229,300.
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li		•		05	
	26	of Schedule D			502,987.	25 26	313,257.
	20	Organizations that follow FASB ASC 958,			302,307	20	313,237
es		and complete lines 27, 28, 32, and 33.	JIICCK IIC				
auc	27	Net assets without donor restrictions			757,745.	27	928,905.
Bal	28	Net assets with donor restrictions			,	28	7_0,7000
pu		Organizations that do not follow FASB AS					
Ψ		and complete lines 29 through 33.	o 000, o				
ŏ	29	Capital stock or trust principal, or current fun	ıds			29	
sets	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			757,745.	32	928,905.
_	33	Total liabilities and net assets/fund balances			1,260,732.	33	1,242,162.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
			_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		, 45		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	, 22		
3	Revenue less expenses. Subtract line 2 from line 1	3			6,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			7,7	
5	Net unrealized gains (losses) on investments	5		-3	7,2	62.
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 on Schedule O)	9		-1	8,0	00.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10		92	8,9	05.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat					
	consolidated basis, or both:					
	X 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	e audit	t,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule	Ο.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	udit			
	Act and OMB Circular A-133?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

#### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization THE CAVALIERS AP&E INC. 23-7449578 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if you checked			•	on failed to qualify	under Part III. If th	e organization
	fails to qualify under the tests	listed below, plea	ase complete Part	: III.)			
Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support		1	1		,	
	endar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for th	-			•		
<u></u>	organization, check this box and stop						<u></u>
	ction C. Computation of Publ					Taal	
	Public support percentage for 2021 (I					14	%
15	Public support percentage from 2020						%
102	33 1/3% support test - 2021. If the contains the same time are still a support test - 2021.						
	stop here. The organization qualifies						
Ľ	33 1/3% support test - 2020. If the c	-					
47.	and <b>stop here.</b> The organization qual						
1/8	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances to	-		• • •		170 and line 15 is	
C	10% -facts-and-circumstances tes						10% UI
	more, and if the organization meets the organization meets the facts-and-circle		*				ightharpoonup
	organization meets the lacts allufollo	amotanices test. I	no organization q	uannes as a public	ny supported organ	112au011	

Schedule A (Form 990) 2021

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .......

#### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	ciow, picace comp	note i uit ii.j				
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	492,563.	528,579.	547,458.	1,080,108.	868,937.	3,517,645.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,341,329.	1,202,740.	267,345.	665,567.	1,544,110.	5,021,091.
3	Gross receipts from activities that		. ,	-			. ,
	are not an unrelated trade or business under section 513	64,473.	19,773.		71,100.	80,142.	235,488.
4	Tax revenues levied for the organ-	,	-,		,	,	,
·	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1,898,365.	1,751,092.	814,803.	1,816,775.	2,493,189.	8,774,224.
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	12,500.	17,500.	7,200.	17,750.	18,800.	73,750.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	1 016				222 727	022 752
	amount on line 13 for the year	1,016. 13,516.	17 500	7 200	17 750		233,753.
	Add lines 7a and 7b	13,516.	17,500.	7,200.	17,750.	251,537.	307,503.
	Public support. (Subtract line 7c from line 6.)						8,466,721.
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019 814,803.	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,898,365.	1,751,092.	014,003.	1,816,775.	2,493,189.	8,774,224.
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	1,898,365.	1,751,092.	814,803.	1,816,775.	2,493,189.	8,774,224.
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizati	on,
	check this box and stop here						▶∟
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	96.50 %
	Public support percentage from 2020					16	98.62 %
Se	ction D. Computation of Inves					1	0.0
17	Investment income percentage for 20					17	.00 %
18	Investment income percentage from 2					18	<u>%</u>
19a	a 33 1/3% support tests - 2021. If the						
k	more than 33 1/3%, check this box at 33 1/3% support tests - 2020. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%,	
	line 18 is not more than 33 1/3%, che						<b>&gt;</b>
20	Private foundation. If the organization	n did not check a	pox on line 14, 19;	a. or 190. check th	us pox and see ins	structions	

#### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ju		
9b		
9c		
10a		
44.		
10b		

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Par	t IV   Supporting Organizations (continued)			
	, territoria, terr		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations	•		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers	,		
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	,		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	_		
	tion E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	ne)		
' a	The organization satisfied the Activities Test. Complete line 2 below.	113).		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instructio	ns).	
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b | 132025 01-04-22 | Schedule A (Form 990) 2021

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.			
	All other Type III non-functionally integrated supporting organizations mu-	st complet	te Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	$\top$		
	emergency temporary reduction (see instructions)	اءا		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2021

instructions).

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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.

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Inspection

Name of the organization

THE CAVALIERS AP&E INC.

