

TAXPAYER COPY

Forms 990 / 990-EZ Return Summary

For calendar year 2022, or tax year beginning **07/01/22** , and ending **06/30/23**

52-1850874

AVALON FOUNDATION, INC.

Net Asset / Fund Balance at Beginning of Year		<u>5,205,596</u>
Revenue		
Contributions	<u>1,697,973</u>	
Program service revenue	<u>1,526,410</u>	
Investment income	<u>42,143</u>	
Capital gain / loss	<u> </u>	
Fundraising / Gaming:		
Gross revenue	<u> </u>	
Direct expenses	<u> </u>	
Net income	<u> </u>	
Other income	<u>0</u>	
Total revenue		<u>3,266,526</u>
Expenses		
Program services	<u>2,455,915</u>	
Management and general	<u>250,193</u>	
Fundraising	<u>173,679</u>	
Total expenses		<u>2,879,787</u>
Excess / (deficit)		<u>386,739</u>
Changes		<u> </u>
Net Asset / Fund Balance at End of Year		<u><u>5,592,335</u></u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>3,266,526</u>
Less:	
Unrealized gains	<u> </u>
Donated services	<u> </u>
Recoveries	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total revenue per return	<u><u>3,266,526</u></u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>2,879,787</u>
Less:	
Donated services	<u> </u>
Prior year adjustments	<u> </u>
Losses	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total expenses per return	<u><u>2,879,787</u></u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>5,588,979</u>	<u>6,430,920</u>	
Liabilities	<u>383,383</u>	<u>838,585</u>	
Net assets	<u><u>5,205,596</u></u>	<u><u>5,592,335</u></u>	<u>386,739</u>

Miscellaneous Information

Amended return _____
Return / extended due date 05/15/24
Failure to file penalty _____

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning 7/01, 2022, and ending 6/30, 20 23

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

2022

Department of the Treasury
Internal Revenue Service

Name of filer

AVALON FOUNDATION, INC.

EIN or SSN

52-1850874

Name and title of officer or person subject to tax
BILL WITOWSKY
CHAIR

Part I 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.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>3,266,526</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the 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

I authorize KULLMAN CPA, LLC to enter my PIN 50810 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date 05/13/24

Part III Certification and Authentication

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

52637127444

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature STEPHEN J. KULLMAN, CPA Date 05/13/24

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

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

Department of the Treasury
Internal Revenue Service

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

A For the 2022 calendar year, or tax year beginning 07/01/22, and ending 06/30/23

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p align="center">AVALON FOUNDATION, INC.</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p>40 EAST DOVER ST.</p> City or town, state or province, country, and ZIP or foreign postal code <p>EASTON MD 21601</p>	D Employer identification number <p align="center">52-1850874</p> E Telephone number <p align="center">410-822-0345</p> G Gross receipts \$ 3,266,526
F Name and address of principal officer: <p>DENISE GRANT 40 EAST DOVER STREET EASTON MD 21601</p>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number
J Website: WWW.AVALONTHEATRE.COM		L Year of formation: 1993
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		M State of legal domicile: MD

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	14
	6 Total number of volunteers (estimate if necessary)	6	371
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,717,195	Current Year 1,697,973
	9 Program service revenue (Part VIII, line 2g)	1,160,153	1,526,410
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	42,143	42,143
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,919,491	3,266,526
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	858,171	932,027
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)	173,679	
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,488,684	1,947,760
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,346,855	2,879,787	
19 Revenue less expenses. Subtract line 18 from line 12	572,636	386,739	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 5,588,979	End of Year 6,430,920
	21 Total liabilities (Part X, line 26)	383,383	838,585
	22 Net assets or fund balances. Subtract line 21 from line 20	5,205,596	5,592,335

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer BILL WITOWSKY		Date
	Type or print name and title CHAIR		
Paid Preparer Use Only	Print/Type preparer's name STEPHEN J. KULLMAN, CPA	Preparer's signature STEPHEN J. KULLMAN, CPA	Date 05/13/24
	Firm's name KULLMAN CPA, LLC	Firm's EIN 27-4760605	Check <input type="checkbox"/> if self-employed PTIN P00308157
	Firm's address 888 BESTGATE ROAD, SUITE 316 ANNAPOLIS, MD 21401		Phone no. 410-266-9885

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **722,182** including grants of \$) (Revenue \$ **463,270**)

THE FOUNDATION PRODUCES AND PROMOTES OUTDOOR ART EVENTS, SUCH AS THE OUTDOOR SUMMER CONCERT SERIES, THE EASTON FARMERS' MARKET, THE TALBOT COUNTY MULTICULTURAL FESTIVAL, AND PLEIN AIR EASTON, THE NATION'S LARGEST OUTDOOR PAINTING COMPETITION. THE FOUNDATION RECEIVES MAJOR SUPPORT FROM THE TOWN OF EASTON, AS WELL AS MANY LOCAL BUSINESSES AND INDIVIDUALS.

4b (Code:) (Expenses \$ **1,324,905** including grants of \$) (Revenue \$ **1,063,140**)

THE FOUNDATION FOSTERS A STRONG COMMUNITY ON THE EASTERN SHORE BY CREATING ACCESSIBLE, UPLIFTING ARTS, EDUCATION, AND CULTURAL EXPERIENCES THAT APPEAL TO THE INTERESTS OF A DIVERSE POPULATION AND TO ENSURE THE LONG TERM VIABILITY OF THE HISTORIC AVALON THEATRE.

4c (Code:) (Expenses \$ **243,641** including grants of \$) (Revenue \$)

THE FOUNDATION STRIVES TO SERVE AND EDUCATE THE YOUTH IN ITS COMMUNITY, THROUGH CHILDREN'S PROGRAMMING. THIS PROGRAMMING INCLUDES EVENTS PUT ON THROUGH THE AVALON CHILDREN'S THEATRE, AS WELL AS SUMMER DAY CAMPS FOR CHILDREN. THE FOUNDATION HAS ESTABLISHED AN ENDOWMENT, USING COMMUNITY DONATIONS, OF WHICH THE INVESTMENT RETURNS WILL BE EXCLUSIVELY USED FOR CHILDREN'S PROGRAMMING IN PERPETUITY.

4d Other program services (Describe on Schedule O.)

(Expenses \$ **165,187** including grants of \$) (Revenue \$)

4e Total program service expenses **2,455,915**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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		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		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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	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		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		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		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		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		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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		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		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		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		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):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		X
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		X
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	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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		X
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		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		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.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

1a	93
1b	0

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		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	14		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			X
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	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:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
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			
c	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? <i>If "No," provide an explanation on Schedule O</i>	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	18	
b	Enter the number of voting members included on line 1a, above, who are independent	18	
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
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **MD**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) 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)
- 19** 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

**ALEXANDER BOND
EASTON**

40 EAST DOVER STREET

MD 21601

410-822-0345

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.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DENISE GRANT	1.50									
CHAIR	0.00	X		X			0	0	0	
(2) DEBBIE POTTER	1.50									
VICE CHAIR	0.00	X		X			0	0	0	
(3) CAROL SLEEPER	1.50									
SECRETARY	0.00	X		X			0	0	0	
(4) BILL VOORHEES	1.50									
TREASURER	0.00	X		X			0	0	0	
(5) JOHN BODE	1.50									
TRUSTEE	0.00	X					0	0	0	
(6) JAY BORNEMAN	1.50									
TRUSTEE	0.00	X					0	0	0	
(7) CAROLINE BOUTTE	1.50									
TRUSTEE	0.00	X					0	0	0	
(8) JOHN COLEMAN	1.50									
TRUSTEE	0.00	X					0	0	0	
(9) MIKE LACH	1.50									
TRUSTEE	0.00	X					0	0	0	
(10) TOM MULLEN	1.50									
TRUSTEE	0.00	X					0	0	0	
(11) JOHN PFLIEGER	1.50									
TRUSTEE	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) GINGER PICKLE TRUSTEE	1.50 0.00	X						0	0	0
(13) KATIE COX TRUSTEE	1.50 0.00	X						0	0	0
(14) STEVE FORD TRUSTEE	1.50 0.00	X						0	0	0
(15) HEATHER KLINK TRUSTEE	1.50 0.00	X						0	0	0
(16) JAMES REDMAN TRUSTEE	1.50 0.00	X						0	0	0
(17) BEVERLY TILGHMAN TRUSTEE	1.50 0.00	X						0	0	0
(18) HOLLY TOWNSEND TRUSTEE	1.50 0.00	X						0	0	0
(19) ALEXANDER BOND EXEC. DIRECTOR	40.00 0.00			X				151,487	0	11,708
1b Subtotal								151,487		11,708
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								151,487		11,708

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	555,905			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,142,068			
	g Noncash contributions included in lines 1a-1f	1g \$				
	h Total. Add lines 1a-1f		1,697,973			
Program Service Revenue	2a PROGRAM SERVICE REVENUE	Business Code	1,526,410	1,526,410		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		1,526,410			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		42,143	42,143		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	6a	(i) Real			
			(ii) Personal			
	b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities			
			(ii) Other			
	b Less: cost or other basis and sales exps.	7b				
c Gain or (loss)	7c					
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	8b					
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a	Business Code				
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions		3,266,526	1,568,553	0	0	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, 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	150,577	67,760	37,644	45,173
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	626,865	532,114	59,459	35,292
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	19,134	14,764	2,390	1,980
9 Other employee benefits	75,578	58,316	9,440	7,822
10 Payroll taxes	59,873	46,198	7,478	6,197
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	48,005	40,566	2,990	4,449
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	790		-346	1,136
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	62,890	55,501	2,190	5,199
12 Advertising and promotion	68,118		68,118	
13 Office expenses	162,297	133,418	12,754	16,125
14 Information technology				
15 Royalties				
16 Occupancy	43,800	38,724	4,577	499
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	20,430	18,062	2,135	233
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	300,468	265,644	31,399	3,425
23 Insurance	56,602	50,042	5,915	645
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.)				
a ARTISTS FEES	449,778	439,578	200	10,000
b PRODUCTION	381,489	342,164	3,838	35,487
c ART SALES EXPENSE	279,410	279,410		
d CONCESSION EXPENSE	66,937	66,908	12	17
e All other expenses	6,746	6,746		
25 Total functional expenses. Add lines 1 through 24e	2,879,787	2,455,915	250,193	173,679
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	2,689,502	1	407,604
	2	Savings and temporary cash investments		2	679,761
	3	Pledges and grants receivable, net	163,402	3	100,000
	4	Accounts receivable, net	4,585	4	982
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	17,950
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	27,252	9	63,340
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,000,301		
	b	Less: accumulated depreciation	10b 1,659,158	10c	3,341,143
	11	Investments—publicly traded securities	128,661	11	1,820,140
	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		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	5,588,979	16	6,430,920	
Liabilities	17	Accounts payable and accrued expenses	67,778	17	96,057
	18	Grants payable		18	
	19	Deferred revenue	165,605	19	84,375
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other 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		22	
	23	Secured mortgages and notes payable to unrelated third parties	150,000	23	649,986
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	8,167
	26	Total liabilities. Add lines 17 through 25	383,383	26	838,585
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	4,417,483	27	4,713,230
	28	Net assets with donor restrictions	788,113	28	879,105
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	5,205,596	32	5,592,335	
33	Total liabilities and net assets/fund balances	5,588,979	33	6,430,920	

Part 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	3,266,526
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,879,787
3	Revenue less expenses. Subtract line 2 from line 1	3	386,739
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,205,596
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	5,592,335

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c 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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
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?		X
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		

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2022

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

AVALON FOUNDATION, INC.

