

One Parkview Plaza, Suite 710 | Oakbrook Terrace, IL 60181 | www.seldenfox.com p 630.954.1400 | f 630.954.1327 | email@seldenfox.com

February 21, 2024

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

Dear Ms. Steines:

The federal income tax return for the year ended September 30, 2023, 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

09/30/23 U.S. RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX FORM 990

09/30/23 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 return. Please return the signed authorization to Selden Fox, Ltd. as soon as possible, but before August 15, 2024. Upon receipt of your signed authorization, we will electronically transmit the federal return to the Internal Revenue Service.

Also enclosed is 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.

folit & wight

Robert G. Wujek Senior Vice President

RGW/njc



TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

SEPTEMBER 30, 2023

Prepared for	THE CAVALIERS AP&E INC. POST OFFICE BOX 501 ROSEMONT, IL 60018
Prepared by	SELDEN FOX, LTD. ONE PARKVIEW PLAZA, SUITE 710 OAKBROOK TERRACE, IL 60181
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 BY AUGUST 15, 2024.
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.

Form 8879-TF

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning OCT 1 , 2022, and ending SEP 30 , 20 23

2022

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.

EIN or SSN Name of filer THE CAVALIERS AP&E INC. 23-7449578 PAUL RIGBY Name and title of officer or person subject to tax TREASURER Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. **b** Total revenue, if any (Form 990, Part VIII, column (A), line 12) ______ **1b** _____ **2** , 491 , 021 . Form 990 check here 1a **b Total revenue,** if any (Form 990-EZ, line 9) 2a Form 990-EZ check here 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part V, line 5) 4b 4a Form 990-PF check here Form 8868 check here b Balance due (Form 8868, line 3c) 5b 5a Form 990-T check here 6a Form 4720 check here 7a Form 5227 check here 8a **b FMV** of assets at end of tax year (Form 5227, Item D) Form 5330 check here **b** Tax due (Form 5330, Part II, line 19) 9b 9a Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that 💹 I am an officer of the above entity or 📖 I am a person subject to tax with respect to (name of entity) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tay preparation entry to the financial status and the control of the tay preparation entry to the financial institution account indicated in the tay preparation entry to the financial status and the control of the control of the financial institution account indicated in the tay preparation entry to the financial status and the control of t entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize SELDEN FOX, LTD. <u>49</u>578 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. 🛘 As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 36321060523 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. folit & wight 02/21/2024 ERO's signature **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

202521 12-16-22

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

Form **8879-TE** (2022)

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Formal Same AS C ABOVE Hope and indeportant an eclusion Yes No Tax-exempt status X 501(c)(x) 501(c	Α	For the	\pm 2022 calendar year, or tax year beginning $$ OCT $$ $$ 1 $$, $$ $$ $$ $$ $$ 2 $$ $$ 2 $$ $$ and ending	<u>S</u> EP 30, 2023	
THE CAYALIERS AFÆE INC. Doing business as a Number and street (or P.O. box if mail is not delivered to street address) Number and street (or P.O. box if mail is not delivered to street address) POST OFTICE BOX 501 ORGANICATION ORGANICATION ORGANICATION That exevering tistute IX 501(c)(3)	В	Check if applicable	C Name of organization	D Employer identifi	cation number
District		Addres	THE CAVALIERS AP&E INC.		
Number and street (or IV.). so it mails in old seleviered to street address) Hoom/sule Emisphone number 847-696-3164 Gross receipts 2,636,836.		Name change		23-74495	78
City or town, state or province, country, and ZIP or foreign postal code ROSEMONT, IL 60018 ROSEMONT, IL 60018 FName and address of principal officerCHRISTOPHER HARTOWICZ SAME AS C ABOVE FName and address of principal officerCHRISTOPHER HARTOWICZ SAME AS C ABOVE FName and address of principal officerCHRISTOPHER HARTOWICZ JAME AS C ABOVE FName and address of principal officerCHRISTOPHER HARTOWICZ JAME AS C ABOVE H(s) are is accordances notacern Yes No H(s) are incordances notacern Yes No H(s) are i		return	DOCE OFFICE DOV FOI		
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Symbol Fame and address of principal officer CHRISTOPHER HARTOWICZ for subconditionates? Yes No No No No No No No N		return	ROSEMONT, IL 60018	H(a) Is this a group re	
SAME AS C ABOVE Http://www.cavantoretations.com/lines/fires/fi		Application	F Name and address of principal officer: CHRISTOPHER HARTOWICZ		
WWW.CAVALTERS.ORG Hctg.Group exemption number Lyear of formation: Lyear of formation: Lyear of formation: Lyear of formation: 1952 M State of legal domicile: II Part Summary		pendin		H(b) Are all subordinates in	ncluded? Yes No
Part Summary	<u> </u>	Tax-exe		527 If "No," attach a	list. See instructions
Benefity describe the organization's mission or most significant activities: PROMOTE THE ARTS, PERFORMANCE, AND EDUCATION	_		·		
Binefly describe the organization's mission or most significant activities. PROMOTE THE ARTS, PERFORMANCE, AND BDUCATION			· ·	/ear of formation: 1952 N	∕ State of legal domicile: IL
AND EDUCATION 2 Check this box	P				
b Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year Current Year	ance			THE ARTS, PER	FORMANCE,
b Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year Current Year	erns	2	Check this box if the organization discontinued its operations or disposed of n	nore than 25% of its net as	
b Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year Current Year	Š V		Number of voting members of the governing body (Part VI, line 1a)	3	21
b Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year Current Year	<u>«</u>				
b Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year Current Year	ies			5	
b Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year Current Year	Ξ				
S Contributions and grants (Part VIII, line 1h) S Contributions and grants (Part VIII, line 2p) S Program service revenue (Part VIII, line 2g) 1,544,110 1,800,083 1,800,083 1,800	Act				
8 Contributions and grants (Part VIII, line 1h) 868,937. 606,116. 9 Program service revenue (Part VIII, line 2g) 1,544,110. 1,800,083. 10 Investment income (Part VIII, column (A), lines 3,4, and 7d) 0. 8,181. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 43,156. 76,641. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,456,203. 2,491,021. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 23,650. 12,064. 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 284,005. 333,424. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 284,005. 333,424. 16a Professional fundraising fees (Part IX, column (B), line 11e) 0. 0. 0. 17 Other expenses (Part IX, column (D), line 25) 155,402. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,229,781. 2,567,676. 19 Revenue less expenses. Subtract line 18 from line 12 226,422. -76,655. 19 Revenue less expenses. Subtract line 18 from line 12 226,422. -76,655. 20 Total assets (Part X, line 16) 313,257. 131,711. 21 Total liabilities (Part X, line 26) 313,257. 131,711. 22 Net assets or fund balances. Subtract line 21 from line 20 928,905. 853,177. 23 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 25 Pirmi's preparer's name Preparer's signature Date D	_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		
1	venue		One Aribotation and Arranta (Doub VIII line 4 b)		
11 Other revenue (Part VIII), column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				-	
11 Other revenue (Part VIII), column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2 , 456 , 203	Be				
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Print/Type preparer's name ROBERT G. WUJEK Prim's address ONE PARKYLEW PLAZA, SUITE 710 OAKBROOK TERRACE, IL 60181 Phone no. 630 – 954 – 1400					
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising ees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 25) 17 Other expenses (Part IX, column (A), line 25) 18 Total expenses (Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 20 Total assets (Part X, line 16) 20 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. PrintType or print name and title PrintType preparer's name ROBERT G. WUJEK Preparer's signature Firm's address ONE PARKVIEW PLAZA, SUITE 710 OAKBROOK TERRACE, IL 60181 Phone no.630-954-1400	_	_			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 284,005. 333,424. 16a Professional fundraising fees (Part IX, column (D), line 11e) 0. 0. 17 Other expenses (Part IX, column (D), line 25) 155,402. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,229,781. 2,567,676. 19 Revenue less expenses. Subtract line 18 from line 12 226,422. -76,655. 19 Revenue less expenses. Subtract line 18 from line 12 226,422. -76,655. 19 Revenue less expenses. Subtract line 18 from line 12 228,781. 2,567,676. 19 Revenue less expenses. Subtract line 18 from line 12 228,422. -76,655. 19 Revenue less expenses. Subtract line 18 from line 12 228,422. -76,655. 19 Revenue less expenses. Subtract line 18 from line 12 228,422. -76,655. 19 Revenue less expenses. Subtract line 18 from line 20 228,905. 853,177. 19 Revenue less expenses. Subtract line 21 from line 20 928,905. 853,177. 19 Revenue less expenses. Subtract line 21 from line 20 928,905. 853,177. 19 Revenue less expenses. Subtract line 21 from line 20 928,905. 853,177. 19 Revenue less expenses. Subtract line 21 from line 20 928,905. 853,177. 19 Revenue less expenses. Subtract line 21 from line 20 928,905. 853,177. 19 Revenue less expenses. Subtract line 21 from line 20 928,905. 853,177. 19 Revenue less expenses. Subtract line 21 from line 20 928,905. 853,177. 19 Revenue less expenses. Subtract line 21 from line 20 928,905. 853,177. 19 Revenue less expenses. Subtract line 21 from line 20 928,905. 853,177. 19 Revenue less expenses. Subtract line 21 from line 20 928,905. 853,177. 19 Revenue less expenses. Subtract line 21 from line 20 928,905. 853,177. 19 Revenue less expenses. Subtract line 21 from line 20 928,905. 853,177. 19 Revenue less expenses. Subtract line 21 from line 20 928,905. 928,905. 928,905. 928,905. 928,905. 928,905.					0.
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19 Revenue less expenses. Subtract line 18 from line 12 226,422 -76,655	Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		
Beginning of Current Year		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Type or print name and title Print/Type preparer's name ROBERT G. WUJEK Preparer Firm's name SELDEN FOX, LTD. Firm's address ONE PARKVIEW PLAZA, SUITE 710 OAKBROOK TERRACE, IL 60181 Phone no.630-954-1400		19	Revenue less expenses. Subtract line 18 from line 12		
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Type or print name and title Print/Type preparer's name ROBERT G. WUJEK Preparer Firm's name SELDEN FOX, LTD. Firm's address ONE PARKVIEW PLAZA, SUITE 710 OAKBROOK TERRACE, IL 60181 Phone no.630-954-1400	Sset	20	Total assets (Part X, line 16)		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Type or print name and title Print/Type preparer's name ROBERT G. WUJEK Preparer Firm's name SELDEN FOX, LTD. Firm's address ONE PARKVIEW PLAZA, SUITE 710 OAKBROOK TERRACE, IL 60181 Phone no.630-954-1400	et A	21			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Type or print name and title Print/Type preparer's name ROBERT G. WUJEK Preparer Firm's name SELDEN FOX, LTD. Firm's address ONE PARKVIEW PLAZA, SUITE 710 OAKBROOK TERRACE, IL 60181 Phone no.630-954-1400		22		928,905.	853,1//.
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Sign Here Signature of officer Date					y knowledge and bellet, it is
Here Type or print name and title Print/Type preparer's name ROBERT G. WUJEK Preparer Firm's name SELDEN FOX, LTD. Firm's address ONE PARKVIEW PLAZA, SUITE 710 OAKBROOK TERRACE, IL 60181 Preparer Type or print name and title Date 02/21/2024 if 02/21/2024 if 02/21/2024 PO1367472 Firm's EIN 36-2985770 Phone no.630-954-1400	liue	,	t, and complete. Decial ation of preparer (other than officer) is based on all information of which prep	arei nas any knowleuge.	
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Paid ROBERT G. WUJEK G. WUJEK Polyson O2/21/2024 Relf-employed P01367472 Preparer Firm's name SELDEN FOX, LTD. Firm's EIN 36-2985770 Use Only Firm's address ONE PARKVIEW PLAZA, SUITE 710 Phone no.630-954-1400			Print/Type preparer's name Preparer's signature	Date Check	PTIN
Preparer Firm's name SELDEN FOX, LTD. Firm's EIN 36-2985770 Use Only Firm's address ONE PARKVIEW PLAZA, SUITE 710 OAKBROOK TERRACE, IL 60181 Phone no.630-954-1400	Pai	d	ROBERT G. WUJEK Foliat & Wigner	02/21/2024 if self-employ	P01367472
OAKBROOK TERRACE, IL 60181 Phone no.630-954-1400	Pre	parer			
	Use	Only	Firm's address ONE PARKVIEW PLAZA, SUITE 710		
May the IRS discuss this return with the preparer shown above? See instructions	_		OAKBROOK TERRACE, IL 60181	Phone no.63	
	Ма	y the IF	S discuss this return with the preparer shown above? See instructions		X Yes No