**Employer identification number** 23-7449578

Par		ed Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		(b) Tours de constante en constante
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	_	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	
Da			
Par		<del>-</del>	t IV, line 7.
1	Purpose(s) of conservation easements held by the organization	·	
	Preservation of land for public use (for example, recrea	· —	nistorically important land area
	Protection of natural habitat	Preservation of a c	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired $% \left( x\right) =\left( x\right) \left( x\right) \left($	after 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the or	ganization during the tax
	year >		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes  No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservations	vation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	n easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(	(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes  No
9	In Part XIII, describe how the organization reports conservation	ion easements in its revenue and expense sta	atement and
	balance sheet, and include, if applicable, the text of the footi	note to the organization's financial statement	s that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and	balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in furth	erance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and bal	ance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	ance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB A		•
а	Revenue included on Form 990, Part VIII, line 1	_	<b>&gt;</b> \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2021

(a) Current year

Other

(b) Prior year

b

Part IV

collection items (check all that apply):

1a Beginning of year balance **b** Contributions c Net investment earnings, gains, and losses **d** Grants or scholarships

and programs f Administrative expenses g End of year balance

a Board designated or quasi-endowment

The percentages on lines 2a, 2b, and 2c should equal 100%.

e Other expenditures for facilities

**b** Permanent endowment ► \_\_\_ Term endowment

☐ Preservation for future generations

reported an amount on Form 990, Part X, line 21.

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

☐ Public exhibition

Scholarly research

4	Descr	ibe in Part XIII the intended uses of the organization's endowment funds.
Pai	rt VI	Land, Buildings, and Equipment.

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

		. '	· · · · · · · · · · · · · · · · · · ·	
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
<b>b</b> Buildings				
c Leasehold improvements				
<b>d</b> Equipment		367,234.	249,506.	117,728.
e Other				
Total. Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part X, colu	mn (B), line 10c.)	•	117,728.

Schedule D (Form 990) 2021

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.  Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(h) Rook valua
Part IX Other Assets.  Complete if the organization answered "Yes"  (a)	Description		(b) Book value
Part IX Other Assets.  Complete if the organization answered "Yes"  (a)  (1) BENEFICIAL INTEREST IN FU	Description		* *
Part IX Other Assets.  Complete if the organization answered "Yes"  (a)  (1) BENEFICIAL INTEREST IN FU  (2)	Description		* *
Part IX Other Assets.  Complete if the organization answered "Yes"  (a)  (1) BENEFICIAL INTEREST IN FU  (2)  (3)	Description		* *
Part IX Other Assets.  Complete if the organization answered "Yes"  (a)  (1) BENEFICIAL INTEREST IN FU  (2)  (3)  (4)	Description		* *
Complete if the organization answered "Yes"  (a)  (1) BENEFICIAL INTEREST IN FU  (2)  (3)  (4)  (5)	Description		* *
Part IX Other Assets.  Complete if the organization answered "Yes"  (a)  (1) BENEFICIAL INTEREST IN FU  (2)  (3)  (4)  (5)  (6)	Description		* *
Part IX Other Assets.  Complete if the organization answered "Yes"  (a)  (1) BENEFICIAL INTEREST IN FU  (2)  (3)  (4)  (5)  (6)  (7)	Description		* *
Part IX Other Assets.  Complete if the organization answered "Yes"  (a)  (1) BENEFICIAL INTEREST IN FU  (2)  (3)  (4)  (5)  (6)  (7)  (8)	Description		* *
Part IX Other Assets.  Complete if the organization answered "Yes"  (a)  (1) BENEFICIAL INTEREST IN FU  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line	Description INDS HELD BY C		(b) Book value 164,244
Complete if the organization answered "Yes"  (a)  (1) BENEFICIAL INTEREST IN FU  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	Description INDS HELD BY C	OTHERS	164,244
Complete if the organization answered "Yes"  (a)  (1) BENEFICIAL INTEREST IN FU  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes"	Description INDS HELD BY C	OTHERS	164,244
Part IX Other Assets.  Complete if the organization answered "Yes"  (a)  (1) BENEFICIAL INTEREST IN FU  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes"  I. (a) Description of liability	Description INDS HELD BY C	OTHERS	164,244
Part IX Other Assets.  Complete if the organization answered "Yes"  (a)  (1) BENEFICIAL INTEREST IN FU  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes	Description INDS HELD BY C	OTHERS	164,244
Complete if the organization answered "Yes"  (a)  (1) BENEFICIAL INTEREST IN FU  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Cotal. (Column (b) must equal Form 990, Part X, col. (B) linter in the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes  (2)	Description INDS HELD BY C	OTHERS	164,244
Part IX Other Assets.  Complete if the organization answered "Yes"  (a)  (1) BENEFICIAL INTEREST IN FU  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes  (2)  (3)	Description INDS HELD BY C	OTHERS	164,244
Part IX Other Assets.  Complete if the organization answered "Yes"  (a)  (1) BENEFICIAL INTEREST IN FU  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)	Description INDS HELD BY C	OTHERS	164,244
Complete if the organization answered "Yes"  (a)  (1) BENEFICIAL INTEREST IN FU  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)	Description INDS HELD BY C	OTHERS	164,244
Complete if the organization answered "Yes"  (a)  (1) BENEFICIAL INTEREST IN FU  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)	Description INDS HELD BY C	OTHERS	164,244
Complete if the organization answered "Yes"  (a)  (1) BENEFICIAL INTEREST IN FU  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)	Description INDS HELD BY C	OTHERS	164,244
Complete if the organization answered "Yes"  (a)  (1) BENEFICIAL INTEREST IN FU  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)	Description INDS HELD BY C	OTHERS	164,244
Complete if the organization answered "Yes"  (a)  (1) BENEFICIAL INTEREST IN FU  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)	Description INDS HELD BY C	THERS  11e or 11f. See Form 990, Part X, line 25.	164,244