Employer identification number

52-1850874

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).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 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.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 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 university:
- 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **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.**
 - 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.**
 - 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.**
 - d **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.**
 - e 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.
 - f Enter the number of supported organizations
 - g 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 First 5 years. If the Form 990 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

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) 14 %; 15 Public support percentage from 2021 Schedule A, Part II, line 14 15 %; 16a 33 1/3% support test—2022. 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 qualifies as a publicly supported organization; b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,976,595	1,467,895	2,023,618	1,717,195	1,697,973	8,883,276
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,391,885	1,263,192	564,893	1,160,153	1,526,410	5,906,533
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	3,368,480	2,731,087	2,588,511	2,877,348	3,224,383	14,789,809
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	653,900	493,981	341,206	228,760	280,014	1,997,861
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						
c Add lines 7a and 7b	653,900	493,981	341,206	228,760	280,014	1,997,861
8 Public support. (Subtract line 7c from line 6.)						12,791,948

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6	3,368,480	2,731,087	2,588,511	2,877,348	3,224,383	14,789,809
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	185	132	479		14,106	14,902
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	185	132	479		14,106	14,902
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, and 12.)	3,368,665	2,731,219	2,588,990	2,877,348	3,238,489	14,804,711
14 First 5 years. If the Form 990 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	86.40 %
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	86.17 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV 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

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

Part IV Supporting Organizations *(continued)*

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	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?		
b	A family member of a person described on line 11a above?		
c	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a			
11b			
11c			

Section 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? <i>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.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1	<i>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</i>		
a	<input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c	<input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>		
2	Activities Test. <i>Answer lines 2a and 2b below.</i>		
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? <i>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.</i>		
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? <i>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.</i>		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>		
a	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? <i>If "Yes" or "No," provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6 Other distributions (describe in Part VI). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9 Distributable amount for 2022 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

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

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

**Schedule B
(Form 990)**Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

AVALON FOUNDATION, INC.

Employer identification number

52-1850874

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

-
- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

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

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

Schedule B (Form 990) (2022)

Name of organization

AVALON FOUNDATION, INC.

Employer identification number

52-1850874

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ASPLUNDH, KELLY & BRENT 1356 MEADOWBROOK ROAD RYDAL PA 19046	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ASPLUNDH, SCOTT & HALI 1591 HAMPTON ROAD MEADOWBROOK PA 19046	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ASPLUNDH, STEVEN 2100 BUTTONWOOD LANE HUNTINGDON VALLEY PA 19006	\$ 5,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	BERNSTEIN, RICHARD 5820 DEEPWATER DRIVE OXFORD MD 21654	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	BODE, JOHN & DENISE 100 4TH ST. NE WASHINGTON DC 20002	\$ 6,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	BORNEMAN, JOHN & ANNE MARIE 722 HARRITON ROAD BRYN MAWR PA 19010	\$ 14,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

AVALON FOUNDATION, INC.

Employer identification number

52-1850874

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	BREDEKAMP, JOSEPH & VIRGINIA SUSAN 2608 CREST AVENUE CHEVERLY MD 20785	\$ 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	BUSH, LEN 9729 FAIRVIEW POINT LANE EASTON MD 21601	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	COLLINS, WILLIAM & ROBYN 6810 GLENBROOD ROAD BETHESDA MD 20814	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	DIMAYO, MICHAEL & ELLEN 15547 CARROLL ROAD MONKTON MD 21111	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	DOCK STREET FOUNDATION C/O PARIS FOODS P.O. BOX 121 TRAPPE MD 21673	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	DUKER, MARILYNN & DALE MCARDLE 2101 UFFINGTON ROAD BALTIMORE MD 21209	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

AVALON FOUNDATION, INC.

Employer identification number

52-1850874

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	EASTON UTILITIES COMMISSION 201 N. WASHINGTON STREET EASTON MD 21601	\$ 23,939	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	EMRICH, MARY 351 LAUREL LANE HAVERFORD PA 19041	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	FARRELL, JIM & MAXINE 1051 MEADOW LANE LAKE FOREST IL 60045	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	HAMMONDS FAMILY FOUNDATION 1007 BARLEY MILL ROAD WILMINGTON DE 19807	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	HORMEL, ELIZABETH 3629 ALBEMARLE ST, NW WASHINGTON DC 20008	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	JOHNSON, HEATHER 23740 PLEASANT LANDING CIRCLE ST. MICHAELS MD 21663	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

AVALON FOUNDATION, INC.

Employer identification number

52-1850874

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	KLINK, HEATHER 5304 SPRING LAKE WAY BALTIMORE MD 21212	\$ 9,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	KULLMAN CPA LLC 888 BESTGATE ROAD STE 316 ANNAPOLIS MD 21401	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	MANDL, ALEX & SUSAN 10250 AKNTMAR DRIVE GREAT FALLS VA 22066	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	MARTIN, DONALD & CHRISTINE 4297 - 30TH PLACE, N.W. WASHINGTON DC 20008	\$ 10,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	MCCORMICK, ANDREW & LYN 27321 BAILEYS NECK RD EASTON MD 21601	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	MCCOY, CATHERINE 4312 HOLLY HARBOR ROAD OXFORD MD 21654	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

AVALON FOUNDATION, INC.

Employer identification number

52-1850874

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	MENOTTI, DAVID & ANNE 13013 BOZWELL COURT POTOMAC MD 20854	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	MEREDITH, CLIFF PO BOX 45 EASTON MD 21601	\$ 26,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	MILLAR, WILLIAM & MAXINE 4184 EVERGREEN ROAD OXFORD MD 21654	\$ 10,608	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	MULLEN, THOMAS & ROSEMARY 4364 BACHELORS POINT ROAD OXFORD MD 21654	\$ 17,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	MUNN, WILLIAM H. & JUDY A. 26949 MILES RIVER ROAD EASTON MD 21601	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	NIELSEN, WILLARD & DORIS 22101 GRAFTON MANOUR LANE WITTMAN MD 21676	\$ 20,360	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

AVALON FOUNDATION, INC.

Employer identification number

52-1850874

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	O'BRIEN, GORDON & JILL DETEMPLE 11004 RIVERWOOD DRIVE POTOMAC MD 20854	\$ 13,750	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	OROKAWA FOUNDATION 1 OLYMPIC PL 8TH FL TOWSON MD 21204	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	PASTRICK, R. SCOTT & COURTNEY 5630 WISCONSIN AVENUE #1402 CHEVY CHASE MD 20815	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	PETERS, JOSEPH & MARY LOU 9711 FAIRVIEW POINT LANE EASTON MD 21601	\$ 11,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	PFLIEGER, MELISSA & JOHN 23951 VANDENBERG LANE BOZMAN MD 21612	\$ 7,874	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	PINKARD, PETER 115 E. DOVER STREET EASTON MD 21601	\$ 11,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

AVALON FOUNDATION, INC.

Employer identification number

52-1850874

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	POTTER, DEBORAH & MICHAEL 27747 CEDAR POINT ROAD EASTON MD 21601	\$ 22,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	RAINES, FRANKLIN AND DENISE GRANT 1155 - 23RD STREET SW WASHINGTON DC 20037	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	RICKMAN, CYNTHIA 512 SOUTH ATLANTIC AVENUE VIRGINIA BEACH VA 23451	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	RISE UP COFFEE 618 DOVER STREET EASTON MD 21601	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	STECKLER, STEVE & GAIL 6207 KENNEDY DRIVE CHEVY CHASE MD 20815	\$ 20,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	STOLTZ, KEITH D. 3828 KENNETT PIKE, SUITE 212 GREENVILLE DE 19807	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

AVALON FOUNDATION, INC.

Employer identification number

52-1850874

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	STRUTHERS, RICHARD 900 OLD KENNETT ROAD GREENVILLE DE 19807	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	TAYLOR, W. MYLES 9927 S. GLEN ROAD POTOMAC MD 20854	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	TILGHMAN, RICHARD & BEVERLY 26080 BRUFFS ISLAND ROAD EASTON MD 21601	\$ 23,590	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	TOTAL HOME PERFORMANCE 8625 BROOKS DRIVE EASTON MD 21601	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	TOWNSEND, HELEN 8482 AVELEY FARM ROAD EASTON MD 21601	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	VATNE, ELLEN 1416 CHANCELLOR POINT ROAD TRAPPE MD 21673	\$ 11,750	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

AVALON FOUNDATION, INC.

Employer identification number

52-1850874

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	WARIN, F.J. 900 ALVERMAR RIDGE DRIVE MCLEAN VA 22102	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	WEISS, DAN 140 BROADWAY, FL 49 NEW YORK NY 10005-1105	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	WILDSTEIN, BARRY PO BOX 324 OXFORD MD 21654-0324	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	WILTSIE, BRUCE 10443 SHERWOOD MANOR DR. CLAIBORNE MD 21624	\$ 19,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	WITOWSKY, WILLIAM & TERRY 10821 STANMORE DRIVE POTOMAC MD 20854	\$ 15,001	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	US SMALL BUSINESS ADMINISTRATION 409 3RD STREET, SW WASHINGTON DC 20416	\$ 252,782	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

AVALON FOUNDATION, INC.