Form	m 990 (2022) THE CAVALIERS AP&E INC. 23-744	9578	Page 2
Pa	art III Statement of Program Service Accomplishments		-
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	TO PROVIDE MEMBERS WITH MUSICAL TRAINING AND LIFE CHANGING EDU	CATIO	NAL
	AND SOCIAL EXPERIENCES THROUGH WHICH THEY GAIN REAL-WORLD LIFE		
	MUSICAL TRAINING AND PERFORMANCE EXPERIENCES.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
_	prior Form 990 or 990-EZ?	Vec	X No
	If "Yes," describe these new services on Schedule O.	163	LAT INO
2		Vac	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	res	_2 <u>1</u> NO
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	expenses, a	and
	revenue, if any, for each program service reported.		000
4a		<u>.,800,</u>	<u>083.</u>)
	YOUTH MUSICAL ACTIVITIES, PERFORMANCE TOURS, AND COMPETITIONS.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$		1
40	(Code:) (Expenses \$) (Revenue \$) (Revenue \$)		,
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 2,034,141.		
		Form 9	90 (2022)

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	X	
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			,
	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 during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	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, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		Х	
	Part VI	11a	Λ	<u> </u>
р	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		
C	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	110		
-	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		X
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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	טדו		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		37	
	complete Schedule G, Part III	19	Х	v
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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		x
	domestic government on Fart IX, Column (A), line 1: ii 103, Complete ochedule I, I arts I and II	_ <u></u>		_ ^^

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		1.55	
	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			.,
04-	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			.,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
D	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			
		25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	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		Х
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 "Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	200		
	"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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
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			x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		_ A
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	55		
	Part V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			_ v
07	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 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?	- 57		
•		38	х	
Pai	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	_		
b		4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4.	Х	
	(gambling) winnings to prize winners?	1c	_ 41	i

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 16			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2 b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		Х
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
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 transa		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th				
	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	ions or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	$Did the organization \ receive \ a \ payment \ in \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ services \ a$	vices provided to the payor?	7a		X
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	•			
	to file Form 8282?	1	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
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		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
_	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		0-		
a			9a 9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:		an		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	100			
	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			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
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		X
	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		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

232005 12-13-22

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			X						
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 la									
	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 21									
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		Х						
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		Х						
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?									
6	Did the organization have members or stockholders?									
7a										
	more members of the governing body?	7a		Х						
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		Х						
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	Х							
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		Х						
Sec	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		Х						
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		Х						
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		Х						
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?									
а	The organization's CEO, Executive Director, or top management official	15a		Х						
b	Other officers or key employees of the organization	15b		Х						
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filedIL									
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	s only) avail	able						
	for public inspection. Indicate how you made these available. Check all that apply.									
	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, are	d finaı	ncial							
	statements available to the public during the tax year.									
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									

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization (A)	(B)	Γ		((C)			(D)	(E)	(F)
Name and title	Average	(-1-		Pos	ition	1		Reportable	Reportable	Estimated
	hours per	box	not c	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week		cer an	a a a	irecto	r/trus	tee)	from	from related	other
	(list any	director						the	organizations (W-2/1099-MISC/	compensation from the
	hours for related	5	stee			sated		organization (W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	,	and related
	below	Individual trustee	Institutional trustee	Je.	Key employee	Highest compensated employee	ner			organizations
	line)	ibul	Inst	Officer	Key	High	Former			
(1) MONTE MAST	40.00			,,						0
EXECUTIVE DIRECTOR	0.00			Х					0.	0.
(2) ADOLPH DEGRAUWE	8.00	Į.,		7.7				_	0	0
CHAIRMAN (2) PALE WORNE	9 00	Х		Х				0.	0.	0.
(3) DALE YOUNG	8.00	x		х				_	0.	0
PRESIDENT	8.00	^		^				0.	0.	0.
(4) BARBARA BOLENDER VICE PRESIDENT	0.00	X		х				0.	0.	0.
(5) PAUL RIGBY	8.00	<u> </u>		Δ				0.	0.	•
TREASURER	0.00	X		х				0.	0.	0.
(6) THOR SCHUMACHER	8.00	122						•	•	0.
SECRETARY	0.00	x		x				0.	0.	0.
(7) DAN BRUNK	8.00	 						•		
CAA BOARD PRESIDENT		x		x				0.	0.	0.
(8) ROBERT BAKER-HARGROVE JR	2.00									
DIRECTOR		Х						0.	0.	0.
(9) BRANDON BARROMETTI	2.00									
DIRECTOR		X						0.	0.	0.
(10) BRENDA BRAK	2.00									
DIRECTOR		Х						0.	0.	0.
(11) JEFF GILL	2.00									
DIRECTOR		Х						0.	0.	0.
(12) CHRIS HARTOWICZ	2.00	ļ								
DIRECTOR		Х						0.	0.	0.
(13) ELLEN HUXTABLE	2.00	ļ								
DIRECTOR	0.00	Х						0.	0.	0.
(14) GRAEME MASON	2.00	١,,						_		•
DIRECTOR	2 00	Х						0.	0.	0.
(15) SCOTT MCCORMICK	2.00	₩.						_	0	^
DIRECTOR	2.00	Х	\vdash	\vdash	_			0.	0.	0.
(16) ALAN G. MICCO	4.00	x						0.	0.	_
DIRECTOR (17) MATT O'BRIEN	2.00	┢	\vdash	\vdash	\vdash	\vdash		<u> </u>	0.	0.
DIRECTOR	2.00	X						0.	0.	0.
DIRECTOR		Δ.			<u> </u>			<u> </u>	U •	C 000 (2222

232007 12-13-22

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

(A) Name and title	(B) Average	(do		Pos		ገ e than	one	(D) Reportable	(E) Reportable		Est	(F) timate	d
	hours per	box	, unle	ss pe	erson	is bot	th an	'	compensation			ount o	of
	week	_	CCI ai	lu a u	in ect	Ji/ ii us	1	from	from related			other	
	(list any hours for	or director						the	organizations	.,		oensa om the	
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC 1099-NEC)	′		anizati	
	organizations	ruste	ll trus		ee	mpen		1099-NEC)	1033 (420)		•	l relate	
	below	Individual trustee	Institutional trustee	<u></u>	Key employee	Highest compensated employee	. Le	13351125,				nizatio	
	line)	Indiv	Instit	Officer	Key e	High empl	Former						
(18) FERNANDO PULLUM	2.00												
DIRECTOR	0.00	Х					┡	0.	(0.			0.
(19) MARTY SCHLENKER	2.00	x						0.	,	0.			0.
C20) MATT SELTZER	2.00	^						0.		' +			0.
DIRECTOR	2.00	X						0.	(0.			0.
(21) RIC TALBUT	2.00						H			7	-		
DIRECTOR		х						0.	(0.			0.
(22) GEOFF THORSBY	2.00									寸			
DIRECTOR		Х						0.	(0.			0.
					<u> </u>					\dashv			
		-											
					\vdash		╁			\dashv			
		ł											
							H			\dashv			
		1											
1b Subtotal										0.			0.
c Total from continuation sheets to Part V	II, Section A							0.		0.			0.
d Total (add lines 1b and 1c)										0.			0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bov	e) w	ho r	eceived more than \$100	0,000 of reportable				0
compensation from the organization												Yes	No
3 Did the organization list any former officer,	director trust	ا مم	COV C	amn	love	- A	r hic	nhest compensated emr	Novee on	П		163	140
line 1a? If "Yes," complete Schedule J for s											3		Х
4 For any individual listed on line 1a, is the su										¨			
and related organizations greater than \$150										[4		Х
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	any	y uni	relat	ted organization or indiv	idual for services				
rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch	pers	son				<u>L</u>	5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	•	•							•	ensa	ition fr	rom	
the organization. Report compensation for	tne calendar y	ear	enai	ng v	vith	or w	/ithii		year.	—		`	
(A) Name and business	address	NO	ІИС	3				(B) Description of s	services	Cc	(C ompen		า
							\dashv		-	—			
							\exists						
2 Total number of independent contractors (i	ncluding but n	ot li	mite	d to		_	stec	d above) who received m	nore than				
\$100,000 of compensation from the organi	zation					0							
										F	Form 9	390 (2	2022)

Pa	r L V	4111							
			Check if Schedule O conta	ins a response	or note to any lir	ne in this Part VIII (A)	(B)	(C)	(D)
						Total revenue	Related or exempt		Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
(O (O				1.1					Sections 512 - 514
ant:			Federated campaigns						
ig of			Membership dues						
Ŧ,			Fundraising events						
iai			Related organizations		220 000				
ns, Sim			Government grants (contribution	· 	330,000.				
er (f	All other contributions, gifts, grants		006 116				
년 된			similar amounts not included above		276,116.				
Contributions, Gifts, Grants and Other Similar Amounts		_	Noncash contributions included in lines 1	la-1f 1g \$		606 116			
<u>ā</u> <u>Č</u>		h	Total. Add lines 1a-1f		I	606,116.			
					Business Code	004 500	224 522		
S C	2		PARTICIPATION F	EES	711130	934,799.			
er.		b	SPONSORSHIPS		711130	402,926.	402,926.		
n Si		С	PERFORMANCES & 1	EVENTS_	711130	389,643.	389,643.		
ran ?ev		d							
Program Service Revenue		е							
4		f	All other program service rever	nue	711130	72,715.	72,715.		
		g	Total. Add lines 2a-2f			1,800,083.			
	3		Investment income (including of	dividends, intere	est, and				
			other similar amounts)			8,181.			8,181.
	4		Income from investment of tax-	exempt bond p	proceeds				
	5		Royalties						
				(i) Real	(ii) Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
			Net rental income or (loss)						
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory 7a						
		b	Less: cost or other basis						
ğ			and sales expenses						
Revenue			Gain or (loss) 7c						
			Net gain or (loss)						
ther	8	а	Gross income from fundraising eve	,					
₹			including \$						
			contributions reported on line	-	114 461				
			Part IV, line 18		114,461.				
			Less: direct expenses		107,554.	C 007			C 007
			Net income or (loss) from fundr	-		6,907.			6,907.
	9	а	Gross income from gaming act		107 005				
			Part IV, line 19		107,995.				
			Less: direct expenses		38,261.	60 724			60 724
			Net income or (loss) from gamin	_		69,734.			69,734.
	10	а	Gross sales of inventory, less r						
			and allowances		 				
			Less: cost of goods sold	· · · · · · · · · · · · · · · · · · ·					
		С	Net income or (loss) from sales	of inventory					
sn					Business Code				
ne ge	11								
Miscellaneous Revenue		b							
Sce		С.	A.I I.						
Ξ			All other revenue						
		е	Total. Add lines 11a-11d			12 /01 021	1 900 002	0	01 022
	12		Total revenue. See instructions			2,491,021.	μ,ουυ,υο3.	0.	84,822.

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).

