Forms 990 / 990-EZ Return Summary

For calendar year 2023, or tax year beginning 10/01/23, and ending 12/31/23

Cavalla Historical Foundation 76-0617618

DauerDan	a			
Net Asset / Fund Balance at Begin	ning of Year			5,536,748
Revenue				
Contributions		3,007		
Program service revenue		120,046		
Investment income		5,214		
Capital gain / loss		66		
Fundraising / Gaming:				
Cross rovenus				
Direct expenses				
Net income				
Other income		-6,584		
Total revenue		0/301	121,749	
Expenses			121//15	
Program services		156,681		
Management and general		7,293		
Fundraising		7 7 2 3 3		
•			163,974	
Total expenses			103,771	-42,225
Excess / (deficit)				-42,225
Changes				
Changes			_	
Not Accet / Fund B	alance at End of Year	opy		5,494,523
Net Asset / Fullu B	alalice at Eliu of Teal	_	_	3/171/323
Reconciliation of R Total revenue per financial statements		Total expenses p	Reconciliation of Export financial statements	penses
Less:		Less. Donated ser	vioos	
Unrealized gains Donated services				
		Prior year ad Losses	ajustments	
Recoveries Other		Other		
Plus:		Plus:		
		Investment	yponeoe	
Investment expenses Other		Other	глрепаеа 	
Total revenue per return	121,749		penses per return	163,974
rotal revenue per return	121/119	TOTAL EX	penses per return	
		Balance Sheet		
	Beginning	Ending	Differences	
Assets	5,740,264	5,688,585		
Liabilities	203,516	194,062		
Net assets	5,536,748	5,494,523		<u>5</u>
	Missallanss	Information		
	Miscellaneous Amended return	miormation		
	Return / extended due dat	$05/15/2\overline{4}$		
		.c <u>UJ/1J/27</u>		
	Failure to file penalty			

Filing Instructions

Cavalla Historical Foundation Bauerband

Exempt Organization Tax Return

Taxable Year Ended December 31, 2023

Date Due: AS SOON AS POSSIBLE

Remittance: None is required. Your Form 990 for the tax year ended 12/31/23 shows no

balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return

electronically. Form 8879-TE, IRS e-file Signature Authorization for an Exempt

Organization should be signed and dated by an authorized officer of the

organization and returned to:

DRDA, PLLC

1120 Bay Area Blvd. Houston, TX 77058

Important: Your return will not be filed with the IRS until the signed Form

8879-TE has been received by this office.

Other: Your return is being filed electronically with the IRS and is not required to be

mailed. If you Mail a paper copy of your return to the IRS it will delay the

processing of your return.

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

10/01 , 2023, and ending 12/31, 20 23

2023

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of filer

For calendar year 2023, or fiscal year beginning Do not send to the IRS. Keep for your records.

Cavalla Historical Foundation

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

FIN or SSN

Bauerband 76-0617618 Name and title of officer or person subject to tax Stephen Bauerband Treasurer/Director Type of Return and Return Information 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. 121,749 1a Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ______1b 2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) 2b 3a Form 1120-POL check here **b Tax based on investment income** (Form 990-PF, Part V, line 5) 4a Form 990-PF check here 5a Form 8868 check here b Balance due (Form 8868, line 3c) 5b 6a Form 990-T check here **b Total tax** (Form 990-T, Part III, line 4) 6b 7a Form 4720 check here 8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D) 8b 9a Form 5330 check here 10a Form 8038-CP check here Amount of credit payment requested (Form 8038-CP, Part III, line 22) ... 10b Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am a person subject to tax with respect to (name I am an officer of the above entity or of entity) (EIN) and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the lest of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the anount 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 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 DRDA, I authorize _ to enter my PIN as my signature ERO firm name Enter five numbers, but do not enter all zeros on the tax year 2023 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.

Certification and Authentication

Signature of officer or person subject to tax

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

76034302000

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 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.

of the IRS Fed/State program, I will 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 2023 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

Laurian J. Tollett, CPA ERO's signature

07/25/24

ERO Must Retain This Form — See Instructions

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

1°CHANGE 4.0°C ACCOUNTING PERIOD

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2023

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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Done purpose Robert Wakefield	В	Check if a	applicable:	C Name of organizat	ion C	avalla H	istorical	L Foundation	on		DI	Employer	identificat	ion number		
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Interview Private Pr	$\overline{}$						foreign postal code	1			+	13-	110-0	1637		
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Application pinding Brian Abuge Majo bit his appropriation for subcontineary Ves. Not Not plant and subcontineary Ves. Not Not plant and subcontineary Ves. Not Not plant N	П	Amended	return			officer:	TX //551	_		Т	G	Gross reco	eipts \$		3,/34	
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Part Summary				33.(3)(3)	$\overline{}$, , , ,		4947(a)(1) or	527	4						
Third Summary Summary Summary See Schedule O O O O O O O O O	<u>J</u>			T-					<u> </u>							
1 Briefly describe the organization's mission or most significant activities:					Trust	Association	Other		L Y	ear of formation:	T99	9	M State of	f legal domic	ile: TX	
See Schedule O																
2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3		1	-	-		nission or most	significant act	tivities:								
3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2023 (Part VI, line 1b) 5 Total number of volunteers (estimate if necessary) 7a Total number of volunteers (estimate if necessary) 8 Contributions and grants (Part VIII, Inle 1b) 9 Program service revenue (Part VIII, Inle 1b) 9 Program service revenue (Part VIII, Inle 1b) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 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 Program service revenue (Part IX, column (A), lines 4) 16 Program service revenue (Part IX, column (A), lines 4) 17 Other expenses (Part IX, column (A), lines 14) 18 Total successional fundraising fees (Part IX, column (A), line 14e) 19 Tother expenses (Part IX, column (A), line 14e) 19 Tother expenses (Part IX, column (A), line 14e) 10 Tother expenses (Part IX, column (A), line 15e) 10 Tother expenses (Part IX, column (A), line 15e) 10 Tother expenses (Part IX, column (A), line 15e) 10 Tother expenses (Part IX, column (A), line 15e) 10 Tother expenses (Part IX, column (A), line 15e) 10 Tother expenses (Part IX, column (A), line 15e) 10 Tother expenses (Part IX, column (A), line 15e) 11 Tother expenses (Part IX, column (A), line 15e) 12 Note (Part IX, column (A), line 15e) 13 Total success (Part IX, column (A), line 15e) 14 Density (Part IX,	ce		see	schedule C												
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19 Revenue less expenses. Subtract line 18 from line 12 -35,950 -42,225		18 7	Total exp	enses. Add lines	13–17 (m	ust equal Part I	IX, column (A)			9:	18,	561		163	,974	
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	Ma	y the IR						ictions							$\overline{}$	