Employer identification number

52-1850874

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	TALBOT COUNTY, MD 11 SOUTH HARRISON STREET EASTON MD 21601	\$ 77,850	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	TALBOT COUNTY ARTS COUNCIL, INC. 215 BAY STREET EASTON MD 21601	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	TOWN OF EASTON PO BOX 520 EASTON MD 21601	\$ 54,750	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	MARYLAND STATE ARTS COUNCIL 175 WEST OSTEND STREET, SUITE E BALTIMORE MD 21230	\$ 150,523	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

2022

Open to Public Inspection

Name of the organization

Employer identification number

AVALON FOUNDATION, INC.

52-1850874

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement reported on line 2(d) above satisfy the requirements..., 9 In Part XIII, describe how the organization reports conservation easements...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report..., 1b If the organization elected, as permitted under FASB ASC 958, to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

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

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment%
- b** Permanent endowment%
- c** Term endowment%

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		103,627		103,627
b Buildings		2,032,934	385,730	1,647,204
c Leasehold improvements		1,711,636	667,656	1,043,980
d Equipment		870,570	547,744	322,826
e Other		281,534	58,028	223,506
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,341,143

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments – Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) INTEREST PAYABLE	8,167
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	8,167

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

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

AVALON FOUNDATION, INC.

Employer identification number

52-1850874

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ALEXANDER BOND	(i) 151,487	(ii) 0	(iii) 0	0	11,708	163,195	0
1 EXEC. DIRECTOR	(ii) 0	0	0	0	0	0	0
2	(i)	(ii)	(iii)				
3	(i)	(ii)	(iii)				
4	(i)	(ii)	(iii)				
5	(i)	(ii)	(iii)				
6	(i)	(ii)	(iii)				
7	(i)	(ii)	(iii)				
8	(i)	(ii)	(iii)				
9	(i)	(ii)	(iii)				
10	(i)	(ii)	(iii)				
11	(i)	(ii)	(iii)				
12	(i)	(ii)	(iii)				
13	(i)	(ii)	(iii)				
14	(i)	(ii)	(iii)				
15	(i)	(ii)	(iii)				
16	(i)	(ii)	(iii)				

**SCHEDULE O
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022**Open to Public
Inspection**

Name of the organization

AVALON FOUNDATION, INC.

Employer identification number

52-1850874**FORM 990 - ORGANIZATION'S MISSION**

THE MISSION OF THE AVALON FOUNDATION IS TO FOSTER A STRONG COMMUNITY ON THE EASTERN SHORE BY CREATING ACCESSIBLE, UPLIFTING ARTS, EDUCATION, AND CULTURAL EXPERIENCES THAT APPEAL TO THE INTERESTS OF A DIVERSE POPULATION AND TO ENSURE THE LONG TERM VIABILITY OF THE HISTORIC AVALON THEATRE.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

MCTV PROVIDES LOCAL TELEVISION PROGRAMMING OPPORTUNITIES TO INDIVIDUALS AND INSTITUTIONS IN TALBOT COUNTY.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE FORM 990 IS FIRST REVIEWED AND APPROVED BY THE AVALON FOUNDATION'S EXECUTIVE COMMITTEE, THEN DISTRIBUTED TO THE AVALON BOARD OF TRUSTEES VIA EMAIL. ANY COMMENTS FROM THE BOARD ARE CONSIDERED BEFORE THE FORM IS FILED.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

AS PART OF THE ANNUAL MEETING CONFLICT STATEMENTS ARE SIGNED AND REVIEWED BY THE EXECUTIVE COMMITTEE.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

COMPENSATION FOR EXECUTIVES IS DISCUSSED ANNUALLY BY THE FINANCE COMMITTEE. COMPENSATION IS THEN VOTED BY THE BOARD AS PART OF THE ANNUAL BUDGET.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

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

Schedule O (Form 990) 2022

Name of the organization

Employer identification number

AVALON FOUNDATION, INC.

52-1850874

**ANY DOCUMENTS RELATED TO THE FOUNDATION'S GOVERNANCE, FINANCES, OR CONFLICT
OF INTEREST STATEMENT MAY BE OBTAINED IF REQUESTED IN WRITING.**

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

2022

Open to Public Inspection

AVALON FOUNDATION, INC.

Employer identification number

52-1850874

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) AVALON A1 CONDO GROUP 40 EAST DOVER STREET EASTON MD 21601	CONDO ASSN	MD	AVALON	C	-2,489	60,403	100.000000	X	
(2)									
(3)									
(4)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Form **4562**

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2022

Attachment Sequence No. **179**

AVALON FOUNDATION, INC.

Identifying number
52-1850874

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,080,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,700,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	249,207
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	6,069

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	69,800
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property	25,287	25 yrs.	MM	S/L	969
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property	09/16/22	39 yrs.	MM	S/L	16,531
				MM	S/L	

Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	342,576
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
3-year GDS Property:									
221	Avalon Corner (Kitchen Assets)	9/16/22	175,000		X	0	3 HY S/L	0	175,000
			<u>175,000</u>			<u>0</u>		<u>0</u>	<u>175,000</u>
5-year GDS Property:									
222	LED Panels & Hangers	11/21/22	41,867		X	0	5 HY 200DB	0	41,867
			<u>41,867</u>			<u>0</u>		<u>0</u>	<u>41,867</u>
10-year GDS Property:									
209	SLR Remodel - Resurfacing Tables/Bars/Flr	7/01/22	13,326		X	0	10 HY 200DB	0	13,326
210	SLR Remodel - New Sound System	7/01/22	19,014		X	0	10 HY 200DB	0	19,014
219	A&E Services - Building Permit for Pavilion Out Of Service: 11/30/21	8/08/22	3,737		X	3,737	10 HY 200DB	0	0
			<u>36,077</u>			<u>3,737</u>		<u>0</u>	<u>32,340</u>
25-year GDS Property:									
208	SLR Remodel - Windows	7/01/22	25,287			25,287	25 HY S/L	0	969
			<u>25,287</u>			<u>25,287</u>		<u>0</u>	<u>969</u>
Non-Residential Real Property:									
220	Avalon Corner (Building)	9/16/22	814,346			814,346	39 MMS/L	0	16,531
			<u>814,346</u>			<u>814,346</u>		<u>0</u>	<u>16,531</u>
Prior MACRS:									
98	LHI - Avalon 2rd Floor	11/23/09	153,055			153,055	39 MMS/L	48,308	3,826
99	Avalon 3rd Floor	6/08/10	306,288			306,288	39 MMS/L	94,570	7,853
102	Furniture - 3rd Floor	6/09/10	6,600		X	3,300	7 MQ200DB	6,600	0
106	Capitalized interest on \$100K loan	6/30/10	15,000			15,000	39 MMS/L	4,615	385
109	Satellite Installation	9/14/10	2,700		X	0	7 HY 200DB	2,700	0
111	Network Terminations/Admin	10/31/10	2,637		X	0	5 HY 200DB	2,637	0
115	Curtains	11/19/10	1,500		X	0	7 HY 200DB	1,500	0
116	Output Replacement for Sound Board	11/23/10	841		X	0	5 HY 200DB	841	0
119	Bag End Replacement/Balcony Woofer	2/12/11	515		X	0	7 HY 200DB	515	0
120	Curtain Project	2/21/11	2,407		X	0	7 HY 200DB	2,407	0
121	Canon 7D Camera	3/25/11	2,516		X	0	5 HY 200DB	2,516	0
128	Safe	3/02/12	499		X	249	7 HY 200DB	499	0
129	Led TV Light Panel	4/19/12	2,387		X	1,193	5 HY 200DB	2,387	0
135	Sound Equipment	4/13/13	1,794		X	897	7 HY 200DB	1,794	0
139	Projector	11/19/12	2,632		X	1,316	7 HY 200DB	2,632	0
140	Satellite Receiver	8/22/13	936		X	468	7 HY 200DB	936	0
141	HD Switcher for Met	8/29/13	3,203		X	1,601	7 HY 200DB	3,203	0
142	Sound Board	1/09/14	1,558		X	779	7 HY 200DB	1,558	0
143	iPad for Sound Board	1/22/14	499		X	249	7 HY 200DB	499	0
144	Sound Board - Stoltz	1/22/14	636		X	318	7 HY 200DB	636	0
147	Phase I Planning (Legal Fees)	5/31/19	41,775			41,775	39 MMS/L	3,347	1,071
153	Legal Fees for Acq. - Miles & Stockbridge	6/05/15	8,674			8,674	39 MMS/L	1,566	223
154	Legal Fees for Acq. - Miles & Stockbridge	6/05/15	902			902	39 MMS/L	163	23
155	Legal Fees for Acq. - Miles & Stockbridge	6/05/15	1,792			1,792	39 MMS/L	324	46
156	Legal fees for Acq. - Miles & Stockbridge	6/05/15	10,375			10,375	39 MMS/L	1,873	266
158	Carpet - Studio Downstairs	3/12/15	1,282			1,282	39 MMS/L	240	33
159	Curtains	3/10/15	1,752		X	876	7 HY 200DB	1,752	0
160	Avalon Condominium - Unit B	6/05/15	310,881			310,881	39 MMS/L	56,131	7,972
162	Projector	10/05/15	9,089		X	4,544	7 HY 200DB	8,886	203
163	Brickwork (Side of Building)	6/13/16	58,207			58,207	15 HY 150DB	28,992	3,437
164	Legal Fees for Acquist. - Miles & Stockbrid	10/14/15	16,582		X	8,291	15 HY 150DB	12,420	490
165	Credit Card Terminal	9/21/15	897		X	449	7 HY 200DB	877	20
166	Plotter	3/25/16	2,000		X	1,000	5 HY 200DB	2,000	0
167	Carpet - MCTV	5/10/16	1,907			1,907	7 HY 200DB	1,822	85
168	Laptop	6/28/16	1,898		X	949	5 HY 200DB	1,898	0
169	Inspection for MCTV Rodeo	6/06/16	2,500			2,500	7 HY 200DB	2,388	112
170	Front Doors (Bumpers/Exit Devices)	8/10/16	19,716		X	9,858	15 HY 150DB	14,186	582