3601	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon				X
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	12,064.	12,064.		
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,				
	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)			110 100	
7	Other salaries and wages	228,150.	26,550.	119,600.	82,000.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	9,657.	0 405	9,657.	<i>C</i> 422
10	Payroll taxes	23,617.	2,197.	14,981.	6,439.
11	Fees for services (nonemployees):				
а	Management	2 204		2 204	
b	Legal	3,324.		3,324.	
С	Accounting	10,000.		10,000.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	577 F40	E77 E40		
	column (A), amount, list line 11g expenses on Sch 0.)	577,549. 58,539.	577,549.		FF 00F
12	Advertising and promotion	19,429.	2,634. 1,729.	12,808.	55,905. 4,892.
13	Office expenses	19,449.	1,749.	12,000.	4,094.
14	Information technology				
15	Royalties				
16	Occupancy	718,331.	715,129.		3,202.
17	Travel	710,331.	113,129.		3,202.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	8,547.		8,547.	
20	Interest Payments to affiliates	0,5=1.		0,3=1•	
21	Payments to affiliates Depreciation, depletion, and amortization	41,886.	41,886.		
22 23		70,790.	11,000.	70,790.	
23 24	Other expenses. Itemize expenses not covered	70,750		, 0 , 1 5 0 •	
24	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 0.)				
а	EQUIPMENT & SUPPLIES	404,861.	404,540.	321.	
a b	UNIFORMS	102,576.	102,576.		
C	EVENT FEES	87,241.	87,241.	+	
d	BANK & CREDIT CARD FEES	40,092.	- ,	40,092.	
	All other expenses	79,023.	60,046.	16,013.	2,964.
25	Total functional expenses. Add lines 1 through 24e	2,567,676.	2,034,141.	378,133.	155,402.
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)				
	n 12-13-22				Form 990 (2022)

Га	ILA	Balance Sheet					
		Check if Schedule O contains a response or	note to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			893,051.	1	363,554
	2	Savings and temporary cash investments				2	175,000
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		47,231.	4	164,765	
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	ıbstantial c	ontributor, or 35%			
		controlled entity or family member of any of t	hese perso	ns		5	
	6	Loans and other receivables from other disquared	ualified pers	sons (as defined			
		under section 4958(f)(1)), and persons descr		6			
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9	Prepaid expenses and deferred charges			19,908.	9	23,704
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	377,327.			
	b	Less: accumulated depreciation	10b	291,393.	117,728.	10c	85,934
	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			14		
	15	Other assets. See Part IV, line 11	164,244.	15	171,931		
	16	Total assets. Add lines 1 through 15 (must e			1,242,162.	16	984,888
	17	Accounts payable and accrued expenses	83,757.	17	82,211		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	te Part IV c	f Schedule D		21	
es	22	Loans and other payables to any current or f					
		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of t		_		22	
_	23	Secured mortgages and notes payable to un			220 500	23	40 F00
	24	Unsecured notes and loans payable to unrel			229,500.	24	49,500
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-24).	Complete Part X			
		of Schedule D			313,257.	25	131,711
	26	Total liabilities. Add lines 17 through 25			313,237.	26	131,/11
S		Organizations that follow FASB ASC 958,	check here				
Š		and complete lines 27, 28, 32, and 33.			928,905.	07	853,177
<u>3ale</u>	27	Net assets without donor restrictions		920,903.	27	033,177	
ğ	28	Net assets with donor restrictions				28	
Ē		Organizations that do not follow FASB AS	. 958, cne	ck nere			
ō		and complete lines 29 through 33.	حاء			00	
ets	29	Capital stock or trust principal, or current fur				29	
4SS	30	Paid-in or capital surplus, or land, building, o				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			928,905.	31	853,177
Z	32	Total net assets or fund balances Total liabilities and net assets/fund balances			1,242,162.	32	984,888

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)		2,49		
2	Total expenses (must equal Part IX, column (A), line 25)	2 2	2,56		
3	Revenue less expenses. Subtract line 2 from line 1	3			55.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			05.
5	Net unrealized gains (losses) on investments	5	2	1,9	17.
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	-2	0,9	90.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	<u>85</u>	<u>3,1</u>	<u>.77.</u>
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		X
	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	e basis,			
	consolidated basis, or both:				
	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,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2022)

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.

Open to Public

OMB No. 1545-0047

Name of the organization

Employer identification number

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. 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 the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support					_	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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.)						
	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for the	· ·		•	•	. , . ,	
	organization, check this box and stor	here					<u></u>
	ction C. Computation of Publ			. (2)		T T	
	Public support percentage for 2022 (14	%
	Public support percentage from 2021						
168	33 1/3% support test - 2022. If the contains the contains the contains the contains the contains and the contains the contains and the contains the						
	stop here. The organization qualifies as a publicly supported organization						
L	b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17.							
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact					-	
L	meets the facts-and-circumstances to	-		• • •	•	17a, and line 15 is	
i.	10% -facts-and-circumstances tes						1070 UI
	more, and if the organization meets the						
12	organization meets the facts-and-circle Private foundation. If the organization		-	=			
10	i i i vate i ouridation. Il the organizatio	n ala noi oneck a	DON OIT III IC TO, TO	oa, 100, 17a, 01 17	D, OHECK HIS DUX		(Form 990) 2022
						SS/ISGGIS A	,. J JJO, LULL

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.)

Sec	ction A. Public Support	ciow, picase comp	noto i uit ii.j				
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	` ,	`,	` ,	, ,	, ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	528,579.	547,458.	1,080,108.	868,937.	606,116.	3,631,198.
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	1,202,740.					5,479,845.
2		1,202,740.	201,343.	003,307.	1,544,110.	1,000,003.	3,473,043.
3	Gross receipts from activities that are not an unrelated trade or bus-	19,773.		71,100.	90 142	222,456.	202 /71
	iness under section 513	19,113.		/1,100.	00,142.	222,430.	333,411.
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						
J	furnished by a governmental unit to the organization without charge						_
6	Total. Add lines 1 through 5	1,751,092.	814,803.	1,816,775.	2,493,189.	2,628,655.	9,504,514.
78	Amounts included on lines 1, 2, and 3 received from disqualified persons	17,500.	7,200.	17,750.	18,800.	8,000.	69,250.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year					241,103.	
C	Add lines 7a and 7b	17,500.	7,200.	17,750.	251,537.	249,103.	-
	Public support. (Subtract line 7c from line 6.)						8,961,424.
Se	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties,	1,751,092.	814,803.	1,816,775.	2,493,189.	2,628,655. 8,181.	9,504,514.
	and income from similar sources					0,101.	8,181.
r	o Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
						8,181.	8,181.
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on					0,101.	0,101.
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.)	1,751,092.	814,803.	1,816,775.	2,493,189.	2,636,836.	9,512,695.
14	First 5 years. If the Form 990 is for the	e organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizat	on,
	check this box and stop here						
Se	ction C. Computation of Publi	ic Support Pe	rcentage				
15	Public support percentage for 2022 (I	ine 8, column (f), d	ivided by line 13,	column (f))		15	94.20 %
16	Public support percentage from 2021	Schedule A, Part	III, line 15			16	96.50 %
Se	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	22 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	.09 %
18	Investment income percentage from 2	2021 Schedule A, I	Part III, line 17			18	%
	a 33 1/3% support tests - 2022. If the					3 1/3%, and line 1	
	more than 33 1/3%, check this box ar						X
k	33 1/3% support tests - 2021. If the	organization did n	ot check a box on	line 14 or line 19a	ı, and line 16 is mo	re than 33 1/3%,	
20	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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		
4 a		
41		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ju		
9b		
9с		
10a		
10b		

Par	t IV Supporting Organizations (continued)			
			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 of	or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officer	s,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	hd be		
	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	4		
	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 Part VI the role the organization's			
	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction)	ons).		
a	The organization satisfied the Activities Test. Complete line 2 below.	,.		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (s	ee instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.			
	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			

232025 12-09-22

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

Sche	edule A (Form 990) 2022 THE CAVALIERS AP&E INC			23-7449578 Page 6
Pa		ng Orgar	nizations	J
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete	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 Part VI):			
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		

___ 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) 2022

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

3 4

5

6

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
<u>g</u>	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i_	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

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 B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number

2022

THE CAVALIERS AP&E INC. 23-7449578 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$______\$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

THE CAVALIERS AP&E INC.

23-7449578

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	VILLAGE OF ROSEMONT 9501 WEST DEVON AVENUE ROSEMONT, IL 60018	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	NCRC COMMUNITY DEVELOPMENT FUND 740 15TH STREET NORTHWEST, SUITE 400 WASHINGTON, DC 20005	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	GRAME MASON 3117 STRATTON WAY, UNIT 302 MADISON, WI 53719	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	THE PITTMAN FAMILY CHARITABLE FUND 727 SOUTH WE-GO TRAIL MOUNT PROSPECT, IL 60056	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	FRED OLIN 2702 CEMBALO BOULEVARD, UNIT 316 SAN ANTONIO, TX 78230	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022) Page **3**

Name of organization

Employer identification number

THE CAVALIERS AP&E INC.

23-7449578

	Noncash Property (see instructions). Use duplicate copies of P	art ii ii additional opaco lo necaca.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Schedule B (Form 990) (2022)

Name of organization **Employer identification number** 23-7449578 THE CAVALIERS AP&E INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

Pai	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		Similar Funds	or Accounts. Complete if the
	organization answered Tes Off Offices, Fartiv, in	(a) Donor advise	d 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	writing that the assets he	eld in donor advise	d funds
	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 a	ny other purpose co	onferring
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Ye	s" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply)		
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a	historically important land area
	Protection of natural habitat		Preservation of a	certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contrib	ution in the form of	
	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	•		
	historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, re	leased, extinguished, or	terminated by the o	organization during the tax
	year			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the per			
	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, a	nd enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and or	oforcina consonuatio	on agramants during the year
′	Amount of expenses incurred in monitoring, inspecting, name	alling of violations, and el	norchig conservation	on easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requiremer	its of section 170(h	ı)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservati			
	balance sheet, and include, if applicable, the text of the footr	note to the organization's	s financial statemer	nts that describes the
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections o	•	easures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its rev	enue statement an	d balance sheet works
	of art, historical treasures, or other similar assets held for pul	olic exhibition, education	, or research in furt	therance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that de	scribes these items	s.
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenu	e statement and ba	alance sheet works of
	art, historical treasures, or other similar assets held for public	e exhibition, education, o	r research in furthe	erance of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical tre	asures, or other similar a	ssets for financial (gain, provide
	the following amounts required to be reported under FASB $\mbox{\it A}$			
а	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			

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Schedule D (Form 990) 2022

Schedule D (Form 990) 2022

85,934

85,934.

291,393.

e Other

c Leasehold improvements

d Equipment

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

377,327.

(B) (C) (D) (E) (F) (G)

Schedule D (Form 990) 2022 THE CAVALIE	RS AP&E INC.	23-7449578 _{Page} 3
Part VII Investments - Other Securities.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(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)		

(H) Total. (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)		
otal (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN FUNDS HELD BY OTHERS	171,931.
(2)	
(3)	
<u>(4)</u>	
(5)	
(6)	
<u>(7)</u>	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	171,931.

Other Liabilities. Part X

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2022

Part XI	Schedule D (For	rm 990) 2022 THE CAVALIERS AP&E	INC.		23-	7449578 Page 4
1 Total revenue, gains, and other support per audited financial statements 2 2,558,75. 2 2 2 2 2 2 2 2 2			al Statements Witl	n Revenue per F		
2 A Nounts included on line 1 but not on Form 990, Part VIII, line 12: a Not unrealized gains (losses) on investments b Consider services and use of facilities c Recoveries of prior year grants d Other (Recorbie in Part XIII) e Add lines 2a through 2d 2 167, 73: 3 Subtract line 2e from line 1 c Add lines 4 and 4b 5 Total expenses and line 2d line (Part XIII) c Add lines 4 and 4b 5 Total expenses and line 3d lines 4 and use of facilities c Other (Recorbie in Part XIII) c Add lines 4 and 4b 5 Total expenses and lines 3 and 4e. (This must equal Form 990, Part II, line 12) 1 Total expenses and lines 4 and use of facilities b Prior year adjustments c Other losses d Other (Recorbie in Part XIII) c Add lines 4a and 4b 5 Total expenses and losses per audited financial statements 1 Total expenses and losses for a line 12. 1 Total expenses and use of facilities b Prior year adjustments c Other losses d Other (Rescribe in Part XIII) c Add lines 2a through 2d 3 Subtract line 2e from line 1 a Investment expenses not included on form 990, Part IV, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Rescribe in Part XIII) c Add lines 2a through 2d 2e 166, 80: 3 2, 567, 67: Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part IV, line 18) PART X, LINE 2: THE CAVALIERS FOLLOWS GENERALLY ACCEPTED ACCOUNTING PRINCIPLES FOR THE REPORTING OF UNCERTAIN TAX POSITIONS AND HAS DETERMINED IT IS NOT REQUIRED TO RECORD A LIABILITY FOR ANY SUCH POSITIONS. DIRECT EXPENSES ASSOCIATED WITH FUNDRAISING AND GAMING ACTIVITIES	Co	emplete if the organization answered "Yes" on Form 990, Pa	rt IV, line 12a.			0 (50 550
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DIRECT EXPENSES ASSOCIATED WITH FUNDRAISING AND GAMING ACTIVITIES 145,81						
ACTIVITIES 145,815	PART XI,	LINE 2D - OTHER ADJUSTMENTS:				
ACTIVITIES 145,815	DIRECT E	XPENSES ASSOCIATED WITH FUNDRA	AISING AND G	AMING		
						145 815
PART XII I.INE 2D - OTHER ADJUSTMENTS.						223,023
	PART XTT	. LINE 2D - OTHER ADJUSTMENTS	•			