Schedule D (Form 990) 2021

Sche	edule D (Form 990) 2021 THE CAVALIERS AP&E INC.			23-	7449578 <sub>Page</sub> 4
_	rt XI Reconciliation of Revenue per Audited Financial Statem		Revenue per R	eturr	
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			1	2,455,927
1	Total revenue, gains, and other support per audited financial statements			-	2,433,321
a		2a	-37,262.		
b		··	0.,2020		
c					
d			36,986.		
e		•		2e	-276
3	Subtract line 2e from line 1			3	2,456,203
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				· · · · · · · · · · · · · · · · · · ·
а		4a			
b				•	
	Add lines <b>4a</b> and <b>4b</b>			4c	0
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			5	2,456,203
	rt XII Reconciliation of Expenses per Audited Financial Staten			Retu	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total expenses and losses per audited financial statements			1	2,284,767
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	54,986.		
е	Add lines 2a through 2d			2e	54,986
3	Subtract line 2e from line 1			3	2,229,781
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,229,781
Pa	rt XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad			4; Part	X, line 2; Part XI,
PAI	RT X, LINE 2:				
TH	E CAVALIERS FOLLOWS GENERALLY ACCEPTED ACC	COUNTIN	G PRINCIPL	ES 1	FOR THE
RE	PORTING OF UNCERTAIN TAX POSITIONS AND HAS	S DETER	MINED IT I	S N	OT REQUIRED
то	RECORD A LIABILITY FOR ANY SUCH POSITIONS	S.			
PAI	RT XI, LINE 2D - OTHER ADJUSTMENTS:				
DII	RECT EXPENSES ASSOCIATED WITH GAMING ACTIV	VITIES			36,986
PAI	RT XII, LINE 2D - OTHER ADJUSTMENTS:				

36,986. DIRECT EXPENSES ASSOCIATED WITH GAMING ACTIVITIES

18,000. PROVISION FOR BAD DEBTS

TOTAL TO SCHEDULE D, PART XII, LINE 2D

54,986. Schedule D (Form 990) 2021

132054 10-28-21

Schedule D (Form 990) 2021	THE CAVALIERS	S AP&E INC.	23-7449578 Page 5
Schedule D (Form 990) 2021 Part XIII Supplemental III	nformation (continued)		-

#### SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization THE CAVALIERS AP&E INC. 23-7449578 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

132081 10-21-21

Schedule G (Form 990) 2021

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

Schedule G (Form 990) 2021 THE CAVALIERS AP&E INC. 23-7449578 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (event type) (total number) (event type) Revenue 1 Gross receipts 2 Less: Contributions Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes ..... Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment Other direct expenses ..... 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) 80,142. 80,142. Gross revenue ..... 2 Cash prizes Direct Expenses 27,321. 27,321. 3 Noncash prizes 4 Rent/facility costs 9,665. 9,665. **5** Other direct expenses Yes Yes Yes 6 Volunteer labor No 36,986. 7 Direct expense summary. Add lines 2 through 5 in column (d) 43,156. 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: IL a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? \_\_\_\_\_\_\_ Yes X No

Schedule G (Form 990) 2021

**b** If "Yes," explain:

132082 10-21-21

Sch	nedule G (Form 990) 2021 THE CAVALIERS AP&E INC. 23-	7449578	Page 3
11	Does the organization conduct gaming activities with nonmembers?	X Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Yes	X No
13	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility	13a 100	.00 %
ŀ	<b>b</b> An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name > JEANNE STEINES		
	Address ► POST OFFICE BOX 501 - ROSEMONT, IL 60018		
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	X No
ŀ	b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount		
	of gaming revenue retained by the third party > \$		
•	c If "Yes," enter name and address of the third party:		
	Name		
	Address ▶		
16	Gaming manager information:		
	Name ► N/A		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	X No
ŀ	<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P.	art III, lines 9,	, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	(Form 990)	THE C	AVALIERS	AP&E	INC.	23-7449578 Page 4
Part IV	(Form 990)  Supplemental Information	rmation (d	continued)			<b>9</b>