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
171	Plumbing Improvements	12/02/16	10,223		X	5,111	7 HY 200DB	9,539	456
172	Marquee Improvements	2/18/17	3,200		X	1,600	7 HY 200DB	2,986	143
173	Heat Pump System (1st Floor Theatre Rear	3/01/17	10,800		X	5,400	7 HY 200DB	10,077	482
174	Gas Water Heater (Bathroom/Mop Sink/Bar	5/16/17	4,400		X	2,200	7 HY 200DB	4,105	197
175	Roof Hatch	8/11/17	9,400		X	4,700	15 HY S/L	6,110	313
176	STARS Plaque/Wall	9/20/16	9,683		X	4,841	7 HY 200DB	9,035	432
177	Eartec Comstar - 4 Person Wireless	11/28/16	4,584		X	2,292	3 HY 200DB	4,584	0
178	Power Edge T430 Server	4/28/17	4,775		X	2,388	5 HY 200DB	4,775	0
179	Electrical Hazard Removal/Floor Patching	6/14/17	6,945		X	3,473	7 HY 200DB	6,480	310
180	IT Support, Firewall, and Server Setup	10/31/17	3,013		X	0	5 HY 200DB	3,013	0
181	Camera Upgrades - Sony HD Cameras	5/03/18	23,868		X	0	5 HY 200DB	23,868	0
182	ATA Road Case for Yamaha M7CL/48	4/12/18	3,167		X	0	5 HY 200DB	3,167	0
183	Display Rack for PAE (Railings and Lights)	5/31/18	3,399		X	0	10 HY 200DB	3,399	0
184	Accounting Office Space	12/20/17	66,021			66,021	39 MMS/L	7,688	1,693
185	Balcony & Bathroom Renovations (#203 &	5/31/19	6,545			6,545	39 MMS/L	524	168
186	Theatre Floors Refinish	5/31/19	10,567			10,567	39 MMS/L	847	271
187	Decorative Paint (Entryway & Theatre) (#20	1/31/19	82,132			82,132	39 MMS/L	7,283	2,106
188	Plaster Restoration	5/31/19	27,575			27,575	39 MMS/L	2,210	707
189	Lobby & Hallway Lighting	5/31/19	13,845			13,845	39 MMS/L	1,109	355
190	Carpeting (#198)	12/31/18	29,010			29,010	39 MMS/L	2,634	744
191	3rd Floor Awning	11/25/17	15,000		X	0	15 HY S/L	15,000	0
192	Fly Space Rigging	12/06/17	71,935		X	0	15 HY S/L	71,935	0
193	Mixing Board and Installation	11/21/17	21,236			21,236	7 HY 200DB	16,498	1,895
194	Redevelopment of the Restrooms	5/31/19	12,739			12,739	39 MMS/L	1,021	326
195	Redesign Theatre Balcony	5/31/19	18,744			18,744	39 MMS/L	1,502	481
196	Legal Fees for Acq.: Unit A-1, A-2, and A-3	9/26/18	6,092			6,092	39 MMS/L	592	157
197	Cameras (MCTV)	8/07/18	6,261		X	0	5 HY 200DB	6,261	0
198	Carpeting (#190)	12/31/18	48,763			48,763	39 MMS/L	4,428	1,251
199	Laser Projector and Lens	1/11/19	8,863		X	0	7 HY 200DB	8,863	0
200	Theatrical Lighting	3/07/19	149,374		X	0	7 HY 200DB	149,374	0
201	Decorative Paint (Entryway & Theatre) (#18	1/31/19	208,529			208,529	39 MMS/L	18,491	5,347
202	Balcony Chairs	4/30/19	42,370		X	0	7 HY 200DB	42,370	0
203	Balcony & Bathroom Renovations (#185 &	5/31/19	931,235			931,235	39 MMS/L	74,618	23,878
204	Pump Motor (Elevator)	6/19/19	11,042			11,042	39 MMS/L	861	283
205	Dell 7730 Laptop	6/27/19	2,544		X	0	5 HY 200DB	2,544	0
206	Equipment Upgrades (MCTV)	8/20/19	18,845		X	0	5 HY 200DB	18,845	0
207	Balcony & Bathroom Renovations (#185 &	10/15/19	40,091			40,091	39 MMS/L	2,715	1,002
211	Apple Imac 27"	8/20/20	3,399		X	0	5 HY 200DB	3,399	0
212	MCTV Fader & Monitor	8/26/20	3,498		X	0	5 HY 200DB	3,498	0
213	Laptop/Keyboard/Mouse - AI Bond	3/01/21	5,604		X	0	5 HY 200DB	5,604	0
214	Digital Signage Player	3/11/21	4,010		X	0	5 HY 200DB	4,010	0
215	MCTV Equipment - Kabam's Studio	3/22/21	47,521		X	0	5 HY 200DB	47,521	0
216	MCTV Tricaster TC410 Plus and Accessori	7/07/21	10,231		X	0	5 HY 200DB	10,231	0
217	Theatre HVAC - Testing & Balancing Surve	12/31/21	6,876			6,876	39 MMS/L	96	176
218	Performance Based Analysis and Report	1/20/22	10,500		X	10,500	10 HY 200DB	0	0
	Out Of Service: 11/30/21								
225	Stoltz Pavilion	11/06/20	206,343		X	0	10 HY 200DB	206,343	0
	Out Of Service: 11/30/21								
			<u>3,243,229</u>			<u>2,532,522</u>		<u>1,150,271</u>	<u>69,800</u>

Other Depreciation:

41	FURMAN POWER CONDITIONERS (2)	2/01/01	300			300	7 MO S/L	300	0
48	PIANO	3/18/03	32,850			32,850	7 MO S/L	32,850	0
60	2ND FLOOR - OFFICE SPACE	11/20/03	236,706			236,706	39 MO S/L	115,905	6,069
61	2ND FLOOR FLOORING- LHI	9/06/05	3,830			3,830	7 MO S/L	3,830	0
62	2ND FLOOR FLOORING- LHI	12/30/05	461			461	7 MO S/L	461	0
65	STERLING CHAIRS	10/21/05	34,743			34,743	7 MO S/L	34,743	0
69	1/2 OF BOX OFFICE IMPROVEMENT	7/30/04	851			851	7 MO S/L	851	0
70	1/2 OF BOX OFFICE IMPROVEMENT	7/30/04	952			952	7 MO S/L	952	0
77	PHONE SYSTEM	7/19/06	507			507	7 MO S/L	507	0
82	STAGE FLOOR OUTLET IMPROVEMEN	5/12/04	562			562	7 MO S/L	562	0
84	THEATRE - POWER SEQUENCE EQUIP.	6/22/07	1,326			1,326	5 MO S/L	1,326	0
89	BETA MIC, STAND & BOOMS	3/25/08	728			728	7 MO S/L	728	0
90	LINE - INT	5/20/08	525			525	5 MO S/L	525	0
93	Architectural Services - Avalon II	6/30/09	3,400			3,400	7 MO S/L	3,400	0
94	Newtek TC Pro-Full Tricaster	7/30/08	6,947			6,947	7 MO S/L	6,947	0
95	Yamaha Digital Centralogic mixing cons/dis	8/19/08	20,224			20,224	7 MO S/L	20,224	0
97	New sound system	10/31/08	22,701			22,701	7 MO S/L	22,701	0
105	Avalon 2rd Floor - (LHI) FF	11/23/09	53,565			53,565	7 MO S/L	53,565	0

50810 Avalon Foundation, Inc.

52-1850874

FYE: 6/30/2023

Federal Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
131	Website Development - Modified Agile Sof	6/30/13	30,832			X	15,416	5 MO Amort	30,832	0
132	HVAC Stolz Listening Room	1/29/13	9,450				9,450	7 MO S/L	9,450	0
133	Electrical Improvements	10/19/12	1,004				1,004	7 MO S/L	1,004	0
134	HVAC Avalon 3rd Floor	1/29/13	6,000				6,000	7 MO S/L	6,000	0
146	Software Development - Plein Air	9/02/13	2,250			X	1,125	5 MO Amort	2,250	0
148	Camera Equipment - B&H Photo	2/25/15	13,520				13,520	5 MO S/L	13,520	0
149	Camera Equipment - B&H Photo	2/25/15	25,513				25,513	5 MO S/L	25,513	0
150	Soundboard	8/29/14	4,318				4,318	7 MO S/L	4,318	0
151	Soundboard	9/08/14	1,861				1,861	7 MO S/L	1,861	0
152	Digital Camera & Lenses	7/28/14	7,606				7,606	5 MO S/L	7,606	0
157	Network Infrastructure Devices	7/03/14	2,592				2,592	5 MO S/L	2,592	0
161	Avalon Condominium Unit B - LAND	6/05/15	103,627				103,627	0 -- Land	0	0
223	Concept Design (Avalon Theater)	3/15/23	9,000				9,000	0 -- Memo	0	0
224	Website Rebuild (Drupal)	6/30/23	25,280				25,280	0 -- Memo	0	0
	Total Other Depreciation		<u>664,031</u>				<u>647,490</u>		<u>405,323</u>	<u>6,069</u>
	Total ACRS and Other Depreciation		<u>664,031</u>				<u>647,490</u>		<u>405,323</u>	<u>6,069</u>
	Grand Totals		4,999,837				4,023,382		1,555,594	342,576
	Less: Dispositions and Transfers		0				0		0	0
	Less: Start-up/Org Expense		0				0		0	0
	Net Grand Totals		<u>4,999,837</u>				<u>4,023,382</u>		<u>1,555,594</u>	<u>342,576</u>