DIRECT EXPENSES ASSOCIATED WITH FUNDRAISING AND GAMING

145,815. ACTIVITIES

SCHEDULE G (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

THE CAV	ALIERS AP&E INC.				23-7449	578	
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 rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Pab If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the 	ed funds through any of the following Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with priduals or entities (fundraisers) pursuits	tion of tion of fundra I (include profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees, or Yes		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No				
		-					
Total							
List all states in which the organizatio or licensing.	n is registered or licensed to solicit			I s or has been notified	d it is exempt from re	L egistration	
-							

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

Schedule G (Form 990) 2022

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

		of fundraising event contributions and gro				ts greater than \$5,000.	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
			75TH ANNIV.		NONE	(add col. (a) through	
			GALA			col. (c))	
a)			(event type)	(event type)	(total number)	coi. (c))	
Revenue							
eve	1	Gross receipts	114,461.			114,461.	
ď			-			-	
	2	Less: Contributions					
	3	Gross income (line 1 minus line 2)	114,461.			114,461.	
		, , , , , , , , , , , , , , , , , , , ,	-				
	4	Cash prizes					
	5	Noncash prizes					
es							
ens	6	Rent/facility costs	27,360.			27,360.	
Direct Expenses		,				<u> </u>	
Ċ.	7	Food and beverages	47,051.			47,051.	
Şire	-					<u> </u>	
_	8	Entertainment					
	9	Other direct expenses	33,143.			33,143.	
	10					107,554.	
		Net income summary. Subtract line 10 from li				6,907.	
Pa	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.			•		
4)			(a) Dingo	(b) Pull tabs/instant	(a) Other geming	(d) Total gaming (add	
'n			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))	
Revenue							
Œ	1	Gross revenue			107,995.	107,995.	
S	2	Cash prizes					
nse							
xpe	3	Noncash prizes			27,459.	27,459.	
Direct Expenses							
je	4	Rent/facility costs					
	5	Other direct expenses			10,802.	10,802.	
			Yes %	Yes %	Yes %		
	6	Volunteer labor	└── No	└── No	X No		
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			38,261.	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			69,734.	
			_	_			
		ter the state(s) in which the organization condu	_				
a Is the organization licensed to conduct gaming activities in each of these states?							
b	If "	No," explain:					
	_						
		ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	year?	Yes X No	
b	If "	Yes," explain:					

232082 10-27-22 Schedule G (Form 990) 2022

Sch	nedule G (Form 990) 2022 THE CAVALIERS AP&E INC. 23-	7449578	3 Page 3
11	Does the organization conduct gaming activities with nonmembers?	X Yes	No 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
	Indicate the percentage of gaming activity conducted in:	l 1100	
	a The organization's facility		0.00 %
	b An outside facility	13b	90
•	Enter the name and address of the person who prepares the organization a gaming openial 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
ı	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
ı	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Б	organization's own exempt activities during the tax year \$		01 401
F	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part I, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, lines 9	, 96, 106,
	130, 130, 10, and 170, as applicable. Also provide any additional information. See instructions.		

Schedule G	i (Form 990)	THE CAVALIERS	AP&E INC.	23-7449578 Page 4
Part IV	(Form 990) Supplemental Info	rmation (continued)		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

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.

Open to Public Inspection

Employer identification number

THE CAVAL	IERS AP&E	INC.					23-7449578
Part I General Information on Grants ar	nd Assistance						
 Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's pro 	tance? cedures for monit	oring the use of gran	t funds in the Unite	d States.			X Yes No
Part II Grants and Other Assistance to I recipient that received more than \$					anization answered "	Yes" on Form 990, Part	t IV, line 21, for any
1 (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
2 Enter total number of section 501(c)(3) ar 3 Enter total number of other organizations		1 table					

(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	12	12,064.	0.		
Part IV Supplemental Information. Provide the information re	quired in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.	
PART I, LINE 2:					
EVERY SUMMER SCHOLARSHIPS ARE AWA	RDED TO D	ESERVING M	EMBERS TO	HELP OFFSET	
THE COST OF THEIR PARTICIPATION F	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
FORM 990, PART VI, SECTION B, LINE 11B:	
AFTER FORM 990 IS PREPARED BY THE INDEPENDENT AUDITOR, IT	IS DELIVERED TO
THE TREASURER FOR REVIEW AND EVENTUAL SUBMISSION TO THE O	RGANIZATION'S
GOVERNING BODY.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE CAVALIERS MAKES ANY REQUIRED DOCUMENTS AVAILABLE TO T	HE PUBLIC UPON
REQUEST AT THEIR CORPORATE OFFICE.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONTRACTED INSTRUCTORS:	_
PROGRAM SERVICE EXPENSES	477,699.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	477,699.
OTHER CONTRACTUAL:	
PROGRAM SERVICE EXPENSES	99,850.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	99,850.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	577,549.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
PROVISION FOR BAD DEBTS	-20,990.

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization THE CAVALIERS AP&E INC.	Employer identification number 23-7449578
FORM 990, PART XII, LINE 2C:	
THE CAVALIERS BOARD OF DIRECTORS IS RESPONSIBLE FOR THE C	OVERSIGHT OF
THE AUDIT AND THE SELECTION OF THE INDEPENDENT AUDITORS.	THIS PROCESS
HAS NOT CHANGED FROM PRIOR YEARS.	

Forms included in Electronic Filing

Form 990/990-EZ/990-PF	Form 990-T
EXPORTED ON 02/20/2024 14:45:19	
FORM 990	

215551 03-06-23

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. ROSEMONT, IL 60018 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 Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 08 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, IL 60018 Telephone No. ► 224-567-8171 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this 」. 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. AUGUST 15, 2024 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ___ calendar year ► X tax year beginning OCT 1, 2022 , and ending SEP 30, 2023 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return ☐ Change in accounting period. 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b 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

223841 04-01-22

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

I HA

Form 8868 (Rev. 1-2022)

Product: Exempt Extension

Name: THE CAVALIERS AP&E INC.

FEIN: *****9578

Fiscal Year Begin Date: 10/1/2022

IRS Message:

Category:

Plan Number:

Fiscal Year End Date: 9/30/2023

IRS Center: Ogden

e-Postmark: 02/06/2024 9:19:27

Notification:

eSigned:

Retu	Return History							
Date		Return ID	Type of Act	iivity	Submission ID	Refund/(Due)	Updated By	eSign Date
02/05/20	024	22X:07120- 01:V1	Upload Star	ted				
02/05/20	024	22X:07120- 01:V1	Ready to Re	elease by Customer				
02/06/20	024	22X:07120- 01:V1	Released for Transmission - Validation in Progress				460- anderson	
02/06/20	024	22X:07120- 01:V1	Ready to tra	ansmit - Validation				
02/06/20	024	22X:07120- 01:V1	Transmitted	to FD	36321020240370330e13			
02/06/20	024	22X:07120- 01:V1	Accepted by	/ FD on 2/6/2024				
ID S	Statu	s Date	Status	State/Other	State Category	FBAR	FBAR BSA I	n

TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM AG990-IL

FOR THE YEAR ENDING

SEPTEMBER 30, 2023

Prepared for	THE CAVALIERS AP&E INC. POST OFFICE BOX 501 ROSEMONT, IL 60018
Prepared by	SELDEN FOX, LTD. ONE PARKVIEW PLAZA, SUITE 710 OAKBROOK TERRACE, IL 60181
Amount due or refund	BALANCE DUE OF \$15.00
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 SOUTH LASALLE STREET, 12TH FLOOR CHICAGO, IL 60603
Return must be mailed on or before	APRIL 1, 2024
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.

	ice Use Only	ILLINOIS CHARITABLE ORGANIZATION ANNUAL			Form AG990-1 Revised 1/1
PMT	#	Attorney General KWAME RAOUL State of I		" O1	
		Charitable Trust Bureau, 100 West Rando 11th Floor, Chicago, Illinois 60601	oibu CO		-008308
			X		all items attached:
AMT		Report for the Fiscal Period:	77		IRS Return Financial Statements
		Beginning 10/01/2022	Make Checks X Payable to		Form IFC
INIT		<u> </u>	the Illinois 🔻		Annual Report Filing Fe
11411		& Ending 09/30/2023	Charity Bureau Fund) Late Report Filing Fee
Feder	al ID# 23-7449578	MO DAY YR			MO DAY YR
	ontributions to the organization t	ax deductible? X Yes No Date O	rganization was create		02/27/1952
	LEGAL		Year-end		· · ·
	NAME THE CAVAL	IERS AP&E INC.	amounts		
	MAIL		A) ASSETS	A) \$	984,888
	DRESS POST OFFIC		B) LIABILITIES	B) \$	131,711
	, STATE ROSEMONT,	IL	C) NET ASSETS	C) \$	853,177
	P CODE 60018		DEDOENTAGE		AAAA.W.T
I.		REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	D) #	AMOUNT
	,	RIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	83.347%	D) \$	2,076,199
	E) GOVERNMENT GRANTS &	MEMBERSHIP DUES	13.248% 3.405%	E) \$ F) \$	330,000 84,822
	F) OTHER REVENUES		3.405%	Γ) Φ	04,022
	C) TOTAL DEVENUE INCOME	E AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$	2,491,021
ш.	•	EXPENDITURES DURING THE YEAR:	100 /6	α, φ	2,401,021
	H) OPERATING CHARITABLE		79.221%	H) \$	2,034,141
	ii) or Environd on with the E	THOURS IN ENGL	7 5 5 = = 70	Π) Ψ	
	I) EDUCATION PROGRAM SI	ERVICE EXPENSE	%	1) \$	
	,			<u> </u>	
	J) TOTAL CHARITABLE PRO	GRAM SERVICE EXPENSE (ADD H & I)	79.221%	J) \$	2,034,141
	J1) JOINT COSTS ALLOCATED	D TO PROGRAM SERVICES (INCLUDED IN J): \$	T		
	K) GRANTS TO OTHER CHAR	ITABLE ORGANIZATIONS	%	K) \$	
	,			, ,	
	L) TOTAL CHARITABLE PRO	GRAM SERVICE EXPENDITURE (ADD J & K)	79.221%	L) \$	2,034,141
	M) MANAGEMENT AND GENE	RAL EXPENSE	14.727%	M) \$	378,133
			6 050		155 400
	N) FUNDRAISING EXPENSE		6.052%	N) \$	155,402
	0) TOTAL EXPENDITURES TI	HIS DEDIOD (ADD I M & N)	100 %	0) \$	2,567,676
	•	• • • •		υ) φ	2,307,070
III.		PAID FUNDRAISER AND CONSULTANT ACTIVITIES Tof Individual Fundraising Campaign- Form IFC. One for each PFR.)			
	PROFESSIONAL FUNDRAISER				
		EY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$	0
	Q) TOTAL FUNDRAISERS FEE	ES AND EXPENSES	%	Q) \$	
	R) NET RECEIVED BY THE CH	HARITY (P MINUS Q=R)	%	R) \$	
	PROFESSIONAL FUNDRAISING			S) \$	0
I.,	•	PROFESSIONAL FUNDRAISING CONSULTANTS THE (3) HIGHEST PAID PERSONS DURING THE Y	EAD.	σ) φ	0
' V .		E MAST, EXECUTIVE DIRECTOR	LAN.	T) \$	72,000
		NE STEINES, ACCOUNTANT		U) \$	57,600
		NE DUEWERTH, OFFICE MANAGER		V) \$	50,000
v.		RAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPEND	ED)	 	back side of instructions
l	OTIANTI ADLE PROG	CODE CATEGORIES			CODE
298091 04-01-22	W) DESCRIPTION: DRUM	AND BUGLE CORPS; YOUTH BAND		W)#	042
091 0	X) DESCRIPTION:			X) #	
298.	Y) DESCRIPTION:			Y) #	

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.		Х
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.		X
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, 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.		Х
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.		X
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 ALLOCATED TO FUNDRAISING \$			
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.		Х
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	9.		Х
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.		X
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:			
	US BANK - HQ: 800 NICOLLET MALL, MINNEAPOLIS, MN 55402			
	JP MORGAN CHASE - HQ: 383 MADISON AVENUE, NEW YORK, NY 10017			
	PARKWAY BANK - HQ: 4800 N. HARLEM AVENUE, HARWOOD HEIGHTS, IL	6	0706	
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: JEANNE STEINES - 224-567-8171			
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.