	•		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	Х	
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			3.7
	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	١.		v
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		x
6	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
0	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			
	"Vas" assemblets Cabadula D. David	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? <i>If</i> "Yes,"	-		
Ū	complete Schodule 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,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			3.7
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1.0		v
	Schedule D, Parts XI and XII	12a		_X_
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	126		v
42	"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	14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		
b	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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	148		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
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		x
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
D 4 4		Г	aac	(2022)

Form 990 (2023) Cavalla Historical Foundation

Part IV Checklist of Required Schedules (continued)

_ F (art iv Checklist of Required Scheddles (Continued)		V	NI -
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	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			
	amployees? If "Ves." complete Schedule I	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		X
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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			7.
	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, cleater of founder, or substantial contributor? If	200		v
b	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			- 22
·	"Ves." complete Schedule I. Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
00	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	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? 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? Note: All Form 990 filers are required to complete Schedule O.	38		X
Pa	art 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			
	I I -		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 2			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		77	
	reportable gaming (gambling) winnings to prize winners?	1c	X	i

Pa	Int V Statements Regarding Other IRS Filings and Tax Compliance (continu	ued)			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	25			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b		_X_
3a				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			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	a financial account in a foreign country (such as a bank account, securities account, or other financial	accol	ınt)?	4a		<u> </u>
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			_		37
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		$\frac{\mathbf{x}}{\mathbf{x}}$
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction for a p	tion?		5b		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			5c		
6a				6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribution			- Ua		
b	gifts were not tax deductible?	113 01		6b		
7	Organizations that may receive deductible contributions under section 170(c).			0.5		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	oods				
_	and services provided to the payor?			7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?			7c		
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 co	ontract	?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file For			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, aid the organization	tion file	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	e			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
a	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:	11a				
a	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources	Ha		-		
b	against amounts due or received from them.)	11b				
12a			>	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	In the executation licensed to incur qualified health plane 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	Did the organization receive any payments for indoor tanning services during the tax year?			14a		_X_
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		_X_
	If "Yes," see instructions and file Form 4720, Schedule N.					7-
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom	e?	16		<u> </u>
. –	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activity					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

Form 990 (2023) Cavalla Historical Foundation 76-0617618 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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 Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 10 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. Enter the number of voting members included on line 1a, above, who are independent 10 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 2 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a 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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a Each committee with authority to act on behalf of the governing body? X 8b 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 X 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No

0a	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	
1a	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.		
2a	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	
3	Did the organization have a written whistleblower policy?	13	X
4	Did the organization have a written document retention and destruction policy?	14	X
5	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	X
b	Other officers or key employees of the organization	15b	X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
l6a	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	

Section C. Disclosure

17	List the states with	which a co	ny of this Forn	n 990 is required to be	filed None

- 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) available 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)
- Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records.

Stephen Bauerband Galveston

6341 Stewart Rd., #249

TX 77551

713-448-0837

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

		,						·	· ·	
(A) Name and title	(B) Average hours per week (list any	off	k, unle	ess pe	ition more rson i	than on some source that the s	an ee)	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
(1) Brian Abugel	0.00									
CEO/Board Chair	0.00	х		\mathbf{x}					0	0
(2) David Anderson	3.33							U V 	•	
(-,	0.00)					
Director	0.00	X						0	0	0
(3) Stephen Bauerbar										
_	0.00									
Treasurer/Director	0.00	X		X				0	0	0
(4) Dan Fast										
	0.00									
Director	0.00	X						0	0	0
(5) David James										
	0.00							_	_	
Director	0.00	Х						0	0	0
(6) Mike Moran	0.00									
Diameter.	0.00	37						_	_	
Director (7) Chris Palumbo	0.00	Х						0	0	0
(/) CHI'IS PAIUMBO	0.00									
Director	0.00	x						0	0	0
(8) Urs Schmid	0.00	^						0	0	0
(o) OIB BCILLIC	0.00									
Director	0.00	x						0	0	0
(9) Bruce Talbot	0.00	T-								
(0, == 2000 = 200000	0.00									
Secretary/Director	0.00	X		x				0	0	0
(10) Ronald Whitener										
. ,	0.00									
Vice Pres/Director	0.00	X		X				0	0	0
(11)										