MD Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	MD Prior	MD Current	Federal Current	Difference Fed - MD
3-year GDS Property:								
221	Avalon Corner (Kitchen Assets)	9/16/22	175,000	175,000	0	58,333	175,000	116,667
			<u>175,000</u>	<u>175,000</u>	<u>0</u>	<u>58,333</u>	<u>175,000</u>	<u>116,667</u>
5-year GDS Property:								
222	LED Panels & Hangers	11/21/22	41,867	41,867	0	8,373	41,867	33,494
			<u>41,867</u>	<u>41,867</u>	<u>0</u>	<u>8,373</u>	<u>41,867</u>	<u>33,494</u>
10-year GDS Property:								
209	SLR Remodel - Resurfacing Tables/Bars/Flr	7/01/22	13,326	13,326	0	1,333	13,326	11,993
210	SLR Remodel - New Sound System	7/01/22	19,014	19,014	0	1,901	19,014	17,113
219	A&E Services - Building Permit for Pavilion Out Of Service: 11/30/21	8/08/22	3,737	3,737	0	0	0	0
			<u>36,077</u>	<u>36,077</u>	<u>0</u>	<u>3,234</u>	<u>32,340</u>	<u>29,106</u>
25-year GDS Property:								
208	SLR Remodel - Windows	7/01/22	25,287	25,287	0	969	969	0
			<u>25,287</u>	<u>25,287</u>	<u>0</u>	<u>969</u>	<u>969</u>	<u>0</u>
Non-Residential Real Property:								
220	Avalon Corner (Building)	9/16/22	814,346	814,346	0	16,531	16,531	0
			<u>814,346</u>	<u>814,346</u>	<u>0</u>	<u>16,531</u>	<u>16,531</u>	<u>0</u>
Prior MACRS:								
98	LHI - Avalon 2rd Floor	11/23/09	153,055	153,055	48,308	3,826	3,826	0
99	Avalon 3rd Floor	6/08/10	306,288	306,288	94,570	7,853	7,853	0
102	Furniture - 3rd Floor	6/09/10	6,600	6,600	6,600	0	0	0
106	Capitalized interest on \$100K loan	6/30/10	15,000	15,000	4,615	385	385	0
109	Satellite Installation	9/14/10	2,700	2,700	2,700	0	0	0
111	Network Terminations/Admin	10/31/10	2,637	2,637	2,637	0	0	0
115	Curtains	11/19/10	1,500	1,500	1,500	0	0	0
116	Output Replacement for Sound Board	11/23/10	841	841	841	0	0	0
119	Bag End Replacement/Balcony Woofer	2/12/11	515	515	515	0	0	0
120	Curtain Project	2/21/11	2,407	2,407	2,407	0	0	0
121	Canon 7D Camera	3/25/11	2,516	2,516	2,516	0	0	0
128	Safe	3/02/12	499	499	499	0	0	0
129	Led TV Light Panel	4/19/12	2,387	2,387	2,387	0	0	0
135	Sound Equipment	4/13/13	1,794	1,794	1,794	0	0	0
139	Projector	11/19/12	2,632	2,632	2,632	0	0	0
140	Satellite Receiver	8/22/13	936	936	936	0	0	0
141	HD Switcher for Met	8/29/13	3,203	3,203	3,203	0	0	0
142	Sound Board	1/09/14	1,558	1,558	1,558	0	0	0
143	iPad for Sound Board	1/22/14	499	499	499	0	0	0
144	Sound Board - Stoltz	1/22/14	636	636	636	0	0	0
147	Phase I Planning (Legal Fees)	5/31/19	41,775	41,775	3,347	1,071	1,071	0
153	Legal Fees for Acq. - Miles & Stockbridge	6/05/15	8,674	8,674	1,566	223	223	0
154	Legal Fees for Acq. - Miles & Stockbridge	6/05/15	902	902	163	23	23	0
155	Legal Fees for Acq. - Miles & Stockbridge	6/05/15	1,792	1,792	324	46	46	0
156	Legal fees for Acq. - Miles & Stockbridge	6/05/15	10,375	10,375	1,873	266	266	0
158	Carpet - Studio Downstairs	3/12/15	1,282	1,282	240	33	33	0
159	Curtains	3/10/15	1,752	1,752	1,752	0	0	0
160	Avalon Condominium - Unit B	6/05/15	310,881	310,881	56,131	7,972	7,972	0
162	Projector	10/05/15	9,089	9,089	8,683	406	203	-203
163	Brickwork (Side of Building)	6/13/16	58,207	58,207	28,992	3,437	3,437	0
164	Legal Fees for Acquist. - Miles & Stockbrid	10/14/15	16,582	16,582	8,259	979	490	-489
165	Credit Card Terminal	9/21/15	897	897	857	40	20	-20
166	Plotter	3/25/16	2,000	2,000	2,000	0	0	0
167	Carpet - MCTV	5/10/16	1,907	1,907	1,822	85	85	0
168	Laptop	6/28/16	1,898	1,898	1,898	0	0	0
169	Inspection for MCTV Rodeo	6/06/16	2,500	2,500	2,388	112	112	0
170	Front Doors (Bumpers/Exit Devices)	8/10/16	19,716	19,716	8,656	1,164	582	-582

MD Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	MD Prior	MD Current	Federal Current	Difference Fed - MD
171	Plumbing Improvements	12/02/16	10,223	10,223	8,854	913	456	-457
172	Marquee Improvements	2/18/17	3,200	3,200	2,772	285	143	-142
173	Heat Pump System (1st Floor Theatre Rear	3/01/17	10,800	10,800	9,354	964	482	-482
174	Gas Water Heater (Bathroom/Mop Sink/Bar	5/16/17	4,400	4,400	3,811	393	197	-196
175	Roof Hatch	8/11/17	9,400	9,400	3,541	586	313	-273
176	STARS Plaque/Wall	9/20/16	9,683	9,683	8,387	864	432	-432
177	Eartec Comstar - 4 Person Wireless	11/28/16	4,584	4,584	4,584	0	0	0
178	Power Edge T430 Server	4/28/17	4,775	4,775	4,775	0	0	0
179	Electrical Hazard Removal/Floor Patching	6/14/17	6,945	6,945	6,015	620	310	-310
180	IT Support, Firewall, and Server Setup	10/31/17	3,013	3,013	2,885	128	0	-128
181	Camera Upgrades - Sony HD Cameras	5/03/18	23,868	23,868	21,582	2,286	0	-2,286
182	ATA Road Case for Yamaha M7CL/48	4/12/18	3,167	3,167	2,864	303	0	-303
183	Display Rack for PAE (Railings and Lights)	5/31/18	3,399	3,399	2,042	271	0	-271
184	Accounting Office Space	12/20/17	66,021	66,021	7,688	1,693	1,693	0
185	Balcony & Bathroom Renovations (#203 &	5/31/19	6,545	6,545	524	168	168	0
186	Theatre Floors Refinish	5/31/19	10,567	10,567	847	271	271	0
187	Decorative Paint (Entryway & Theatre) (#20	1/31/19	82,132	82,132	7,283	2,106	2,106	0
188	Plaster Restoration	5/31/19	27,575	27,575	2,210	707	707	0
189	Lobby & Hallway Lighting	5/31/19	13,845	13,845	1,109	355	355	0
190	Carpeting (#198)	12/31/18	29,010	29,010	2,634	744	744	0
191	3rd Floor Awning	11/25/17	15,000	15,000	1,779	384	0	-384
192	Fly Space Rigging	12/06/17	71,935	71,935	8,377	1,845	0	-1,845
193	Mixing Board and Installation	11/21/17	21,236	21,236	16,762	1,884	1,895	11
194	Redevelopment of the Restrooms	5/31/19	12,739	12,739	1,021	326	326	0
195	Redesign Theatre Balcony	5/31/19	18,744	18,744	1,502	481	481	0
196	Legal Fees for Acq.: Unit A-1, A-2, and A-3	9/26/18	6,092	6,092	592	157	157	0
197	Cameras (MCTV)	8/07/18	6,261	6,261	5,179	722	0	-722
198	Carpeting (#190)	12/31/18	48,763	48,763	4,428	1,251	1,251	0
199	Laser Projector and Lens	1/11/19	8,863	8,863	6,094	791	0	-791
200	Theatrical Lighting	3/07/19	149,374	149,374	102,714	13,332	0	-13,332
201	Decorative Paint (Entryway & Theatre) (#18	1/31/19	208,529	208,529	18,491	5,347	5,347	0
202	Balcony Chairs	4/30/19	42,370	42,370	29,135	3,782	0	-3,782
203	Balcony & Bathroom Renovations (#185 &	5/31/19	931,235	931,235	74,618	23,878	23,878	0
204	Pump Motor (Elevator)	6/19/19	11,042	11,042	861	283	283	0
205	Dell 7730 Laptop	6/27/19	2,544	2,544	2,104	293	0	-293
206	Equipment Upgrades (MCTV)	8/20/19	18,845	18,845	13,418	2,170	0	-2,170
207	Balcony & Bathroom Renovations (#185 &	10/15/19	40,091	40,091	2,784	1,028	1,002	-26
211	Apple Imac 27"	8/20/20	3,399	3,399	1,767	653	0	-653
212	MCTV Fader & Monitor	8/26/20	3,498	3,498	1,819	672	0	-672
213	Laptop/Keyboard/Mouse - AI Bond	3/01/21	5,604	5,604	2,914	1,076	0	-1,076
214	Digital Signage Player	3/11/21	4,010	4,010	2,085	770	0	-770
215	MCTV Equipment - Kabam's Studio	3/22/21	47,521	47,521	24,711	9,124	0	-9,124
216	MCTV Tricaster TC410 Plus and Accessori	7/07/21	10,231	10,231	2,046	3,274	0	-3,274
217	Theatre HVAC - Testing & Balancing Surve	12/31/21	6,876	6,876	96	176	176	0
218	Performance Based Analysis and Report	1/20/22	10,500	10,500	0	0	0	0
	Out Of Service: 11/30/21							
225	Stoltz Pavilion	11/06/20	206,343	206,343	39,205	0	0	0
	Out Of Service: 11/30/21							
			<u>3,243,229</u>	<u>3,243,229</u>	<u>778,567</u>	<u>115,277</u>	<u>69,800</u>	<u>-45,477</u>

Other Depreciation:

41	FURMAN POWER CONDITIONERS (2)	2/01/01	300	300	300	0	0	0
48	PIANO	3/18/03	32,850	32,850	32,850	0	0	0
60	2ND FLOOR - OFFICE SPACE	11/20/03	236,706	236,706	115,905	6,069	6,069	0
61	2ND FLOOR FLOORING- LHI	9/06/05	3,830	3,830	3,830	0	0	0
62	2ND FLOOR FLOORING- LHI	12/30/05	461	461	461	0	0	0
65	STERLING CHAIRS	10/21/05	34,743	34,743	34,743	0	0	0
69	1/2 OF BOX OFFICE IMPROVEMENT	7/30/04	851	851	851	0	0	0
70	1/2 OF BOX OFFICE IMPROVEMENT	7/30/04	952	952	952	0	0	0
77	PHONE SYSTEM	7/19/06	507	507	507	0	0	0
82	STAGE FLOOR OUTLET IMPROVEMEN	5/12/04	562	562	562	0	0	0
84	THEATRE - POWER SEQUENCE EQUIP.	6/22/07	1,326	1,326	1,326	0	0	0
89	BETA MIC, STAND & BOOMS	3/25/08	728	728	728	0	0	0
90	LINE - INT	5/20/08	525	525	525	0	0	0
93	Architectural Services - Avalon II	6/30/09	3,400	3,400	3,400	0	0	0
94	Newtek TC Pro-Full Tricaster	7/30/08	6,947	6,947	6,947	0	0	0
95	Yamaha Digital Centralogic mixing cons/dis	8/19/08	20,224	20,224	20,224	0	0	0
97	New sound system	10/31/08	22,701	22,701	22,701	0	0	0
105	Avalon 2rd Floor - (LHI) FF	11/23/09	53,565	53,565	53,565	0	0	0

MD Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	MD Prior	MD Current	Federal Current	Difference Fed - MD
131	Website Development - Modified Agile Sof	6/30/13	30,832	30,832	30,832	0	0	0
132	HVAC Stolz Listening Room	1/29/13	9,450	9,450	9,450	0	0	0
133	Electrical Improvements	10/19/12	1,004	1,004	1,004	0	0	0
134	HVAC Avalon 3rd Floor	1/29/13	6,000	6,000	6,000	0	0	0
146	Software Development - Plein Air	9/02/13	2,250	2,250	2,250	0	0	0
148	Camera Equipment - B&H Photo	2/25/15	13,520	13,520	13,520	0	0	0
149	Camera Equipment - B&H Photo	2/25/15	25,513	25,513	25,513	0	0	0
150	Soundboard	8/29/14	4,318	4,318	4,318	0	0	0
151	Soundboard	9/08/14	1,861	1,861	1,861	0	0	0
152	Digital Camera & Lenses	7/28/14	7,606	7,606	7,606	0	0	0
157	Network Infrastructure Devices	7/03/14	2,592	2,592	2,592	0	0	0
161	Avalon Condominium Unit B - LAND	6/05/15	103,627	103,627	0	0	0	0
223	Concept Design (Avalon Theater)	3/15/23	9,000	9,000	0	0	0	0
224	Website Rebuild (Drupal)	6/30/23	25,280	25,280	0	0	0	0
Total Other Depreciation			<u>664,031</u>	<u>664,031</u>	<u>405,323</u>	<u>6,069</u>	<u>6,069</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>664,031</u>	<u>664,031</u>	<u>405,323</u>	<u>6,069</u>	<u>6,069</u>	<u>0</u>
Grand Totals			4,999,837	4,999,837	1,183,890	208,786	342,576	133,790
Less: Dispositions			0	0	0	0	0	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			<u>4,999,837</u>	<u>4,999,837</u>	<u>1,183,890</u>	<u>208,786</u>	<u>342,576</u>	<u>133,790</u>

Bonus Depreciation Report

Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
102	Furniture - 3rd Floor	6/09/10	6,600		0	0	3,300	3,300
109	Satellite Installation	9/14/10	2,700		0	0	2,700	0
111	Network Terminations/Admin	10/31/10	2,637		0	0	2,637	0
115	Curtains	11/19/10	1,500		0	0	1,500	0
116	Output Replacement for Sound Board	11/23/10	841		0	0	841	0
119	Bag End Replacement/Balcony Woofer	2/12/11	515		0	0	515	0
120	Curtain Project	2/21/11	2,407		0	0	2,407	0
121	Canon 7D Camera	3/25/11	2,516		0	0	2,516	0
128	Safe	3/02/12	499		0	0	250	249
129	Led TV Light Panel	4/19/12	2,387		0	0	1,194	1,193
131	Website Development - Modified Agile Softw	6/30/13	30,832		0	0	15,416	15,416
135	Sound Equipment	4/13/13	1,794		0	0	897	897
139	Projector	11/19/12	2,632		0	0	1,316	1,316
140	Satellite Receiver	8/22/13	936		0	0	468	468
141	HD Switcher for Met	8/29/13	3,203		0	0	1,602	1,601
142	Sound Board	1/09/14	1,558		0	0	779	779
143	iPad for Sound Board	1/22/14	499		0	0	250	249
144	Sound Board - Stoltz	1/22/14	636		0	0	318	318
146	Software Development - Plein Air	9/02/13	2,250		0	0	1,125	1,125
147	Phase I Planning (Legal Fees)	5/31/19	41,775		0	0	0	41,775
159	Curtains	3/10/15	1,752		0	0	876	876
162	Projector	10/05/15	9,089		0	0	4,545	4,544
164	Legal Fees for Acquist. - Miles & Stockbridge	10/14/15	16,582		0	0	8,291	8,291
165	Credit Card Terminal	9/21/15	897		0	0	448	449
166	Plotter	3/25/16	2,000		0	0	1,000	1,000
168	Laptop	6/28/16	1,898		0	0	949	949
170	Front Doors (Bumpers/Exit Devices)	8/10/16	19,716		0	0	9,858	9,858
171	Plumbing Improvements	12/02/16	10,223		0	0	5,112	5,111
172	Marquee Improvements	2/18/17	3,200		0	0	1,600	1,600
173	Heat Pump System (1st Floor Theatre Rear A)	3/01/17	10,800		0	0	5,400	5,400
174	Gas Water Heater (Bathroom/Mop Sink/Bar /	5/16/17	4,400		0	0	2,200	2,200
175	Roof Hatch	8/11/17	9,400		0	0	4,700	4,700
176	STARS Plaque/Wall	9/20/16	9,683		0	0	4,842	4,841
177	Eartec Comstar - 4 Person Wireless	11/28/16	4,584		0	0	2,292	2,292
178	Power Edge T430 Server	4/28/17	4,775		0	0	2,387	2,388
179	Electrical Hazard Removal/Floor Patching	6/14/17	6,945		0	0	3,472	3,473
180	IT Support, Firewall, and Server Setup	10/31/17	3,013		0	0	3,013	0
181	Camera Upgrades - Sony HD Cameras	5/03/18	23,868		0	0	23,868	0
182	ATA Road Case for Yamaha M7CL/48	4/12/18	3,167		0	0	3,167	0
183	Display Rack for PAE (Railings and Lights)	5/31/18	3,399		0	0	3,399	0
185	Balcony & Bathroom Renovations (#203 & #	5/31/19	6,545		0	0	0	6,545
186	Theatre Floors Refinish	5/31/19	10,567		0	0	0	10,567
187	Decorative Paint (Entryway & Theatre) (#200	1/31/19	82,132		0	0	0	82,132
188	Plaster Restoration	5/31/19	27,575		0	0	0	27,575
189	Lobby & Hallway Lighting	5/31/19	13,845		0	0	0	13,845
190	Carpeting (#198)	12/31/18	29,010		0	0	0	29,010
191	3rd Floor Awning	11/25/17	15,000		0	0	15,000	0
192	Fly Space Rigging	12/06/17	71,935		0	0	71,935	0
194	Redevelopment of the Restrooms	5/31/19	12,739		0	0	0	12,739
195	Redesign Theatre Balcony	5/31/19	18,744		0	0	0	18,744
196	Legal Fees for Acq.: Unit A-1, A-2, and A-3	9/26/18	6,092		0	0	0	6,092
197	Cameras (MCTV)	8/07/18	6,261		0	0	6,261	0
198	Carpeting (#190)	12/31/18	48,763		0	0	0	48,763
199	Laser Projector and Lens	1/11/19	8,863		0	0	8,863	0
200	Theatrical Lighting	3/07/19	149,374		0	0	149,374	0
201	Decorative Paint (Entryway & Theatre) (#187	1/31/19	208,529		0	0	0	208,529
202	Balcony Chairs	4/30/19	42,370		0	0	42,370	0
203	Balcony & Bathroom Renovations (#185 & #	5/31/19	931,235		0	0	0	931,235
204	Pump Motor (Elevator)	6/19/19	11,042		0	0	0	11,042
205	Dell 7730 Laptop	6/27/19	2,544		0	0	2,544	0
206	Equipment Upgrades (MCTV)	8/20/19	18,845		0	0	18,845	0
207	Balcony & Bathroom Renovations (#185 & #	10/15/19	40,091		0	0	0	40,091
209	SLR Remodel - Resurfacing Tables/Bars/Floc	7/01/22	13,326		0	13,326	0	0
210	SLR Remodel - New Sound System	7/01/22	19,014		0	19,014	0	0
211	Apple Imac 27"	8/20/20	3,399		0	0	3,399	0
212	MCTV Fader & Monitor	8/26/20	3,498		0	0	3,498	0
213	Laptop/Keyboard/Mouse - Al Bond	3/01/21	5,604		0	0	5,604	0
214	Digital Signage Player	3/11/21	4,010		0	0	4,010	0
215	MCTV Equipment - Kabam's Studio	3/22/21	47,521		0	0	47,521	0
216	MCTV Tricaster TC410 Plus and Accessories	7/07/21	10,231		0	0	10,231	0
217	Theatre HVAC - Testing & Balancing Survey	12/31/21	6,876		0	0	0	6,876

50810 Avalon Foundation, Inc.

52-1850874

FYE: 6/30/2023

Bonus Depreciation Report

Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
218	Performance Based Analysis and Report	1/20/22	10,500		0	0	0	10,500
219	A&E Services - Building Permit for Pavilion	8/08/22	3,737		0	0	0	3,737
221	Avalon Corner (Kitchen Assets)	9/16/22	175,000		0	175,000	0	0
222	LED Panels & Hangers	11/21/22	41,867		0	41,867	0	0
225	Stoltz Pavilion	11/06/20	206,343		0	0	206,343	0
Grand Total			<u>2,571,135</u>		<u>0</u>	<u>249,207</u>	<u>727,248</u>	<u>1,594,680</u>