PRESIDENT OF TRUSTEE (PRINT NAME)	SIGNATURE	DATE
TREASURER OF TRUSTEE (PRINT NAME)	SIGNATURE	DATE
	Ø	

ROBERT G. WUJEK

Foliat D Wight

02/21/2024

298101 04-01-22

The Cavaliers AP&E, Inc. Audit Report For the Year Ended September 30, 2023

Table of Contents

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Statement of Financial Position	3
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Statement of Functional Expenses	5
Statement of Cash Flows	6
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One Parkview Plaza, Suite 710 | Oakbrock Terrace, IL 60181 | 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, 2023, 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, 2023, 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.

February 20, 2024

Selden Fox, Etd.

The Cavaliers AP&E, Inc. Statement of Financial Position September 30, 2023

Assets	
Cash and cash equivalents	\$ 538,554
Accounts receivable, net of allowance for doubtful accounts of \$22,500	164,765
Prepaid expenses	23,704
Vehicles and equipment, less accumulated	
depreciation of \$291,393	85,934
Beneficial interest in assets held by others	 171,931
Total assets	\$ 984,888
Liabilities and Net Assets	
Liabilities:	
Accounts payable and accrued expenses	\$ 82,211
Notes payable	 49,500
Total liabilities	131,711
Net assets without donor restrictions	853,177
	 <u> </u>
Total liabilities and net assets	\$ 984,888

The Cavaliers AP&E, Inc. Statement of Activities For the Year Ended September 30, 2023

Revenues:	
Contributions of cash and other financial assets:	
General	\$ 606,116
Fundraising events	222,456
Participation fees	934,799
In-kind sponsorships	402,926
Performances and events	389,643
Net investment income credited based on	
change in beneficial interest in assets held by others	21,917
Other	80,896
Total revenues	 2,658,753
Expenses:	
Program services	2,034,141
Supporting services:	,,
General and administrative	399,123
Fund-raising and promotion	301,217
Total expenses	 2,734,481
Change in net assets	(75,728)
	(,,
Net assets, beginning of the year	 928,905
Net assets, end of the year	\$ 853,177

The Cavaliers AP&E, Inc. Statement of Functional Expenses September 30, 2023

		Supporting Services										
	Program		ram General and Fund-raising									
		Services		•		ninistrative	and	l Promotion		Total		Total
Compensation and benefits	\$	28,747	\$	216,238	\$	88,439	\$	304,677	\$	333,424		
Professional and contractual services	•	580,184	•	13,324	,	55,905	·	69,229	•	649,413		
Fleet		430,256		, -		-		-		430,256		
Equipment		404,540		321		-		321		404,861		
Tour food and facilities		222,277		_		-		-		222,277		
Events		87,241		-		145,815		145,815		233,056		
Uniforms		102,576		-		-		-		102,576		
Travel		62,596		-		3,202		3,202		65,798		
Insurance		-		70,790		-		70,790		70,790		
Office		1,728		12,808		4,892		17,700		19,428		
Scholarships		12,064		-		-		-		12,064		
Bank and credit card fees		-		40,092		-		40,092		40,092		
Interest		-		8,547		-		8,547		8,547		
Depreciation		41,886		-		-		-		41,886		
Bad debts		-		20,990		-		20,990		20,990		
Other		60,046		16,013		2,964		18,977		79,023		
	\$	2,034,141	\$	399,123	\$	301,217	\$	700,340	\$	2,734,481		

The Cavaliers AP&E, Inc. Statement of Cash Flows For the Year Ended September 30, 2023

Cash flows from operating activities: Change in net assets Adjustments to reconcile change in net assets	\$ (75,728)
to net cash from operating activities: Provision for bad debts	20,990
Depreciation	41,886
Net investment income credited based on	11,000
change in beneficial interest in assets held by others	(21,917)
Changes in operating assets and liabilities:	, ,
Accounts receivable	(138,524)
Prepaid expenses	(3,796)
Accounts payable and accrued expenses	(1,546)
Net cash from operating activities	 (178,635)
Cash flows from investing activities:	
Purchases of vehicles and equipment	(10,092)
Distribution received from beneficial interest held by others	 14,230
Net cash from investing activities	4,138
Cash flows from financing activities - repayment of notes payable	(180,000)
Net change in cash	(354,497)
Cash, beginning of the year	 893,051
Cash, end of the year	\$ 538,554
Supplementary cash flow information - interest paid	\$ 9,773

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, 2023.

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)

Cash and Cash Equivalents – Cash and cash equivalents include cash on hand, demand deposits, money market funds, and other short-term highly liquid investments with original maturities of three months or less.

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.

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).

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.

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

Revenue Recognition (cont'd)

In-Kind Sponsorships – The Cavaliers annually receives the in-kind use of musical instruments and other performance equipment, as well as 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.

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.

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, 2023. Although the Cavaliers has determined it is not required to record a liability for any uncertain tax positions as of September 30, 2023, and has received no notice of exam, the Cavaliers' tax returns for the years ended September 30, 2020 through 2022, remain subject to examination.

Subsequent Events – Subsequent events have been evaluated through February 20, 2024, 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, 2023, is as follows:

Beneficial interest, beginning of the year Net investment income credited Distributions received	\$ 164,244 21,917 (14,230)
Beneficial interest, end of the year	\$ 171,931

3. Notes Payable

Notes payable at September 30, 2023, consist of unsecured related party advances from the Cavaliers Investment Club, L.L.C. (CIC) due on demand, with interest payable monthly. Interest on outstanding advances is due monthly at the prime rate plus 2.25%, not to exceed 6.5%. At September 30, 2023 the principal balance of the loan was \$49,500.

Subsequent to year end, in January 2024, the Cavaliers obtained an additional \$93,000 of unsecured advances from CIC under similar terms.

4. Contract Revenue and Balances

Revenue for the year ended September 30, 2023, consisted of the following:

	Contract Revenue				ntributions				
	Earned at a Point in Time						Revenue		 Total
Contributions of cash and other financial assets:									
General	\$	-	\$	-	\$	606,116	\$ 606,116		
Fundraising events		-		-		222,456	222,456		
Participation fees		81,695		853,104		-	934,799		
In-kind sponsorships		-		402,926		-	402,926		
Performances and events		389,643		-		-	389,643		
Net investment income credited based on change in beneficial interest in									
assets held by others				-		21,917	21,917		
Other		72,715		<u> </u>		8,181	 80,896		
	\$	544,053	\$	1,256,030	\$	858,670	\$ 2,658,753		

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

_		2023	2022			
Contract revenue, net of allowance Contributions and other revenue sources	\$	56,675 108,090	\$	47,231 -		
	\$	164,765	\$	47,231		

5. In-Kind Sponsorships

The Cavaliers annually receive the in-kind use of musical instruments and other performance equipment, as well as uniforms, under the terms of various sponsorship agreements. For the year ended September 30, 2023, these sponsorships were attributed to the following program service expense classifications:

Equipment Uniforms	\$ 326,537 76,389
	\$ 402,926

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, 2023, have been determined as follows:

Cash and cash equivalents Accounts receivable	\$ 538,554 164,765
	\$ 703,319

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.

7. Concentrations and Commitments

Concentration of Deposits – At September 30, 2023, the Organization had \$155,480 of cash and cash equivalents that were not covered by FDIC insurance.

Concentration of Revenue – Contributions from a single grantor accounted for approximately 12.5% of the Cavaliers' revenue for the year ended September 30, 2023. Changes in the related revenue received could have a significant impact on the Cavaliers operations.

8. Future Changes in Accounting Principles

In June 2016, FASB released ASU 2016-13, Financial Instruments – Credit Losses (Topic 326). The new standard will replace the existing incurred loss model for measuring the allowance for doubtful accounts with a new model that reflects current expected credit losses (CECL) that are expected to occur over the lifetime of the underlying accounts receivable. The CECL methodology which will be applicable to the Cavaliers for its fiscal year ending September 30, 2024, covers financial assets that are measured at amortized cost, including accounts receivable arising from contract revenue sources. The Cavaliers is in the process of evaluating the potential impacts of its adoption but has yet to determine its effect.