Par	t VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	and Highest Compensated	I Employees (continued)				
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	bo	x, unle	Pos check ess pe	rson i	than of s both or/trustor Highest compensated	an ee)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	orç	(F) timated a of othe compensa from ti ganizatio ed organ	er ation ne n and	3
(12)														
(13)														
(14)														
(15)														
(16)														
(17)														
(18)									py					
(19)														
1b c d	Subtotal	ets to Part VII, S	Secti 	ion <i>I</i>	A					\$100,000 of				
3 4 5	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line organization and related organization and related organization and person listed on line 1 for services rendered to the organization.	complete Schede 1a, is the sum nizations greater	dule of rother than 	J for eport 1 \$15 com	table 50,00 pens	h ind com 00? I 	dividu npens f "Ye n fror	ual satio s," o m ar	on and other compensation complete Schedule J for such	from the ch individual		3 4 5	Yes	X X X
Section 1	on B. Independent Contractor Complete this table for your five	ve highest comp												
	compensation from the organiz	zation. Report co (A) business address	mpe	ensat	ion f	or th	ne ca	lend		in the organization's tax ye (B) ion of services	ear.	Cor	(C) npensatio	on
2	Total number of independent or received more than \$100,000								se listed above) who	0				

Form 990 (2023) Cavalla Historical Foundation 76-0617618 Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue excluded (A) Total revenue function revenue business revenue from tax under sections 512-514 Grants 1a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 1c 뱴 **d** Related organizations 1d e Government grants (contributions) 3,007 Contributions, and Other Sim 1e All other contributions, gifts, grants, and similar amounts not included above 1f **g** Noncash contributions included in lines 1a-1f 3,007 h Total. Add lines 1a-1f Business Code 112,464 112,464 Gate Receipts Program Service Revenue A&H Income Restricted 7,582 7,582 f All other program service revenue 120,046 g Total. Add lines 2a-2f. Investment income (including dividends, interest, and other similar amounts) 5,214 5,214 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real 6a Gross rents **b** Less: rental expenses 6h c Rental inc. or (loss) d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets 7a 66 other than inventory Other Revenue **b** Less: cost or other basis and sales exps. 7с 66 c Gain or (loss) 66 66 d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a **b** Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 25,421 10a **b** Less: cost of goods sold 32,005 10b -6,584 c Net income or (loss) from sales of inventory -6,584 Business Code iscellaneous Revenue d All other revenue

121,749

120,112

0

e Total. Add lines 11a-11d .

Total revenue. See instructions

	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a response				П
	not include amounts reported on lines 6b, 7b, pb, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	86,011	96 011		
7	Other salaries and wages	90,011	86,011		
8	Pension plan accruals and contributions (include section 401(k) and 403(h) employer contributions)				
0	section 401(k) and 403(b) employer contributions)				
9 10	Other employee benefits Payroll taxes	13,894	13,894		
11	Fees for services (nonemployees):	13,071	13,071		
a					
b	Management				
C	Legal	1,500		1,500	
d	Accounting Lobbying	1-20	nv/		
e	Professional fundraising services. See Part IV, line 17	UU	UV		
f	Investment management fees	354		354	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
Ū	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	18,588	18,588		
13	Office expenses	209	178	31	
14	Information technology	2,105	2,105		
15	Royalties				
16	Occupancy	15,368	10,291	5,077	
17	Travel	100	100		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	2.125	0.105		
22	Depreciation, depletion, and amortization	2,195	2,195		
23	Insurance	446	446		
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
_	(A) amount, list line 24e expenses on Schedule O.)	11,493	11 403		
a	Repairs & Maintenance Other Expenses	5,263	11,493 5,263		
b c	Volunteer Expenses	2,880	2,880		
d	Cell Phone Expense	1,163	1,163		
u e	All other expenses	2,405	2,074	331	
25	Total functional expenses. Add lines 1 through 24e	163,974	156,681	7,293	0
26	Joint costs. Complete this line only if the			. , 255	
	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)				

		Check if Schedule O contains a response or note to	,		(A)		(B)
					Beginning of year		End of year
	1	Cash—non-interest-bearing			127,910	1	65,694
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or former	officer,	lirector,			
		trustee, key employee, creator or founder, substantial co					
		controlled entity or family member of any of these person				5	
	6	Loans and other receivables from other disqualified pers					
ţ		under section 4958(f)(1)), and persons described in section				6	
Assets	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use		L	45,287	8	39,732
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	107,794			
	b	Less: accumulated depreciation	10b	79,406	30,584	10c	28,388
	11	Investments—publicly traded securities			175,774	11	139,967
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			5,360,709	15	5,414,804
	16	Total assets. Add lines 1 through 15 (must equal line 33	3)		5,740,264	16	5,688,585
	17	Accounts payable and accrued expenses			12,713	17	17,680
	18	Grants payable Deferred revenue Tay avament bond liabilities		~·~··		18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete Part IV or		21			
Se	22	Loans and other payables to any current or former office	er, direct	or,			
Liabilities		trustee, key employee, creator or founder, substantial co					
iab		controlled entity or family member of any of these person	ns			22	
_	23	Secured mortgages and notes payable to unrelated third				23	
	24	Unsecured notes and loans payable to unrelated third pa				24	
	25	Other liabilities (including federal income tax, payables to	o related	third			
		parties, and other liabilities not included on lines 17-24).	Comple	e Part X			
		of Schedule D			190,803		176,382
	26	Total liabilities. Add lines 17 through 25			203,516	26	194,062
"		Organizations that follow FASB ASC 958, check here	X				
ĕ		and complete lines 27, 28, 32, and 33.					
alan	27				367,417	27	325,192
ä	28				5,169,331	28	5,169,331
Fund Balances		Organizations that do not follow FASB ASC 958, che	ck here				
Ē		and complete lines 29 through 33.					
Assets or	29					29	
set	30	Paid-in or capital surplus, or land, building, or equipment				30	
As	31	Retained earnings, endowment, accumulated income, or				31	
Set	32	Total net assets or fund balances			5,536,748	32	5,494,523
	33	Total liabilities and net assets/fund balances			5,740,264	33	5,688,585