50810 Avalon Foundation, Inc.

52-1850874

FYE: 6/30/2023

Depreciation Adjustment Report
All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
98	LHI - Avalon 2rd Floor	11/23/09	153,055	3,827	0
99	Avalon 3rd Floor	6/08/10	306,288	7,854	0
102	Furniture - 3rd Floor	6/09/10	6,600	0	0
106	Capitalized interest on \$100K loan	6/30/10	15,000	385	0
109	Satellite Installation	9/14/10	2,700	0	0
111	Network Terminations/Admin	10/31/10	2,637	0	0
115	Curtains	11/19/10	1,500	0	0
116	Output Replacement for Sound Board	11/23/10	841	0	0
119	Bag End Replacement/Balcony Woofer	2/12/11	515	0	0
120	Curtain Project	2/21/11	2,407	0	0
121	Canon 7D Camera	3/25/11	2,516	0	0
128	Safe	3/02/12	499	0	0
129	Led TV Light Panel	4/19/12	2,387	0	0
135	Sound Equipment	4/13/13	1,794	0	0
139	Projector	11/19/12	2,632	0	0
140	Satellite Receiver	8/22/13	936	0	0
141	HD Switcher for Met	8/29/13	3,203	0	0
142	Sound Board	1/09/14	1,558	0	0
143	iPad for Sound Board	1/22/14	499	0	0
144	Sound Board - Stoltz	1/22/14	636	0	0
147	Phase I Planning (Legal Fees)	5/31/19	41,775	1,072	0
153	Legal Fees for Acq. - Miles & Stockbridge	6/05/15	8,674	222	0
154	Legal Fees for Acq. - Miles & Stockbridge	6/05/15	902	23	0
155	Legal Fees for Acq. - Miles & Stockbridge	6/05/15	1,792	45	0
156	Legal fees for Acq. - Miles & Stockbridge	6/05/15	10,375	266	0
158	Carpet - Studio Downstairs	3/12/15	1,282	33	0
159	Curtains	3/10/15	1,752	0	0
160	Avalon Condominium - Unit B	6/05/15	310,881	7,971	0
162	Projector	10/05/15	9,089	0	0
163	Brickwork (Side of Building)	6/13/16	58,207	3,437	0
164	Legal Fees for Acquist. - Miles & Stockbridge	10/14/15	16,582	489	0
165	Credit Card Terminal	9/21/15	897	0	0
166	Plotter	3/25/16	2,000	0	0
167	Carpet - MCTV	5/10/16	1,907	0	0
168	Laptop	6/28/16	1,898	0	0
169	Inspection for MCTV Rodeo	6/06/16	2,500	0	0
170	Front Doors (Bumpers/Exit Devices)	8/10/16	19,716	582	0
171	Plumbing Improvements	12/02/16	10,223	228	0
172	Marquee Improvements	2/18/17	3,200	71	0
173	Heat Pump System (1st Floor Theatre Rear Area)	3/01/17	10,800	241	0
174	Gas Water Heater (Bathroom/Mop Sink/Bar Area)	5/16/17	4,400	98	0
175	Roof Hatch	8/11/17	9,400	314	0
176	STARS Plaque/Wall	9/20/16	9,683	216	0
177	Eartec Comstar - 4 Person Wireless	11/28/16	4,584	0	0
178	Power Edge T430 Server	4/28/17	4,775	0	0
179	Electrical Hazard Removal/Floor Patching	6/14/17	6,945	155	0
180	IT Support, Firewall, and Server Setup	10/31/17	3,013	0	0
181	Camera Upgrades - Sony HD Cameras	5/03/18	23,868	0	0
182	ATA Road Case for Yamaha M7CL/48	4/12/18	3,167	0	0
183	Display Rack for PAE (Railings and Lights)	5/31/18	3,399	0	0
184	Accounting Office Space	12/20/17	66,021	1,693	0
185	Balcony & Bathroom Renovations (#203 & #207)	5/31/19	6,545	168	0
186	Theatre Floors Refinish	5/31/19	10,567	271	0
187	Decorative Paint (Entryway & Theatre) (#200)	1/31/19	82,132	2,106	0
188	Plaster Restoration	5/31/19	27,575	707	0
189	Lobby & Hallway Lighting	5/31/19	13,845	355	0
190	Carpeting (#198)	12/31/18	29,010	744	0
191	3rd Floor Awning	11/25/17	15,000	0	0
192	Fly Space Rigging	12/06/17	71,935	0	0
193	Mixing Board and Installation	11/21/17	21,236	1,895	0
194	Redevelopment of the Restrooms	5/31/19	12,739	327	0
195	Redesign Theatre Balcony	5/31/19	18,744	480	0
196	Legal Fees for Acq.: Unit A-1, A-2, and A-3	9/26/18	6,092	156	0
197	Cameras (MCTV)	8/07/18	6,261	0	0
198	Carpeting (#190)	12/31/18	48,763	1,250	0
199	Laser Projector and Lens	1/11/19	8,863	0	0
200	Theatrical Lighting	3/07/19	149,374	0	0

Asset	Description	Date In Service	Cost	Tax	AMT
201	Decorative Paint (Entryway & Theatre) (#187)	1/31/19	208,529	5,347	0
202	Balcony Chairs	4/30/19	42,370	0	0
203	Balcony & Bathroom Renovations (#185 & #207)	5/31/19	931,235	23,878	0
204	Pump Motor (Elevator)	6/19/19	11,042	283	0
205	Dell 7730 Laptop	6/27/19	2,544	0	0
206	Equipment Upgrades (MCTV)	8/20/19	18,845	0	0
207	Balcony & Bathroom Renovations (#185 & #207)	10/15/19	40,091	1,002	0
208	SLR Remodel - Windows	7/01/22	25,287	1,012	0
209	SLR Remodel - Resurfacing Tables/Bars/Floord	7/01/22	13,326	0	0
210	SLR Remodel - New Sound System	7/01/22	19,014	0	0
211	Apple Imac 27"	8/20/20	3,399	0	0
212	MCTV Fader & Monitor	8/26/20	3,498	0	0
213	Laptop/Keyboard/Mouse - Al Bond	3/01/21	5,604	0	0
214	Digital Signage Player	3/11/21	4,010	0	0
215	MCTV Equipment - Kabam's Studio	3/22/21	47,521	0	0
216	MCTV Tricaster TC410 Plus and Accessories	7/07/21	10,231	0	0
217	Theatre HVAC - Testing & Balancing Survey	12/31/21	6,876	176	0
218	Performance Based Analysis and Report	1/20/22	10,500	0	0
219	A&E Services - Building Permit for Pavilion	8/08/22	3,737	0	0
220	Avalon Corner (Building)	9/16/22	814,346	20,880	0
221	Avalon Corner (Kitchen Assets)	9/16/22	175,000	0	0
222	LED Panels & Hangers	11/21/22	41,867	0	0
225	Stoltz Pavilion	11/06/20	206,343	0	0
			<u>4,335,806</u>	<u>90,259</u>	<u>0</u>

Other Depreciation:

41	FURMAN POWER CONDITIONERS (2)	2/01/01	300	0	0
48	PIANO	3/18/03	32,850	0	0
60	2ND FLOOR - OFFICE SPACE	11/20/03	236,706	6,070	0
61	2ND FLOOR FLOORING- LHI	9/06/05	3,830	0	0
62	2ND FLOOR FLOORING- LHI	12/30/05	461	0	0
65	STERLING CHAIRS	10/21/05	34,743	0	0
69	1/2 OF BOX OFFICE IMPROVEMENT	7/30/04	851	0	0
70	1/2 OF BOX OFFICE IMPROVEMENT	7/30/04	952	0	0
77	PHONE SYSTEM	7/19/06	507	0	0
82	STAGE FLOOR OUTLET IMPROVEMENT - I	5/12/04	562	0	0
84	THEATRE - POWER SEQUENCE EQUIPMEN	6/22/07	1,326	0	0
89	BETA MIC, STAND & BOOMS	3/25/08	728	0	0
90	LINE - INT	5/20/08	525	0	0
93	Architectural Services - Avalon II	6/30/09	3,400	0	0
94	Newtek TC Pro-Full Tricaster	7/30/08	6,947	0	0
95	Yamaha Digital Centralogic mixing cons/disp	8/19/08	20,224	0	0
97	New sound system	10/31/08	22,701	0	0
105	Avalon 2rd Floor - (LHI) FF	11/23/09	53,565	0	0
131	Website Development - Modified Agile Software	6/30/13	30,832	0	0
132	HVAC Stolz Listening Room	1/29/13	9,450	0	0
133	Electrical Improvements	10/19/12	1,004	0	0
134	HVAC Avalon 3rd Floor	1/29/13	6,000	0	0
146	Software Development - Plein Air	9/02/13	2,250	0	0
148	Camera Equipment - B&H Photo	2/25/15	13,520	0	0
149	Camera Equipment - B&H Photo	2/25/15	25,513	0	0
150	Soundboard	8/29/14	4,318	0	0
151	Soundboard	9/08/14	1,861	0	0
152	Digital Camera & Lenses	7/28/14	7,606	0	0
157	Network Infrastructure Devices	7/03/14	2,592	0	0
161	Avalon Condominium Unit B - LAND	6/05/15	103,627	0	0
223	Concept Design (Avalon Theater)	3/15/23	9,000	0	0
224	Website Rebuild (Drupal)	6/30/23	25,280	0	0
	Total Other Depreciation		<u>664,031</u>	<u>6,070</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>664,031</u>	<u>6,070</u>	<u>0</u>
	Grand Totals		<u>4,999,837</u>	<u>96,329</u>	<u>0</u>