Return of Organization Exempt From Income Tax

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

A For the 2022 calendary year, or tax year beginning OCT 1, 2022 and ending SBP 30, 2023 Demployer identification number	Inte	ernal Rever	nue Service	Go to www.irs.gov/F	orm990 fo	r instructions an	d the late:	st info	rmation.		Inspection
B Create Company Com	Α	For the	2022 calend	dar year, or tax year beginning O	CT 1,	2022 an	nd ending	SE	P 30,	2023	
Summary Summ	_	Check if	C Name o		•			_			cation number
Summary Summ	Г	Addres	SS THE	CAVALIERS AP&E INC							
Number and attreet for P.D. box (if mail is not delivered to streat address) Room/suita RA7-696-3164	Ī	Name						\dashv	23-7	74495	78
POST OFFICE BOX 501 8.47-69-3.164 G. Grownerequist 2, 636,836. ROSEMONT, IL 60018 F. Name and address of principal country, and ZIP or foreign postal code ROSEMONT, IL 60018 F. Name and address of principal company of the principal code ROSEMONT, IL 60018 F. Name and address of principal code ROSEMONT, IL 60018 F.	Ī	Initial			ivered to str	eet address)	Room/si	uite F			
City or town, state or province, country, and 2/P or foreign postal code Consenses Control	Ē	Final	DOGE	•		,		-			
ROSEMONT, IL 60018		termin-		town, state or province, country, and	ZIP or fore	ign postal code		G	Gross receip	ots\$	2,636,836.
Same and address of principal officer CHRISTOPHER HARTOWICZ However, with the principal officer characteristics Part Par		Ameno				5		Н	l(a) Is this	a group re	
SAME AS C ABOVE New York SAME AS C ABOVE High reasonation inclusions Ves No. Altanobation Ves No. High reasonation High re			a- F Name a	and address of principal officer: CHR	ISTOP	HER HARTO	WICZ				
WWW - CAVALTERS - ORG		pendir						Н	(b) Are all su	bordinates in	cluded? Yes No
Part Summary Summary	ī	Tax-exe	empt status:	X 501(c)(3) 501(c)()	(insert r	no.) 4947(a)(1) or 🔙 :	527	If "No,"	attach a	list. See instructions
Benefit Summary											
Briefly describe the organization's mission or most significant activities. PROMOTE THE ARTS, PERFORMANCE, AND EDUCATION					sociation	Other	LY	ear of f	ormation: 1	L952 м	State of legal domicile: ${f IL}$
AND EDUCATION 2	F										
B Net unrelated business taxable income from Form 990-T, Part I, line 11	g	1			significant	activities: PRO	MOTE '	THE	ARTS	, PERI	FORMANCE,
Source S	and		AND EDU								
Source S	lern/	2		· ·						1 1	
Source S	é	3			-						
Source S	00	4									
Source S	ties	5									
Source S	į	6									
Second	Ā	l /a									
8 Contributions and grants (Part VIII, line 1h) 868, 937. 606, 116. 9 Program service revenue (Part VIII, line 2g) 1,544, 110. 1,800,083. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 8,181. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 43,156. 76,641. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,456,203. 2,491,021. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 23,650. 12,064. 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 23,650. 12,064. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 284,005. 333,424. 16a Professional fundraising genese (Part IX, column (A), line 11e) 0. 0. 17 Other expenses (Part IX, column (A), line 11e) 0. 0. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,922,126. 2,222,188. 19 Revenue less expenses. Subtract line 18 from line 12 2,267,422. -76,655. 19 Revenue less expenses. Subtract line 18 from line 12 2,229,781. 2,567,676. 20 Total assets (Part X, line 16) 2,242,162. 984,888. 21 Total liabilities (Part X, line 26) 313,257. 131,711. 22 Net assets or fund balances. Subtract line 21 from line 20 928,905. 853,177. 23 Part II Signature Block Signature Block Signature Brown of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Pilin	_	П	Net unrelated	business taxable income from Form	990-1, Par	LI, IINE II	·····				
9			Contributions	and grants (Part VIII line 1h)			-				
1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	e i			:			i i	<u> </u>			
1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	Š	10	_					<u> </u>	1,544,		
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2 , 456 , 203	ä	10							43		
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 23,650 . 12,064 . 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 . 0 . 5 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 284,005 . 333,424 . 16 Professional fundraising fees (Part IX, column (A), line 11e) 0 . 0 . 17 Other expenses (Part IX, column (D), line 25) 155,402 . 17 Other expenses (Part IX, column (A), line 11d, 11f-24e) 1,922,126 . 2,222,188 . 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,229,781 . 2,567,676 . 19 Revenue less expenses. Subtract line 18 from line 12 226,422 . -76,655 . 20 Total assets (Part X, line 16) 1,242,162 . 984,888 . 20 Total lassities (Part X, line 26) 313,257 . 131,711 . 21 Total liabilities (Part X, line 26) 928,905 . 853,177 . Part II Signature Block Signature Block Signature Block Signature Block Signature of officer Date Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Date Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Print/Type preparer's name Print/Type preparer's name Preparer's signature Date Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name Preparer's signature Print/Type preparer's name Pr								<u> </u>			
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Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 284,005. 333,424.							l l				
16a Professional fundraising fees (Part IX, column (A), line 11e) 0	ď	I							284	.005.	333,424.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 20 Total liabilities (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Print/Type preparer's name ROBERT G. WUJEK Preparer Firm's name SELDEN FOX, LTD. Firm's name SELDEN FOX, LTD. Firm's address ONE PARKVIEW PLAZA, SUITE 710 OAKBROOK TERRACE, IL 60181 Phone no. 630 – 954 – 1400	SP	16a					٠,				_
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 20 Total liabilities (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Print/Type preparer's name ROBERT G. WUJEK Preparer Firm's name SELDEN FOX, LTD. Firm's name SELDEN FOX, LTD. Firm's address ONE PARKVIEW PLAZA, SUITE 710 OAKBROOK TERRACE, IL 60181 Phone no. 630 – 954 – 1400	90	b				155,	402.				
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Net assets or fund balances. Subtract line 21 from line 20 25 Net assets or fund balances. Subtract line 21 from line 20 26 Net assets or fund balances. Subtract line 21 from line 20 27 Net assets or fund balances. Subtract line 21 from line 20 28 Net assets or fund balances. Subtract line 21 from line 20 29 Revenue less expenses. Subtract line 12 from line 20 313, 257. 3131, 711. 928, 905. 853, 177. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Paid Primt/Type preparer's name ROBERT G. WUJEK Firm's name SELDEN FOX, LTD. Firm's signature Firm's name SELDEN FOX, LTD. Firm's EIN 36-2985770 Phone no. 630-954-1400	ŭ	17							1,922	,126.	2,222,188.
19 Revenue less expenses. Subtract line 18 from line 12 226,422. -76,655.											
Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 1, 242, 162. 984, 888. 313, 257. 131, 711. 22 Net assets or fund balances. Subtract line 21 from line 20 928, 905. 853, 177. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date											
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Type or print name and title Print/Type preparer's name ROBERT G. WUJEK Preparer Firm's name SELDEN FOX, LTD. Firm's address ONE PARKVIEW PLAZA, SUITE 710 OAKBROOK TERRACE, IL 60181 Phone no.630-954-1400	ō										End of Year
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Type or print name and title Print/Type preparer's name ROBERT G. WUJEK Preparer Firm's name SELDEN FOX, LTD. Firm's address ONE PARKVIEW PLAZA, SUITE 710 OAKBROOK TERRACE, IL 60181 Phone no.630-954-1400	sets	20	Total assets ((Part X, line 16)					1,242	,162.	984,888.
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Type or print name and title Print/Type preparer's name ROBERT G. WUJEK Preparer Firm's name SELDEN FOX, LTD. Firm's address ONE PARKVIEW PLAZA, SUITE 710 OAKBROOK TERRACE, IL 60181 Phone no.630-954-1400	t As	21	Total liabilities	s (Part X, line 26)							
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Type or print name and title Print/Type preparer's name ROBERT G. WUJEK Preparer Firm's name SELDEN FOX, LTD. Firm's EIN 36-2985770 Use Only Firm's address ONE PARKVIEW PLAZA, SUITE 710 OAKBROOK TERRACE, IL 60181 Phone no.630-954-1400					line 20				928	,905.	853,177.
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Type or print name and title Print/Type preparer's name ROBERT G. WUJEK Peparer Firm's name SELDEN FOX, LTD. Firm's EIN 36-2985770 Vse Only Firm's address ONE PARKVIEW PLAZA, SUITE 710 OAKBROOK TERRACE, IL 60181 Poate Date O2/21/2024 Check Sign PTIN FIRM's EIN 36-2985770 Phone no.630-954-1400											
Sign Here Signature of officer Date											knowledge and belief, it is
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Form	m 990 (2022) THE CAVALIERS AP&E INC. 23-744	9578	Page 2
Pa	art III Statement of Program Service Accomplishments		-
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	TO PROVIDE MEMBERS WITH MUSICAL TRAINING AND LIFE CHANGING EDU	CATIO	NAL
	AND SOCIAL EXPERIENCES THROUGH WHICH THEY GAIN REAL-WORLD LIFE		
	MUSICAL TRAINING AND PERFORMANCE EXPERIENCES.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
_	prior Form 990 or 990-EZ?	Vec	X No
	If "Yes," describe these new services on Schedule O.	163	LAT INO
2		Vac	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	res	_2 <u>1</u> NO
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	expenses, a	and
	revenue, if any, for each program service reported.		000
4a		<u>.,800,</u>	<u>083.</u>)
	YOUTH MUSICAL ACTIVITIES, PERFORMANCE TOURS, AND COMPETITIONS.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$		1
40	(Code:) (Expenses \$) (Revenue \$) (Revenue \$)		,
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 2,034,141.		
		Form 9	90 (2022)

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	X	
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			,
	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 during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	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, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		Х	
	Part VI	11a	Λ	<u> </u>
р	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		
C	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	110		
-	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		X
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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	טדו		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		37	
	complete Schedule G, Part III	19	Х	v
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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		x
	domestic government on Fart IX, Column (A), line 1: ii 103, Complete ochedule I, I arts I and II	_ <u></u>		_ ^^

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		1.55	1
	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			.,
04-	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			.,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
D	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			
		25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	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		Х
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 "Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	200		
	"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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
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			x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		_ A
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	55		
	Part V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			_ v
07	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 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?	- 57		
•		38	х	
Pai	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	_		
b		4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4.	Х	
	(gambling) winnings to prize winners?	1c	_ 41	i

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 16						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	Х				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b					
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?							
b	b If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?							
b								
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the							
	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	ions or gifts						
	were not tax deductible?		6b					
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X			
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	•						
	to file Form 8282?		7с		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control		7 f 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	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
_	sponsoring organization have excess business holdings at any time during the year?							
	9 Sponsoring organizations maintaining donor advised funds.							
_	a Did the sponsoring organization make any taxable distributions under section 4966?							
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:		9b					
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:	100						
	Gross income from members or shareholders	11a						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	110						
	amounts due or received from them.)	11b						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?		13a					
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans	13b						
С	Enter the amount of reserves on hand	13c						
14a			14a		X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b					
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 investment	t income?	16		Х			
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17					
	If "Yes," complete Form 6069.							

232005 12-13-22

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			X
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 1a 21			
	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 21			
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		Х
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		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	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	Х	
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
Sec	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?			
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website 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, are	nd fina	ncial	
	statements available to the public during the tax year.			
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			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization (A)	(B)	Γ		((C)			(D)	(E)	(F)
Name and title	Average	(-1-		Pos	ition			Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer an	d a d	irecto	r/trus	tee)	from	from related	other
	(list any	director						the	organizations (W-2/1099-MISC/	compensation from the
	hours for related	5	stee			sated		organization (W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	,	and related
	below	Individual trustee	Institutional trustee	Je.	Key employee	Highest compensated employee	ner			organizations
	line)	ibul	Inst	Officer	Key	High	Former			
(1) MONTE MAST	40.00	4		,,					0	0
EXECUTIVE DIRECTOR	9 00		_	Х					0.	0.
(2) ADOLPH DEGRAUWE	8.00	Į.,		7.7					0	0
CHAIRMAN (2) PALE WORNING	9 00	Х		Х				0.	0.	0.
(3) DALE YOUNG	8.00	X		х					0.	0
PRESIDENT	8.00	^		^				0.	0.	0.
(4) BARBARA BOLENDER VICE PRESIDENT	0.00	X		х				0.	0.	0.
(5) PAUL RIGBY	8.00	<u> </u>		Δ				0.	· ·	•
TREASURER	0.00	X		х				0.	0.	0.
(6) THOR SCHUMACHER	8.00	122						•	0.	0.
SECRETARY	0.00	x		x				0.	0.	0.
(7) DAN BRUNK	8.00	 						•		
CAA BOARD PRESIDENT		x		x				0.	0.	0.
(8) ROBERT BAKER-HARGROVE JR	2.00									
DIRECTOR		Х						0.	0.	0.
(9) BRANDON BARROMETTI	2.00									
DIRECTOR		X						0.	0.	0.
(10) BRENDA BRAK	2.00									
DIRECTOR		Х						0.	0.	0.
(11) JEFF GILL	2.00									
DIRECTOR		Х						0.	0.	0.
(12) CHRIS HARTOWICZ	2.00	ļ								
DIRECTOR		Х						0.	0.	0.
(13) ELLEN HUXTABLE	2.00	ļ								
DIRECTOR	0.00	Х						0.	0.	0.
(14) GRAEME MASON	2.00	١,,							0	•
DIRECTOR	2 00	Х						0.	0.	0.
(15) SCOTT MCCORMICK	2.00	₩.							0	^
DIRECTOR	2.00	Х	\vdash	\vdash	_			0.	0.	0.
(16) ALAN G. MICCO	4.00	X						0.	0.	0.
DIRECTOR (17) MATT O'BRIEN	2.00	┢	\vdash			-		0.	0.	<u> </u>
DIRECTOR	2.00	X						0.	0.	0.
DIRECTOR		22		L	<u> </u>				0.	OOO (2000

232007 12-13-22

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

(A) Name and title	(B) Average	(C) Position (do not check more than one				one	(D) Reportable	(E) Reportable		Est	d		
	hours per	box	, unle	ss pe	erson	is bot	th an	'	compensation				of
	week		CCI ai	lu a u	in ect	Jiraus	1	from	from related			other	
	(list any hours for	or director						the	organizations	.,		oensa om the	
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC 1099-NEC)			anizati	
	organizations	ruste	ll trus		ee	mpen		1099-NEC)	1000 (100)		•	l relate	
	below	Individual trustee	Institutional trustee	<u></u>	Key employee	Highest compensated employee	. Le	13351125/				nizatio	
	line)	Indiv	Instit	Officer	Key e	High empl	Former						
(18) FERNANDO PULLUM	2.00												
DIRECTOR	0.00	Х				_	┡	0.		0.			0.
(19) MARTY SCHLENKER	2.00	x						0.		0.			0.
C20) MATT SELTZER	2.00	^			<u> </u>	\vdash	┢	0.		'			0.
DIRECTOR	2.00	Х						0.		0.			0.
(21) RIC TALBUT	2.00					\vdash	H			7	-		
DIRECTOR		х						0.	(0.			0.
(22) GEOFF THORSBY	2.00									寸			
DIRECTOR		Х						0.		0.			0.
					<u> </u>					\dashv			
		-											
					\vdash	\vdash	╁			\dashv			
		ł											
							H			\dashv			
		1											
1b Subtotal										0.			0.
c Total from continuation sheets to Part V	II, Section A							0.		0.			0.
d Total (add lines 1b and 1c)										0.			0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bov	e) wl	ho r	eceived more than \$100	0,000 of reportable				0
compensation from the organization											—т	Yes	No
3 Did the organization list any former officer,	director trust	ا مم	COV C	amn	love	- A	r hic	nhest compensated emr	Novee on	П		163	140
line 1a? If "Yes," complete Schedule J for s											3		Х
4 For any individual listed on line 1a, is the su										¨			
and related organizations greater than \$150										[4		Х
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	any	/ uni	relat	ted organization or indiv	idual for services				
rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch	pers	son				<u>L</u>	5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	•	•								ensa	ition fr	rom	
the organization. Report compensation for	tne calendar y	ear	enai	ng v	vith	or w	/ithii		year.	—		`	
(A) Name and business	address	NO	ІИС	3				(B) Description of s	services	Cc	(C ompen		า
							\dashv			—			
							\exists						
2 Total number of independent contractors (i	ncluding but n	ot li	mite	d to		_	stec	d above) who received m	nore than				
\$100,000 of compensation from the organi	zation					0							
										F	Form 9	390 (2	2022)