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

## **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name o	of the organization							Employer identification number
	THE CAVALIERS AP&E INC.							23-7449578
Part I	General Information on Grants a	ınd Assistance						
	oes the organization maintain records							
CI	riteria used to award the grants or assi	stance?						X Yes No
	escribe in Part IV the organization's pro						· "	
Part II	Grants and Other Assistance to recipient that received more than					anization answered "1	res" on Form 990, Pari	t IV, line 21, for any
1 (a	a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	nter total number of section 501(c)(3) a			ne line 1 table		I	1	<b>_</b>

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
MUSICIAN SCHOLARSHIP AWARDS	13	23,650.	0.		
Part IV Supplemental Information. Provide the information red	quired in Part I, lin	ie 2; Part III, column	(b); and any other a	dditional information.	
PART I, LINE 2:					
EVERY SUMMER SCHOLARSHIPS ARE AWAF	RDED TO D	ESERVING M	EMBERS TO	HELP OFFSET	
THE COST OF THEIR PARTICIPATION FE	EES.				

#### **SCHEDULE 0** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Inspection

Name of the organization

Employer identification number

THE CAVALIERS AP&E INC.	23-7449578
AMENDED RETURN	
THIS AMENDED 990 IS BEING SUBMITTED TO REFLECT THE CAVAL	IERS'
ACTIVITIES AND FINANCIAL POSITION BASED ON THE COMPLETION	N OF THE OF THE
AUDIT OF THEIR FINANCIAL STATEMENTS FOR THE YEAR ENDED D	ECEMBER 31,
2021. THE AMOUNTS REPORTED IN THE RETURN PREVIOUSLY FILE	ED WERE BASED
ON UNAUDITED DATA AND SHOULD BE CONSIDERED SUPERSEDED AND	D REPLACED IN
THEIR ENTIRETY. HOWEVER, THERE WERE NO CHANGES TO THE P	ROGRAM
DESCRIPTIONS, POLICIES, BOARD OF DIRECTORS, OR OTHER NAR	RATIVE DATA
FROM WHAT WAS PREVIOUSLY REPORTED.	
FORM 990, PART VI, SECTION B, LINE 11B:	
AFTER FORM 990 IS PREPARED BY THE INDEPENDENT AUDITOR, I	I IS DELIVERED TO
THE TREASURER FOR REVIEW AND EVENTUAL SUBMISSION TO THE	ORGANIZATION'S
GOVERNING BODY.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE CAVALIERS MAKES ANY REQUIRED DOCUMENTS AVAILABLE TO	THE PUBLIC UPON
REQUEST AT THEIR CORPORATE OFFICE.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONTRACTED INSTRUCTORS:	
PROGRAM SERVICE EXPENSES	463,523.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	463,523.

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2 Name of the organization **Employer identification number** 23-7449578 THE CAVALIERS AP&E INC. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 463,523. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: PROVISION FOR BAD DEBTS -18,000.FORM 990, PART XII, LINE 2C: THE CAVALIERS BOARD OF DIRECTORS IS RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT AND THE SELECTION OF THE INDEPENDENT AUDITORS. THIS PROCESS HAS NOT CHANGED FROM PRIOR YEARS.

#### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

### Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print 23-7449578 THE CAVALIERS AP&E INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your POST OFFICE BOX 501 return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. 60018 ROSEMONT, IL Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (other than individual) Form 4720 (individual) 03 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 06 Form 990-T (corporation) 07 JEANNE STEINES The books are in the care of ▶ POST OFFICE BOX 501 - ROSEMONT,

	Telephone No.	224-567-8171	Fax No. ▶	
•	If the organization	does not have an office or place of busine	ess in the United States, check this b	ox

•	tinis is for a Group Return, enter the organization's four d	ligit Group Exempt	ion inum	iber (GEN)	. If this is for the whole group, check th
box	. If it is for part of the group, check this box	and attach a	list with	the names	and TINs of all members the extension is for.
1	I request an automatic 6-month extension of time until	AUGUST		2023	, to file the exempt organization return for

	► X tax year beginning	OCT 1,	2021	, and ending		30,	2022
2	If the tax year entered in line	1 is for less tha	an 12 months, check	reason:	Initial	return	Final return

За	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less		
	any nonrefundable credits. See instructions.	3a	\$ 0
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and		
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$ 0
С	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by		

using EFTPS (Electronic Federal Tax Payment System). See instructions.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

calendar year

Change in accounting period