Form **990** (2023)

Pa	art XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1				749		
2	Total expenses (must equal Part IX, column (A), line 25)	2				974		
3	Revenue less expenses. Subtract line 2 from line 1	3	5	-42,22				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9						
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	32, column (B))	10		5,49	94,!	<u>523</u>		
Pa	art XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			Щ.		
			ſ		Yes	No		
1	Accounting method used to prepare the Form 990:							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on							
	Schedule 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					l		
	reviewed on a separate basis, consolidated basis, or both.					l		
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					l		
	separate basis, consolidated basis, or both.					l		
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of							
	the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c		<u> </u>		
	If the organization changed either its oversight process or selection process during the tax year, explain on							
	Schedule O.							
3a	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?			3a		<u> </u>		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the							
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		İ		

Form **990** (2023)

SCHEDULE A

(Form 990)

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.

20123

Open to Public Inspection

Name of the organization Cavalla Historical Foundation Employer identification number Bauerband 76-0617618 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. 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, 5 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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.) 9 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 10 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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) of section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, 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 II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		listed in your governing		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No				
(A)								
(B)								
(C)								
(D)								
(E)								
Total								

Page 2

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.)

tion A. Public Support						
ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	37,666	70,471	85,414	42,908	3,007	239,466
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge						
Total. Add lines 1 through 3	37,666	70,471	85,414	42,908	3,007	239,466
The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
Public support. Subtract line 5 from line 4						239,466
tion B. Total Support						
ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Amounts from line 4	37,666	70,471	85,414	42,908	3,007	239,466
Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				6,277	5,214	11,491
Net income from unrelated business activities, whether or not the business is regularly carried on		70 p	y	65,058		65,058
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				177,365	25,421	202,786
Total support. Add lines 7 through 10						518,801
Gross receipts from related activities, etc.	(see instructions)				12	829,231
First 5 years. If the Form 990 is for the or	ganization's first, se	econd, third, fourth	, or fifth tax year a	s a section 501(c)	(3)	
organization, check this box and stop here	e					
tion C. Computation of Public Su	upport Percent	age				
Public support percentage for 2023 (line 6,	column (f) divided	by line 11, column	n (f))		14	46.16%
						54.95 %
33 1/3% support test — 2023. If the orga	nization did not che	ck the box on line	13, and line 14 is	33 1/3% or more,	check this	_
						X
	_					
				-		
_		_				
10%-facts-and-circumstances test — 20	22. If the organizat	ion did not check a	a box on line 13, 16	6a, 16b, or 17a, ar	nd line	
				-	•	
in Part VI how the organization meets the	facts-and-circumsta	ances test. The or	ganization qualifies	as a publicly sup	ported	_
organization						
Private foundation. If the organization did	I not check a box o	n line 13, 16a, 16b	o, 17a, or 17b, ched	ck this box and se	е	
	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 tion B. Total Support dar year (or fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 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 Gross receipts from related activities, etc. First 5 years. If the Form 990 is for the or organization, check this box and stop here. Thoreof C. Computation of Public Support percentage from 2022 Schematics and stop here. The organization quality and support test—2023. If the organization of 10%-facts-and-circumstances test—2010% or more, and if the organization meets the factory of the organization of the organization of 10%-facts-and-circumstances test—2015 is 10% or more, and if the organization meets the organization Private foundation. If the organization did or 10%-facts-and-circumstances test—2015 is 10% or more, and if the organization meets the organization. Private foundation. If the organization did or 10%-facts-and-circumstances test—2015 is 10% or more, and if the organization meets the organization.	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 tion B. Total Support dar year (or fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 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 Gross receipts from related activities, etc. (see instructions). First 5 years. If the Form 990 is for the organization's first, sorganization, check this box and stop here tion C. Computation of Public Support Percent. Public support percentage from 2022 Schedule A, Part II, line 33 1/3% support test — 2023. If the organization did not che this box and stop here. The organization qualifies as a publicly so 33 1/3% support test — 2022. If the organization did not che this box and stop here. The organization meets the facts-and-circumstances test — 2023. If the organization did not che this box and stop here, and if the organization meets the facts-and-circumstances and if the organization meets the facts-and-circumstances and part VI how the organization meets the facts-and-circumstances and companization. Private foundation. If the organization did not check a box or private foundation. If the organization did not check a box or provided in the context of the organization.	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 tton B. Total Support dar year (or fiscal year beginning in) Amounts from line 4 Around from line 4 Arounds from line 4 Total support. Add lines 7 through 10 Gross income from unrelated business activities, whether or not the business is regularly carried on 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 Gross receipts from related activities, etc. (see instructions) First 5 years. If the Form 990 is for the organization's first, second, third, fourth organization, check this box and stop here tion C. Computation of Public Support Percentage Public support percentage from 2022 Schedule A, Part II, line 14 33 1/3% support test — 2023. If the organization did not check the box on line box and stop here. The organization qualifies as a publicly supported organization or more, and if the organization meets the facts-and-circumstances test, clow or more, and if the organization meets the facts-and-circumstances test, clow or more, and if the organization meets the facts-and-circumstances test, clow or more, and if the organization meets the facts-and-circumstances test, clow or more, and if the organization meets the facts-and-circumstances test, clow or more, and if the organization meets the facts-and-circumstances test, clow or more, and if the organization meets the facts-and-circumstances test. The organization	distributions, and membership fees received. (Do not include any 'unusual grants.') Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 tion B. Total Support Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) First 5 years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year a organization, check this box and stop here tion C. Computation of Public Support Percentage Public support percentage from 2022 Schedule A, Part II, line 14 33 1/3% support test — 2023. If the organization did not check the box on line 13, and line 14 is box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test — 2023. If the organization did not check a box on line 13, and line 14 is box and stop here. The organization meets the facts-and-circumstances test, check this box and Part VI how the organization meets the facts-and-circumstances test, check this box and Part VI how the organization meets the facts-and-circumstances test, check this box and Part VI how the organization meets the facts-and-circumstances test, check this box and Part VI how the organization meets the facts-and-circumstances test, check this box and Part VI how the organization meets the facts-and-circumstances test, check this box in Part VI how the organiza	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization sheefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization behalf and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines of through 3 37,666 70,471 85,414 42,908 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 tition B. Total Support dar year (or fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities blants, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Gross receipts from related advivities, of the organization's first, second, third, fourth, or fifth tax year as a section 501(c) organization, check this box and stop here tion C. Computation of Public Support Percentage Value support percentage from 2022 Schedule A, Part II, line 14 33 1/3% support test — 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test — 2023. If the organization did not check a box on line 13, 16a, 16b, 17a, or 18b, 6b, 71a, and 19b, or 17a, a	Gifts, grants, contributions, and membership flees received. (Do not include any "unusual grants.") Tax revenues levied for the organization benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organizations benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 11, column (f) Public support, Subtract line's from line 4 tion B. Total Support Amounts from line 4 Amounts from line 4 Amounts from line 4 Arounts from line 4 Net income from unrelated business activities, whether or not the business is regularly carried on 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 Total support carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). Total support carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). Total support carried on Other income. The my 90 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here tion C. Computation of Public Support Percentage Public support percentage from 2022. Schedule A, Part II, line 14 33 1/3% support test — 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization did not check the box on line 13 or 18a, and line 15 is 33 1/3% or more, check this box and stop here. The organization did not check a box on line 13 or 18a, and line 15 is 33 1/3% or more, check th