Pa	I L V	Ш							
			Check if Schedule O conta	ins a response	or note to any lir	ne in this Part VIII (A)	(B)	(C)	(D)
						Total revenue	Related or exempt		Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
(O (O				1.1					Sections 512 - 514
n ii			Federated campaigns						
G G			Membership dues						
ts,		С	Fundraising events						
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations		220 000				
ns,			Government grants (contribution	· 	330,000.				
er		f	All other contributions, gifts, grants		000 110				
호된			similar amounts not included above	e 1f	276,116.				
ant opt		g	Noncash contributions included in lines 1	la-1f 1g \$					
<u>a</u> 0		h	Total. Add lines 1a-1f			606,116.			
					Business Code				
Ge	2		PARTICIPATION F	EES	711130	934,799.			
ë Zi		b	SPONSORSHIPS		711130	402,926.	402,926.		
S c		С	PERFORMANCES & 1	EVENTS	711130	389,643.	389,643.		
ran ev		d							
Program Service Revenue		е							
<u> </u>		f	All other program service rever	nue	711130	72,715.	72,715.		
		g	Total. Add lines 2a-2f			1,800,083.			
	3		Investment income (including of	dividends, intere	est, and				
			other similar amounts)			8,181.			8,181.
	4		Income from investment of tax-	exempt bond p	roceeds				
	5		Royalties						
				(i) Real	(ii) Personal				
	6	а	Gross rents6a						
		b	Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
		d	Net rental income or (loss)						
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory 7a						
		b	Less: cost or other basis						
an			and sales expenses 7b						
Revenue		С	Gain or (loss) 7c						
		d	Net gain or (loss)	· · · · · · · · · · · · · · · · · · ·					
her	8	а	Gross income from fundraising eve	ents (not					
₹			including \$	of					
			contributions reported on line	-					
			Part IV, line 18		114,461.				
		b	Less: direct expenses	8b	107,554.				
			Net income or (loss) from fundr	_		6,907.			6,907.
	9	а	Gross income from gaming act		105 00-				
			Part IV, line 19		107,995.				
			Less: direct expenses		38,261.	60 704			60 504
		С	Net income or (loss) from gamin	ng activities	······	69,734.			69,734.
	10	а	Gross sales of inventory, less r						
			and allowances		 				
		b	Less: cost of goods sold	10b					
		С	Net income or (loss) from sales	of inventory					
જુ					Business Code				
ne eor	11	а							
Miscellaneous Revenue		b							
Se Se		С							
Ξ			All other revenue						
		е	Total. Add lines 11a-11d			0 401 001	1 000 000		0.4.000
	12		Total revenue. See instructions			2,491,021.	μ,800,083.	0.	84,822.

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).

3601	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon			. ,	X
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	12,064.	12,064.		
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,	TO 000		TO 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)	220 150	26 550	110 600	00 000
7	Other salaries and wages	228,150.	26,550.	119,600.	82,000.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	0 657		0 657	
9	Other employee benefits	9,657.	2 107	9,657.	6 420
10	Payroll taxes	23,617.	2,197.	14,981.	6,439.
11	Fees for services (nonemployees):				
a	Management	2 224		2 224	
b	Legal	3,324. 10,000.		3,324.	
С.	Accounting	10,000.		10,000.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	577,549.	577,549.		
40	column (A), amount, list line 11g expenses on Sch O.)	58,539.	2,634.		55,905.
12	Advertising and promotion	19,429.	1,729.	12,808.	4,892.
13	Office expenses	17,427.	1,720	12,000.	4,052.
14 15	Information technology				
16	Royalties				
17	Occupancy	718,331.	715,129.		3,202.
18	Payments of travel or entertainment expenses	720,0020	, 10 , 110 ,		3,2021
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20		8,547.		8,547.	
21	Payments to affiliates	-,		2,22.4	
22	Depreciation, depletion, and amortization	41,886.	41,886.	+	
23	Insurance	70,790.	,	70,790.	
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 0.)				
а	EQUIPMENT & SUPPLIES	404,861.	404,540.	321.	
b	UNIFORMS	102,576.	102,576.		
c	EVENT FEES	87,241.	87,241.		
d	BANK & CREDIT CARD FEES	40,092.	-	40,092.	
	All other expenses	79,023.	60,046.	16,013.	2,964.
25	Total functional expenses. Add lines 1 through 24e	2,567,676.	2,034,141.	378,133.	155,402.
26	Joint costs. Complete this line only if the organization	-	-		<u> </u>
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	n 12-13-22			<u> </u>	Form 990 (2022)

Pa	πx	Balance Sheet					
		Check if Schedule O contains a response or	note to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			893,051.	1	363,554
	2	Savings and temporary cash investments			2	175,000	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			47,231.	4	164,765
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, su	ubstantial co	ntributor, or 35%			
		controlled entity or family member of any of	these persor	ns		5	
	6	Loans and other receivables from other disq	ualified pers	ons (as defined			
		under section 4958(f)(1)), and persons descr	ibed in secti	on 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			19,908.	9	23,704
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	377,327.			
	b	Less: accumulated depreciation	10b	291,393.	117,728.	10c	85,934
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin			12		
	13	Investments - program-related. See Part IV, li	ne 11			13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			164,244.	15	171,931
	16	Total assets. Add lines 1 through 15 (must e			1,242,162.	16	984,888
	17	Accounts payable and accrued expenses		83,757.	17	82,211	
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or t					
Liabilities		trustee, key employee, creator or founder, su					
<u>.</u>		controlled entity or family member of any of		_		22	
	23	Secured mortgages and notes payable to un			229,500.	23	40 E00
	24	Unsecured notes and loans payable to unrel			229,300.	24	49,500
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-24).	Complete Part X			
	000	of Schedule D		·····	313,257.	25	131,711
	26	Total liabilities. Add lines 17 through 25		X	313,237•	26	131,711
es		Organizations that follow FASB ASC 958,	cneck nere	A			
Š	0.7	and complete lines 27, 28, 32, and 33.			928,905.	27	853,177
<u> </u>	27	Net assets with depart restrictions			720,703.	28	033,177
<u></u>	28	Net assets with donor restrictions Organizations that do not follow FASB AS		20			
Ξ			C 936, Cliec	Killere			
ō	20	and complete lines 29 through 33.	nde			29	
ets	29	Capital stock or trust principal, or current fur Paid-in or capital surplus, or land, building, o				30	
Ass	30	Retained earnings, endowment, accumulate				31	
Net Assets or Fund Balances	32				928,905.	32	853,177
Z	33	Total net assets or fund balances Total liabilities and net assets/fund balances			1,242,162.	33	984,888

Pa	Tt 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)		2,49			
2	Total expenses (must equal Part IX, column (A), line 25)	2 2	2,56			
3	Revenue less expenses. Subtract line 2 from line 1	3			55.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			05.	
5	Net unrealized gains (losses) on investments	5	2	1,9	17.	
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	-2	0,9	90.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	85	<u>3,1</u>	<u>.77.</u>	
Pa	rt XIII 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	∍ O.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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	e basis,				
	consolidated basis, or both:					
	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,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b			
			Form	990	(2022)	

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

Name of the organization

THE CAVALIERS AP&E INC.

Employer identification number

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. 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 the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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)							
6	Public support. Subtract line 5 from line 4.							
Sec	ction B. Total Support					_		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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.)							
	Total support. Add lines 7 through 10							
12	Gross receipts from related activities,	etc. (see instructi	ons)			12		
13	First 5 years. If the Form 990 is for the	· ·		•	•	. , . ,		
	organization, check this box and stor	here					<u></u> _	
	ction C. Computation of Publ			. (2)		T T		
	Public support percentage for 2022 (14	%	
	Public support percentage from 2021							
168	33 1/3% support test - 2022. If the contains the contains the contains the contains the contains and the contains the contains and the contains the							
	stop here. The organization qualifies							
L	33 1/3% support test - 2021. If the condition have							
17.	and stop here. The organization qual							
17a	7a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization							
	•					-		
L	meets the facts-and-circumstances to	-		• • •	•	17a, and line 15 is		
i.	10% -facts-and-circumstances tes						1070 UI	
	more, and if the organization meets the							
12	organization meets the facts-and-circle Private foundation. If the organization		-	=				
10	i i i vate i ouridation. Il the organizatio	n ala noi oneck a	DON OIT III IC TO, TO	oa, 100, 17a, 01 17	D, OHECK HIS DUX		(Form 990) 2022	
						SS/ISGGIS A	,. J JJU/ LULL	

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.)

Sec	ction A. Public Support	ciow, picase comp	note i art ii.j						
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
	Gifts, grants, contributions, and	` ,	`,	` ,	, ,	, ,	.,		
	membership fees received. (Do not								
	include any "unusual grants.")	528,579.	547,458.	1,080,108.	868,937.	606,116.	3,631,198.		
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	1,202,740.					5,479,845.		
2		1,202,740.	201,343.	003,307.	1,544,110.	1,000,003.	3,473,043.		
3	Gross receipts from activities that are not an unrelated trade or bus-	19,773.		71,100.	90 142	222,456.	202 /71		
	iness under section 513	19,113.		/1,100.	00,142.	222,430.	333,411.		
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								
J	furnished by a governmental unit to the organization without charge						_		
6	Total. Add lines 1 through 5	1,751,092.	814,803.	1,816,775.	2,493,189.	2,628,655.	9,504,514.		
78	Amounts included on lines 1, 2, and 3 received from disqualified persons	17,500.	7,200.	17,750.	18,800.	8,000.	69,250.		
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the								
	amount on line 13 for the year					241,103.			
C	Add lines 7a and 7b	17,500.	7,200.	17,750.	251,537.	249,103.	-		
	Public support. (Subtract line 7c from line 6.)						8,961,424.		
Se	ction B. Total Support								
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties,	1,751,092.	814,803.	1,816,775.	2,493,189.	2,628,655. 8,181.	9,504,514.		
	and income from similar sources					0,101.	8,181.		
r	o Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
						8,181.	8,181.		
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on					0,101.	0,101.		
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.)	1,751,092.	814,803.	1,816,775.	2,493,189.	2,636,836.	9,512,695.		
14	First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizat	on,		
	check this box and stop here								
Se	ction C. Computation of Publ	ic Support Pe	rcentage						
15	15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 94.20 %								
16	16 Public support percentage from 2021 Schedule A, Part III, line 15								
Se	ction D. Computation of Inves	stment Incom	e Percentage						
17									
18	8 Investment income percentage from 2021 Schedule A, Part III, line 17 18 %								
	a 33 1/3% support tests - 2022. If the					3 1/3%, and line 1			
	more than 33 1/3%, check this box ar						X		
k	33 1/3% support tests - 2021. If the	organization did n	ot check a box on	line 14 or line 19a	ı, and line 16 is mo	re than 33 1/3%,			
20	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	0		
	9a		
	9b		
	9c		
	23		
	10a		
lula	10b	n 000	

Par	t IV Supporting Organizations (continued)			
			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 of	or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officer	s,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	bd		
	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	4		
	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 Part VI the role the organization's			
	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction)	ons).		
a	The organization satisfied the Activities Test. Complete line 2 below.	,.		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (s	ee instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.			
	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			

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

Sche	edule A (Form 990) 2022 THE CAVALIERS AP&E INC			23-7449578 Page 6
Pa		ng Orgar	nizations	J
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete	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 Part VI):			
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		

___ 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) 2022

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

3 4

5

6

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
e	From 2021			
f	Total of lines 3a through 3e			
<u>g</u>	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i_	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

Part VI	Supplemental Information Describe the evaluations required by Dark II Box 10, Dark II Box 17s, and III Box 10.
T unt 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

Pai	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		Similar Funds	or Accounts. Complete if the
	organization answered Tes Off Offices, Fartiv, in	(a) Donor advise	d 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	writing that the assets he	eld in donor advise	d funds
	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 a	ny other purpose co	onferring
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Ye	s" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply)		
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a	historically important land area
	Protection of natural habitat		Preservation of a	certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contrib	ution in the form of	
	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	•		
	historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, re	leased, extinguished, or	terminated by the o	organization during the tax
	year			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the per			
	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, a	nd enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and or	oforcina consonuatio	on agramants during the year
′	Amount of expenses incurred in monitoring, inspecting, name	alling of violations, and el	norchig conservation	on easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requiremer	its of section 170(h	ı)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservati			
	balance sheet, and include, if applicable, the text of the footr	note to the organization's	s financial statemer	nts that describes the
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections o	•	easures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its rev	enue statement an	d balance sheet works
	of art, historical treasures, or other similar assets held for pul	olic exhibition, education	, or research in furt	therance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that de	scribes these items	s.
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenu	e statement and ba	alance sheet works of
	art, historical treasures, or other similar assets held for public	e exhibition, education, o	r research in furthe	erance of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical tre	asures, or other similar a	ssets for financial (gain, provide
	the following amounts required to be reported under FASB $\mbox{\it A}$			
а	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			

232051 09-01-22

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

Schedule D (Form 990) 2022

		ALIERS AP&				OH		44957		Page 2
Pai	t III Organizations Maintaining C		-						nued)	
3	Using the organization's acquisition, access	ion, and other record	ds, check a	ny of the	following that	make sig	nificant use of	its		
	collection items (check all that apply):									
а	Public exhibition	d			nange progra					
b	Scholarly research	е	· L Ot	her						
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	n how they	/ further tl	ne organizatio	n's exem	ot purpose in F	Part XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, histo	orical trea	sures, or othe	r similar a	ssets			_
	to be sold to raise funds rather than to be m							Yes		_ No
Pai	t IV Escrow and Custodial Arran	igements. Comple	ete if the o	rganizatio	n answered "	Yes" on F	orm 990, Part I	V, line 9, o	r	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	lian or other intermed	diary for co	ntribution	s or other ass	sets not in	cluded			_
	on Form 990, Part X?						L	Yes		∐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing tab	ole:						
								Amour	nt	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for esc	crow or cu	ıstodial accou	unt liability	?[Yes		No
b	If "Yes," explain the arrangement in Part XIII	. Check here if the ex	xplanation	has been	provided on l	Part XIII .			. L	
Pai	t V Endowment Funds. Complete	if the organization an	swered "Y	es" on Fo						
		(a) Current year	(b) Prio	r year	(c) Two years	s back (d	Three years bad	ck (e) Fou	r years	back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	•	e (line 1g,	column (a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
За	Are there endowment funds not in the posse	ession of the organization	ation that a	are held a	nd administer	ed for the				
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization									
4	Describe in Part XIII the intended uses of the									
Pai	rt VI Land, Buildings, and Equipn									
	Complete if the organization answere	ed "Yes" on Form 990	D, Part IV, I	ine 11a. S	ee Form 990	, Part X, lir	ne 10.			
	Description of property	(a) Cost or o basis (investr	ther	(b) Cost basis	or other	(c) Acc	umulated eciation	(d) Boo	k valu	ie
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment			37	7,327.	29	1,393.	8	5,9	34.

Schedule D (Form 990) 2022

e Other

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

85,934.

(B) (C) (D) (E) (F) (G)

Schedule D (Form 990) 2022 THE CAVALIE	RS AP&E INC.	23-7449578 _{Page} 3
Part VII Investments - Other Securities.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(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)		

(H) Total. (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)		
otal (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN FUNDS HELD BY OTHERS	171,931.
(2)	
(3)	
<u>(4)</u>	
(5)	
(6)	
<u>(7)</u>	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	171,931.

Other Liabilities. Part X

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2022

Sche	edule D (Form 990) 2022 THE CAVALIERS AP&E INC.			23-	7449578 Page 4
	rt XI Reconciliation of Revenue per Audited Financial Stater	nents With	Revenue per F		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			0 (50 550
1	Total revenue, gains, and other support per audited financial statements			1	2,658,753
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		01 01 0		
а	Net unrealized gains (losses) on investments		21,917	<u>-</u>	
b					
С	Recoveries of prior year grants		145 015		
d	, , , , , , , , , , , , , , , , , , , ,	2d	145,815	<u>-</u>	165 530
е	Add lines 2a through 2d			2e	167,732
3	Subtract line 2e from line 1			3	2,491,021
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0,
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,491,021
Pa	rt XII Reconciliation of Expenses per Audited Financial State		h Expenses pe	r Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				
1	Total expenses and losses per audited financial statements			1	2,734,481
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	166,805	•	
е	Add lines 2a through 2d			2e	166,805
3	Subtract line 2e from line 1			3	2,567,676
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 4a and 4b			4c	0 .
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,567,676
Pa	rt XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	•		4; Part	X, line 2; Part XI,
PA	RT X, LINE 2:				
TH	E CAVALIERS FOLLOWS GENERALLY ACCEPTED AC	COUNTIN	G PRINCIPI	LES 1	FOR THE
RE	PORTING OF UNCERTAIN TAX POSITIONS AND HA	S DETER	RMINED IT	IS NO	OT REQUIRED
то	RECORD A LIABILITY FOR ANY SUCH POSITION	ıs.			
PA	RT XI, LINE 2D - OTHER ADJUSTMENTS:				
DI	RECT EXPENSES ASSOCIATED WITH FUNDRAISING	AND GA	MING		
AC'	PIVITIES				145,815
—— Р а 1	RT XII, LINE 2D - OTHER ADJUSTMENTS:				

DIRECT EXPENSES ASSOCIATED WITH FUNDRAISING AND GAMING

145,815. ACTIVITIES

SCHEDULE G (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

THE CAV	ALIERS AP&E INC.				23-7449	578
Part I Fundraising Activities. required to complete this part	Complete if the organization answert.	ered "Y	'es" oı	n Form 990, Part IV, I	line 17. Form 990-E2	Z filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Pab If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the 	ed funds through any of the following Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with priduals or entities (fundraisers) pursuits	tion of tion of fundra I (include profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, trus fundraising services?	stees, or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						
3 List all states in which the organizatio or licensing.				s or has been notified	d it is exempt from re	egistration

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

Schedule G (Form 990) 2022

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

		of fundraising event contributions and gro				ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			75TH ANNIV.		NONE	(add col. (a) through
			GALA			col. (c))
a)			(event type)	(event type)	(total number)	coi. (c))
Revenue						
eve	1	Gross receipts	114,461.			114,461.
Ω						
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	114,461.			114,461.
		,				
	4	Cash prizes				
	5	Noncash prizes				
ses						
ens	6	Rent/facility costs	27,360.			27,360.
Direct Expenses						
ect	7	Food and beverages	47,051.			47,051.
ä						
	8	Entertainment				
	9	Other direct expenses	33,143.			33,143.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			107,554.
		Net income summary. Subtract line 10 from li				6,907.
Pa	rt I		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1	· · · · · ·		
ē			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Ģ			.,,	bingo/progressive bingo		col. (a) through col. (c))
Revenue					100 000	100 000
	1	Gross revenue			107,995.	107,995.
ses	2	Cash prizes				
Direct Expenses		Name and a single			27,459.	27,459.
Ä	3	Noncash prizes			27,433.	21,433.
ect	,	Pont/facility costs				
Ë	4	Rent/facility costs				
	_	Other direct expenses			10,802.	10,802.
	_	Other direct expenses	Yes %	Yes %	Yes %	10,0021
	6	Volunteer labor		No No	X No	
	Ĭ	Volumed labor			110	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			38,261.
						<u>, </u>
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			69,734.
		<u> </u>	, , , , , , , , , , , , , , , , , , , ,			-
9	Ent	ter the state(s) in which the organization condu	ıcts gaming activities: I	L		
а	ls t	the organization licensed to conduct gaming a	ctivities in each of these	states?		X Yes No
b	If "	No," explain:				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	year?	Yes X No
b	If "	Yes," explain:				

232082 10-27-22 Schedule G (Form 990) 2022

Sch	nedule G (Form 990) 2022 THE CAVALIERS AP&E INC. 23-	7449578	3 Page 3
11	Does the organization conduct gaming activities with nonmembers?	X Yes	No 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
	Indicate the percentage of gaming activity conducted in:	l 1100	
	a The organization's facility		0.00 %
	b An outside facility	13b	90
•	Enter the name and address of the person who prepares the organization a gaming openial 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
ı	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
ı	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Б	organization's own exempt activities during the tax year \$		01 401
F	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part I, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, lines 9	, 96, 106,
	130, 130, 10, and 170, as applicable. Also provide any additional information. See instructions.		

Schedule G	i (Form 990)	THE CAVALIERS	AP&E INC.	23-7449578 Page 4
Part IV	(Form 990) Supplemental Info	rmation (continued)		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

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.

Open to Public Inspection

Employer identification number

THE CAVAL	IERS AP&E	INC.					23-7449578
Part I General Information on Grants ar	nd Assistance						
 Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's pro- 	tance? cedures for monit	oring the use of gran	t funds in the Unite	d States.			X Yes No
Part II Grants and Other Assistance to I recipient that received more than \$					anization answered "	Yes" on Form 990, Part	t IV, line 21, for any
1 (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
2 Enter total number of section 501(c)(3) ar 3 Enter total number of other organizations		1 table					

(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	12	12,064.	0.		
Part IV Supplemental Information. Provide the information re	quired in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.	
PART I, LINE 2:					
EVERY SUMMER SCHOLARSHIPS ARE AWA	RDED TO D	ESERVING M	EMBERS TO	HELP OFFSET	
THE COST OF THEIR PARTICIPATION F	EES.				

SCHEDULE 0 (Form 990)

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

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

THE CAVALIERS AP&E INC.	23 – 7449578
FORM 990, PART VI, SECTION B, LINE 11B:	
AFTER FORM 990 IS PREPARED BY THE INDEPENDENT AUDITOR, IT	IS DELIVERED TO
THE TREASURER FOR REVIEW AND EVENTUAL SUBMISSION TO THE O	RGANIZATION'S
GOVERNING BODY.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE CAVALIERS MAKES ANY REQUIRED DOCUMENTS AVAILABLE TO T	HE PUBLIC UPON
REQUEST AT THEIR CORPORATE OFFICE.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONTRACTED INSTRUCTORS:	_
PROGRAM SERVICE EXPENSES	477,699.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	477,699.
OTHER CONTRACTUAL:	
PROGRAM SERVICE EXPENSES	99,850.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	99,850.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	577,549.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
PROVISION FOR BAD DEBTS	-20,990.

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization THE CAVALIERS AP&E INC.	Employer identification number 23-7449578
FORM 990, PART XII, LINE 2C:	
THE CAVALIERS BOARD OF DIRECTORS IS RESPONSIBLE FOR THE C	OVERSIGHT OF
THE AUDIT AND THE SELECTION OF THE INDEPENDENT AUDITORS.	THIS PROCESS
HAS NOT CHANGED FROM PRIOR YEARS.	

Forms included in Electronic Filing

Form 990/990-EZ/990-PF	Form 990-T
EXPORTED ON 02/20/2024 14:45:19	
FORM 990	

215551 03-06-23

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. ROSEMONT, IL 60018 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 Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 08 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, IL 60018 Telephone No. ► 224-567-8171 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this 」. 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. AUGUST 15, 2024 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ___ calendar year ► X tax year beginning OCT 1, 2022 , and ending SEP 30, 2023 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return ☐ Change in accounting period. 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b 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

223841 04-01-22

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

I HA

Form 8868 (Rev. 1-2022)

Product: Exempt Extension

Name: THE CAVALIERS AP&E INC.

FEIN: *****9578

Fiscal Year Begin Date: 10/1/2022

IRS Message:

Category:

Plan Number:

Fiscal Year End Date: 9/30/2023

IRS Center: Ogden

e-Postmark: 02/06/2024 9:19:27

Notification:

eSigned:

Return History								
Date		Return ID	Type of Act	iivity	Submission ID	Refund/(Due)	Updated By	eSign Date
02/05/20	024	22X:07120- 01:V1	Upload Star	ted				
02/05/2024 22X:07120- 01:V1 Ready to Release by Customer								
02/06/20	024	22X:07120- 01:V1	Released for Transmission - Validation in Progress				460- anderson	
-		Ready to tra	ansmit - Validation					
02/06/20	024	22X:07120- 01:V1	Transmitted	to FD	36321020240370330e13			
02/06/20	024	22X:07120- 01:V1	Accepted by	/ FD on 2/6/2024				
ID S	Statu	s Date	Status	State/Other	State Category	FBAR	FBAR BSA I	n