Schedule A (Form 990) 2023

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Page 3

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.)

500	tion A. Public Support	quality under t	ne tests listeu	below, please t	complete Part i	1.)	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees	(a) 2019	(b) 2020	(6) 2021	(u) 2022	(e) 2023	(i) Total
•	received. (Do not include any "unusual grants.")						
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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from	4					
Sec	tion B. Total Support		Or	\ \			
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	(4) 2010	(, 🕒	July 2021	(4) 2022	(0) 2020	(.)
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						_
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
14	First 5 years. If the Form 990 is for the or	-		-			
<u>Soc</u>	organization, check this box and stop here tion C. Computation of Public Su						L
15	Public support percentage for 2023 (line 8,			mp (f))		15	%
16	Public support percentage from 2022 Sche						//
	tion D. Computation of Investmen						70
17	Investment income percentage for 2023 (li			3, column (f))		17	%
18	Investment income percentage from 2022 S		II line 47			40	%
19a	33 1/3% support tests — 2023. If the orga						
	17 is not more than 33 1/3%, check this bo						Ц
b	33 1/3% support tests — 2022. If the orga						
	line 18 is not more than 33 1/3%, check this		=			=	
20	Private foundation. If the organization did	not check a box	on line 14, 19a, or	r 19b, check this be	ox and see instruc	tions	

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Schedule A (Form 990) 2023

Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- 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.
- 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.
- 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.
- 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.
- 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)
- during the tax year? If "Yes," 5a Did the organization add, substitute, or remove any support 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).
- 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?
- С Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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).
- 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).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a 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.
- 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.
- 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.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - 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
		100	110
	1		
	2		
	3a		
	Ja		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	_		
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	8		
	9a		
	Ju		
	9b		
	9с		
	35		
	10a		
	10b		
Sche	dule A	(Form 9	990) 2023

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
b	A family member of a person described on line 11a above?	11b		
С	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		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Socti	supervised, or controlled the supporting organization. on C. Type II Supporting Organizations	2		
3 e cti	on C. Type if Supporting Organizations		Vac	No
1	Ware a majority of the organization's directors or trustoes during the tax year also a majority of the directors		Yes	No
•	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		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the tast day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1_		
2	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		
3	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			
Sooti	supported organizations played in this regard.	3		<u> </u>
	on 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 year (see instructions)			-
1 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 line 3 below.</i>			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	ıctions)_	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedu	ile A (Form 990) 2023 Cavalla Historical Foundation	on	/6-061/	<u>οτο</u>	Page 6
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	aniza	tions		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov	/. 20, ´	1970 (explain in Part VI). S	ee	
	instructions. All other Type III non-functionally integrated supporting organizations must	t comp	elete Sections A through E		
Sect	ion A – Adjusted Net Income		(A) Prior Year	(B) Curre (optio	
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) Curre (optio	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
c	Fair market value of other non-exempt-use assets	1c			
	Total (add lines 1a, 1b, and 1c)	1d			
e	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			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functionally integrated	Type II	I supporting organization		

Schedule A (Form 990) 2023

(see instructions).

Schedule A (Form 990) 2023 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive 8 8 (provide details in Part VI). See instructions. 9 Distributable amount for 2022 from Section C, line 6 9 Line 8 amount divided by line 9 amount 10 (ii) (i) (iii) Section E - Distribution Allocations (see instructions) **Excess Distributions** Underdistributions Distributable Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 Underdistributions, if any, for years prior to 2023 2 (reasonable cause required-explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2023 **b** From 2019 **c** From 2020 **d** From 2021 **e** From 2022 f Total of lines 3a through 3e **g** Applied to underdistributions of prior years h Applied to 2023 distributable amount i Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2023 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2023 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2024. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2019 **b** Excess from 2020 c Excess from 2021

Schedule A (Form 990) 2023

d Excess from 2022 e Excess from 2023

Cavalla Historical Foundation 76-0617618 Schedule A (Form 990) 2023 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.) Part II, Line 10 - Other Income Detail 177,365 Other income

DAA Schedule A (Form 990) 2023

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 Open to Public Inspection

	avalla Historical Foundation		Employer identification number
	avalla historical roundation		76-0617618
	rt I Organizations Maintaining Donor Advised Ful		
га	Complete if the organization answered "Yes" on	Form 990. Part IV. line 6.	ccounts
	granding and an granding and an arrange and arrange and arrange and arrange and arrange arrang	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(,	(,,
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that		
	funds are the organization's property, subject to the organization's exc		☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors in		
	only for charitable purposes and not for the benefit of the donor or don		
	conferring impermissible private benefit?		Yes No
Pa	rt II Conservation Easements		
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check	all that apply).	
	Preservation of land for public use (for example, recreation or edu	cation) Preservation of a historically in	nportant land area
	Protection of natural habitat	Preservation of a certified histo	oric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a conserva-	vation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements	S. 16.1	2a
b	Total acreage restricted by conservation easements	.)[)\/	2b
	Number of conservation easements on a certified historic structure ind		2c
d	Number of conservation easements included on line 2c acquired after	July 25, 2006, and not	
			2d
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organization	on during the
	tax year		
4	Number of states where property subject to conservation easement is		
5	Does the organization have a written policy regarding the periodic mor	itoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	of violations, and enforcing conservation eas	sements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, handling of vice	lations, and enforcing conservation easeme	ents during the year
_			
8	Does each conservation easement reported on line 2d above satisfy the		□ vaa □ Na
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easem sheet, and include, if applicable, the text of the footnote to the organiz	·	
	organization's accounting for conservation easements.	ation's illiancial statements that describes the	ile
Pa	rt III Organizations Maintaining Collections of Art,	Historical Treasures or Other S	imilar Assets
	Complete if the organization answered "Yes" on I		a. 7.000.0
1a	If the organization elected, as permitted under FASB ASC 958, not to		sheet works
	of art, historical treasures, or other similar assets held for public exhibit		
	service, provide in Part XIII the text of the footnote to its financial state		
b	If the organization elected, as permitted under FASB ASC 958, to repo		eet works of
	art, historical treasures, or other similar assets held for public exhibition		
	provide the following amounts relating to these items.	,	, ,
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(II) A		•
2	If the organization received or held works of art, historical treasures, or		
	following amounts required to be reported under FASB ASC 958 relating		
а	Revenue included on Form 990, Part VIII, line 1	•	\$

b Assets included in Form 990, Part X .

Pa	rt III Organizations Maintaining	Collections of	Art, Historical T	reasures, o	r Other Simil	ar A	ssets	(contir	ued)	
3	Using the organization's acquisition, accession	, and other records	, check any of the fo	llowing that ma	ke significant use	e of its	,			
	collection items (check all that apply).	. 🗆 .								
a	Public exhibition	_	Loan or exchange pro							
b	Scholarly research	е 🔛 (Other							
C	Preservation for future generations	actions and avalois	have that from that	organization's	avament numaca	in Dor				
4	Provide a description of the organization's coll XIII.	ections and explain	now they further the	organizations	exempt purpose	ın Par	ı			
5	During the year, did the organization solicit or	receive donations of	of art historical treasu	ires or other s	imilar					
3	assets to be sold to raise funds rather than to							□ v _i	s [3	No
Pa	rt IV Escrow and Custodial Arra		or the organization							
	Complete if the organization a	•	on Form 990, Pa	rt IV, line 9,	or reported a	n am	ount o	n Forn	n	
	990, Part X, line 21.				·					
1a	Is the organization an agent, trustee, custodia	n or other intermedi	iary for contributions of	or other assets	not					
	included on Form 990, Part X?							Y	es 🗌	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	llowing table.		,					
								Amoun	t	
С	Beginning balance					1c				
	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					1f		П.,		
	Did the organization include an amount on For							_	es	No
	If "Yes," explain the arrangement in Part XIII. (rt V Endowment Funds	oneck nere if the ex	cpianation has been p	rovided on Par	τ ΧΙΙΙ					
га	Complete if the organization	answered "Yes"	on Form 990 Pa	rt IV line 10	1					
	Complete ii the organization ((a) Current year	(b) Prior year	(c) Two years		ee years	s back	(e) Fou	r vears	back
1a	Beginning of year balance			(,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(,,			(1)	,	
	Contributions		ON							
	Net investment earnings, gains, and		V UU							
	losses									
d	Grants or scholarships									
	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current	•	e (line 1g, column (a))	held as:						
	Board designated or quasi-endowment \dots	%								
	Permanent endowment %									
С	Term endowment %									
_	The percentages on lines 2a, 2b, and 2c should be a sh									
за	Are there endowment funds not in the possess	sion of the organiza	tion that are held and	administered	for the				V	N _a
	organization by: (i) Unrelated organizations?							20(i)	Yes	No
	(ii) Deleted ergenizations?							3a(i) 3a(ii)		
h	If "Yes" on line 3a(ii), are the related organizations:		red on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the		-					_ 55		ı
Pa	rt VI Land, Buildings, and Equip		willone rando.							
	Complete if the organization		on Form 990, Pa	rt IV, line 11	a. See Form	990.	Part X	, line 1	0.	
	Description of property	(a) Cost or other b			(c) Accumulate			(d) Book		
		(investment)	(oth	er)	depreciation					
1a	Land									
b	Buildings			41,597	37	,695	5		3,	902
С	Leasehold improvements									
d	Equipment			66,197	41	,711	Ц		24,	486
	Other									
Total	. Add lines 1a through 1e. (Column (d) must eq	gual Form 990, Part	X, line 10c, column (B))					28,	<u> 388</u>

Investments – Other Securities		76-0617618	Page 3
•			
(a) Description of security or category	(b) Book value		
		Cost or end-of-year marke	t value
derivatives			
	_	_	
	000 Dt IV II:	44 - C F 000 D+ V	E 40
· · · · · · · · · · · · · · · · · · ·			
(a) Description of investment	(b) Book value	\'	
		Cost or end-or-year marke	t value
	WY.		
) 		
	<u> </u>		
	arm 000 Dart IV li	as 11d Cas Form 000 Dort V	line 1E
· •	omi 990, Part IV, III	Te 11d. See Form 990, Part A	
**			(b) Book value 2,000,287
			1,476,058
			973,015
			449,861
	omorial		247,402
			176,382
	<u> </u>		51,931
			29,568
			10,300
			5,414,804
			3,414,004
	orm 000 Part I\/ lii	ne 11e or 11f See Form 990	Part Y
	onn 990, ran iv, iii	ie Tie of Til. See Follii 990,	rait A,
			(b) Book value
			(b) Book value
			176,382
tering reade obligation			170,302
n (h) must squal Form 000. Part V line 25, sel. (P))			176,382
	ote to the organization's	s financial statements that reports the	
	Investments — Other Securities Complete if the organization answered "Yes" on Form (a) Description of security or category (including name of security) derivatives and equity interests and (b) must equal Form 990, Part X, line 12, col. (B)) Investments — Program Related Complete if the organization answered "Yes" on Form (a) Description of investment Cother Assets Complete if the organization answered "Yes" on Form (a) Description of investment Collection: Periscopes LTA — USS Stewart LTA — Sail Project LTA — Plaza & Seawolf Modern Season Deposit — New Trailer Deposit — New Trailer Deposit — Sound System Collections: other In (b) must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" on Form 160 must equal Form 990, Part X, line 15, col. (B)) Other Liabilities Complete if the organization answered "Yes" on Form 25. (a) Description of liability income taxes uting Lease Obligation	Investments - Other Securities Complete if the organization answered "Yes" on Form 990, Part IV, ling (a) Description of security) (including name of security) derivatives aid equity interests in (b) must equal Form 990, Part X, line 12, cot. (B)) Investments - Program Related Complete if the organization answered "Yes" on Form 990, Part IV, ling (b) Book value (b) Book value (c) Book value (b) Book value (c) Book value (d) Description of investment (e) Description of investment (f) Book value (h) Book valu	Investments — Other Securities Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X (e) bisconductor of security or oringary (notating mans of security) Generatives Ide equity interests Ide equity interests Ide equity interests In (b) must equal Form 990, Part X, line 12, cot. (B)) Investments — Program Related Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X (e) bisconductor and the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X (e) Description Collection: Periscopes LTA—USS Cavalla LTA—USS Stewart LTA—Sail Project LTA—Plaza & Seawolf Memorial Lease: Right of Use Asset Deposit — New Trailer Deposit — Sound System Collections: other (ib) must equal Form 990, Part X, line 15, cot. (B)) Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X (in the first of Use Asset) Deposit — Sound System Collections: other (ib) must equal Form 990, Part X, line 15, cot. (B)) Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X (in the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X (in the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X (in the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X (in the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X (in the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X (in the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X (in the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X (in the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X (in the organization answered "Yes" on Form 990, Part IV, line 11e

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

Schedule D (F	orm 990) 2023	Cavalla	Historical	Foundation	76-0617618	Page 5
Part XIII	Supplementa	al Informati	Historical on (continued)			
_						

SCHEDULE O (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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Cavalla

Attach to Form 990 or Form 990-EZ.

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

Historical Foundation

Open to Public Inspection

Employer identification number

Bauerband		76-0617618
Form 990 - Organization's	Mission	
To provide unique historica	al, educational, and	patriotic experiences of
undersea warfare. To restor	re and preserve two of	f the nation's WW2-era ships
and promote the legacy of	those who served aboar	rd submarines and anti-
submarine vessels through	tours and educational	presentations.
Form 990, Part VI, Line 111	b - Organization's Pro	ocess to Review Form 990
No review was or will be co	onducted.	
Form 990, Part VI, Line 19		s Disclosure Explanation
No documents available to	the public y	
•		
·		

Form **990**

Two Year Comparison Report

For calendar year 2023, or tax year beginning 10/01/23 , ending 12/31/23

Taxpayer Identification Number

Name		
Cavalla	Historical	Foundation
Rauerhar	d	

2022 & 2023

E	auerband			7	76-0617618		
			2022	2023	Differences		
	1. Contributions, gifts, grants	1.					
	2. Membership dues and assessments	2.					
	3. Government contributions and grants	3.	42,908		-39,901		
n e	4. Program service revenue	4.	709,185	120,0			
e D	5. Investment income	5.	6,277	5,2	214 -1,063		
>	6. Proceeds from tax exempt bonds	6.					
8	7. Net gain or (loss) from sale of assets other than inventory	7.	-8,455		66 8,521		
	8. Net income or (loss) from fundraising events	8.					
	9. Net income or (loss) from gaming	9.					
	10. Net gain or (loss) on sales of inventory	10.	66,638	-6,5			
	11. Other revenue	11.	66,058		-66,058		
	12. Total revenue. Add lines 1 through 11	12.	882,611	121,7	749 -760,862		
	13. Grants and similar amounts paid	13.					
	14. Benefits paid to or for members	14.					
e	15. Compensation of officers, directors, trustees, etc.	15.					
u s	16. Salaries, other compensation, and employee benefits	16.	390,071	99,9	905 -290,166		
O	17. Professional fundraising fees	17.					
х	18. Other professional fees	18.	35,544		-33,690		
Ш	19. Occupancy, rent, utilities, and maintenance	19.	226,909	15,3			
	20. Depreciation and Depletion	20.	26,879		195 -24,684		
	21. Other expenses	21.	239,158	44,6			
	22. Total expenses. Add lines 13 through 21	22.	918,561	163,9			
	23. Excess or (Deficit). Subtract line 22 from line 12	23	Y -35,950	-42,2			
	24. Total exempt revenue	24.	882,611	121,7	749 -760,862		
_	25. Total unrelated revenue	25.					
Information	26. Total excludable revenue	26.	839,703	118,7			
.ma	27. Total assets	27.	5,740,264	5,688,5			
Ę.	28. Total liabilities	28.	203,516	194,0			
_	29. Retained earnings	29.	5,536,748	5,494,5	523 -42,225		
-	30. Number of voting members of governing body	30.	10	10			
0	31. Number of independent voting members of governing body \dots	31.	10	10			
	32. Number of employees	32.	25	25			
	33. Number of volunteers	33.	200				

Form 990	Tax Return History	2023
Name	Cavalla Historical Foundation Bauerband	dentification Number 17618

	2019	2020	2021	2022	2023	2024
Contributions, gifts, grants				42,908	3,007	
Membership dues						
Program service revenue				709,185	120,046	
Capital gain or loss				-8,455	66	
Investment income				6,277	5,214	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue				132,696	-6,584	
Total revenue				882,611	121,749	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation				390,071	99,905	
Professional fees			100V	35,544	1,854	
Occupancy costs				226,909	15,368	
Depreciation and depletion				26,879	2,195	
Other expenses				239,158	44,652	
Total expenses				918,561	163,974	
Excess or (Deficit)				-35,950	-42,225	
Total exempt revenue				882,611	121,749	
Total unrelated revenue					===//-	
Total excludable revenue				839,703	118,742	
Total Assets				5,740,264	5,688,585	
Total Liabilities				203,516	194,062	
Net Fund Balances				5,536,748	5,494,523	

19214 Cavalla Historical Foundation

Federal Statements

7/25/2024 4:00 PM

FYE: 12/31/2023

76-0617618

Taxable Dividends from Securities

Description					
		Amount	Exclusion Code	Acquired after 6/30/75	US Obs (\$ or %)
Dividends - Raymond	James				
	\$	1,557	14		
Total	\$	1,557			

Tax-Exempt Dividends from Securities

De	scription					
		Am	ount	Exclusion Code	Acquired after 6/30/75	InState Muni (\$ or %)
Unrealized I	nvestment	Gains	2 657	14		
Total		\$\$	3,657	14		



19214 Cavalla Historical Foundation

76-0617618 FYE: 12/31/2023

Federal Statements

7/25/2024 4:00 PM

Form 990, Part IX, Line 24e - All Other Expenses

Description	E:	Total xpenses	Program Service	gement & eneral	und ising
Consumable Supplies Consumables - Cavalla	\$	1,162 368	\$ 1,162 368	\$	\$
Bank Charges		331		331	
Project Sleepover Expense		276	276		
Events Expense		193	193		
Vehicle Expenses		75	 75	 	
Total	\$	2,405	\$ 2,074	\$ 331	\$ 0

Copy

19214 Cavalla Historical Foundation 76-0617618 FYE: 12/31/2023	Federal Statements	7/25/2024 4:00 PM
	Schedule A, Part II, Line 1(e)	
Description		Amount
Government Grants or Contributions Total		\$ 3,007 \$ 3,007
	Schedule A, Part II, Line 8(e)	
Description		Amount
Dividends - Raymond James Unrealized Investment Gains		\$ 1,557 3,657
Total		\$5,214
	Schedule A. Part II, Line 10(e)	Amount \$ 25,421 \$ 25,421
<u>Sched</u>	ule A, Part II, Line 12 - Current year	
Description	•	Amount
Gate Receipts A&H Income Restricted Sleepover Project Income		\$ 112,464 7,582
Total		\$\$