Asset	Description	Date In Service	Cost	MD
Prior MACRS:				
98	LHI - Avalon 2rd Floor	11/23/09	153,055	3,827
99	Avalon 3rd Floor	6/08/10	306,288	7,854
102	Furniture - 3rd Floor	6/09/10	6,600	0
106	Capitalized interest on \$100K loan	6/30/10	15,000	385
109	Satellite Installation	9/14/10	2,700	0
111	Network Terminations/Admin	10/31/10	2,637	0
115	Curtains	11/19/10	1,500	0
116	Output Replacement for Sound Board	11/23/10	841	0
119	Bag End Replacement/Balcony Woofer	2/12/11	515	0
120	Curtain Project	2/21/11	2,407	0
121	Canon 7D Camera	3/25/11	2,516	0
128	Safe	3/02/12	499	0
129	Led TV Light Panel	4/19/12	2,387	0
135	Sound Equipment	4/13/13	1,794	0
139	Projector	11/19/12	2,632	0
140	Satellite Receiver	8/22/13	936	0
141	HD Switcher for Met	8/29/13	3,203	0
142	Sound Board	1/09/14	1,558	0
143	iPad for Sound Board	1/22/14	499	0
144	Sound Board - Stoltz	1/22/14	636	0
147	Phase I Planning (Legal Fees)	5/31/19	41,775	1,072
153	Legal Fees for Acq. - Miles & Stockbridge	6/05/15	8,674	222
154	Legal Fees for Acq. - Miles & Stockbridge	6/05/15	902	23
155	Legal Fees for Acq. - Miles & Stockbridge	6/05/15	1,792	45
156	Legal fees for Acq. - Miles & Stockbridge	6/05/15	10,375	266
158	Carpet - Studio Downstairs	3/12/15	1,282	33
159	Curtains	3/10/15	1,752	0
160	Avalon Condominium - Unit B	6/05/15	310,881	7,971
162	Projector	10/05/15	9,089	0
163	Brickwork (Side of Building)	6/13/16	58,207	3,437
164	Legal Fees for Acquist. - Miles & Stockbridge	10/14/15	16,582	979
165	Credit Card Terminal	9/21/15	897	0
166	Plotter	3/25/16	2,000	0
167	Carpet - MCTV	5/10/16	1,907	0
168	Laptop	6/28/16	1,898	0
169	Inspection for MCTV Rodeo	6/06/16	2,500	0
170	Front Doors (Bumpers/Exit Devices)	8/10/16	19,716	1,164
171	Plumbing Improvements	12/02/16	10,223	456
172	Marquee Improvements	2/18/17	3,200	143
173	Heat Pump System (1st Floor Theatre Rear Area)	3/01/17	10,800	482
174	Gas Water Heater (Bathroom/Mop Sink/Bar Area)	5/16/17	4,400	196
175	Roof Hatch	8/11/17	9,400	555
176	STARS Plaque/Wall	9/20/16	9,683	432
177	Eartec Comstar - 4 Person Wireless	11/28/16	4,584	0
178	Power Edge T430 Server	4/28/17	4,775	0
179	Electrical Hazard Removal/Floor Patching	6/14/17	6,945	310
180	IT Support, Firewall, and Server Setup	10/31/17	3,013	0
181	Camera Upgrades - Sony HD Cameras	5/03/18	23,868	0
182	ATA Road Case for Yamaha M7CL/48	4/12/18	3,167	0
183	Display Rack for PAE (Railings and Lights)	5/31/18	3,399	223
184	Accounting Office Space	12/20/17	66,021	1,693
185	Balcony & Bathroom Renovations (#203 & #207)	5/31/19	6,545	168
186	Theatre Floors Refinish	5/31/19	10,567	271
187	Decorative Paint (Entryway & Theatre) (#200)	1/31/19	82,132	2,106
188	Plaster Restoration	5/31/19	27,575	707
189	Lobby & Hallway Lighting	5/31/19	13,845	355
190	Carpeting (#198)	12/31/18	29,010	744
191	3rd Floor Awning	11/25/17	15,000	385
192	Fly Space Rigging	12/06/17	71,935	1,844
193	Mixing Board and Installation	11/21/17	21,236	1,883
194	Redevelopment of the Restrooms	5/31/19	12,739	327
195	Redesign Theatre Balcony	5/31/19	18,744	480
196	Legal Fees for Acq.: Unit A-1, A-2, and A-3	9/26/18	6,092	156
197	Cameras (MCTV)	8/07/18	6,261	360
198	Carpeting (#190)	12/31/18	48,763	1,250
199	Laser Projector and Lens	1/11/19	8,863	791
200	Theatrical Lighting	3/07/19	149,374	13,331

Asset	Description	Date In Service	Cost	MD
201	Decorative Paint (Entryway & Theatre) (#187)	1/31/19	208,529	5,347
202	Balcony Chairs	4/30/19	42,370	3,781
203	Balcony & Bathroom Renovations (#185 & #207)	5/31/19	931,235	23,878
204	Pump Motor (Elevator)	6/19/19	11,042	283
205	Dell 7730 Laptop	6/27/19	2,544	147
206	Equipment Upgrades (MCTV)	8/20/19	18,845	2,171
207	Balcony & Bathroom Renovations (#185 & #207)	10/15/19	40,091	1,028
208	SLR Remodel - Windows	7/01/22	25,287	1,012
209	SLR Remodel - Resurfacing Tables/Bars/Floord	7/01/22	13,326	2,398
210	SLR Remodel - New Sound System	7/01/22	19,014	3,423
211	Apple Imac 27"	8/20/20	3,399	392
212	MCTV Fader & Monitor	8/26/20	3,498	403
213	Laptop/Keyboard/Mouse - Al Bond	3/01/21	5,604	646
214	Digital Signage Player	3/11/21	4,010	462
215	MCTV Equipment - Kabam's Studio	3/22/21	47,521	5,474
216	MCTV Tricaster TC410 Plus and Accessories	7/07/21	10,231	1,964
217	Theatre HVAC - Testing & Balancing Survey	12/31/21	6,876	176
218	Performance Based Analysis and Report	1/20/22	10,500	0
219	A&E Services - Building Permit for Pavilion	8/08/22	3,737	0
220	Avalon Corner (Building)	9/16/22	814,346	20,880
221	Avalon Corner (Kitchen Assets)	9/16/22	175,000	77,778
222	LED Panels & Hangers	11/21/22	41,867	13,398
225	Stoltz Pavilion	11/06/20	206,343	0
			<u>4,335,806</u>	<u>221,967</u>

Other Depreciation:

41	FURMAN POWER CONDITIONERS (2)	2/01/01	300	0
48	PIANO	3/18/03	32,850	0
60	2ND FLOOR - OFFICE SPACE	11/20/03	236,706	6,070
61	2ND FLOOR FLOORING- LHI	9/06/05	3,830	0
62	2ND FLOOR FLOORING- LHI	12/30/05	461	0
65	STERLING CHAIRS	10/21/05	34,743	0
69	1/2 OF BOX OFFICE IMPROVEMENT	7/30/04	851	0
70	1/2 OF BOX OFFICE IMPROVEMENT	7/30/04	952	0
77	PHONE SYSTEM	7/19/06	507	0
82	STAGE FLOOR OUTLET IMPROVEMENT - I	5/12/04	562	0
84	THEATRE - POWER SEQUENCE EQUIPMEN	6/22/07	1,326	0
89	BETA MIC, STAND & BOOMS	3/25/08	728	0
90	LINE - INT	5/20/08	525	0
93	Architectural Services - Avalon II	6/30/09	3,400	0
94	Newtek TC Pro-Full Tricaster	7/30/08	6,947	0
95	Yamaha Digital Centralogic mixing cons/disp	8/19/08	20,224	0
97	New sound system	10/31/08	22,701	0
105	Avalon 2rd Floor - (LHI) FF	11/23/09	53,565	0
131	Website Development - Modified Agile Software	6/30/13	30,832	0
132	HVAC Stolz Listening Room	1/29/13	9,450	0
133	Electrical Improvements	10/19/12	1,004	0
134	HVAC Avalon 3rd Floor	1/29/13	6,000	0
146	Software Development - Plein Air	9/02/13	2,250	0
148	Camera Equipment - B&H Photo	2/25/15	13,520	0
149	Camera Equipment - B&H Photo	2/25/15	25,513	0
150	Soundboard	8/29/14	4,318	0
151	Soundboard	9/08/14	1,861	0
152	Digital Camera & Lenses	7/28/14	7,606	0
157	Network Infrastructure Devices	7/03/14	2,592	0
161	Avalon Condominium Unit B - LAND	6/05/15	103,627	0
223	Concept Design (Avalon Theater)	3/15/23	9,000	0
224	Website Rebuild (Drupal)	6/30/23	25,280	0
	Total Other Depreciation		<u>664,031</u>	<u>6,070</u>
	Total ACRS and Other Depreciation		<u>664,031</u>	<u>6,070</u>
	Grand Totals		<u>4,999,837</u>	<u>228,037</u>

Form 990	Two Year Comparison Report	2021 & 2022
For calendar year 2022, or tax year beginning 07/01/22 , ending 06/30/23		

Name

Taxpayer Identification Number

AVALON FOUNDATION, INC.**52-1850874**

		2021	2022	Differences
R e v e n u e	1. Contributions, gifts, grants	1. 653,396	1,142,068	488,672
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3. 1,063,799	555,905	-507,894
	4. Program service revenue	4. 1,160,153	1,526,410	366,257
	5. Investment income	5.	42,143	42,143
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.		
	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.		
	11. Other revenue	11.		
	12. Total revenue. Add lines 1 through 11	12. 2,877,348	3,266,526	389,178
E x p e n s e s	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15. 162,512	150,577	-11,935
	16. Salaries, other compensation, and employee benefits	16. 695,659	781,450	85,791
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 105,119	111,685	6,566
	19. Occupancy, rent, utilities, and maintenance	19. 44,186	43,800	-386
	20. Depreciation and Depletion	20. 244,158	300,468	56,310
	21. Other expenses	21. 1,095,221	1,491,807	396,586
	22. Total expenses. Add lines 13 through 21	22. 2,346,855	2,879,787	532,932
	23. Excess or (Deficit). Subtract line 22 from line 12	23. 530,493	386,739	-143,754
O t h e r I n f o r m a t i o n	24. Total exempt revenue	24. 2,877,348	3,266,526	389,178
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 1,160,153	1,568,553	408,400
	27. Total assets	27. 5,588,979	6,430,920	841,941
	28. Total liabilities	28. 383,383	838,585	455,202
	29. Retained earnings	29. 5,205,596	5,592,335	386,739
	30. Number of voting members of governing body	30. 18	18	
31. Number of independent voting members of governing body	31. 18	18		
32. Number of employees	32. 14	14		
33. Number of volunteers	33. 371	371		

Form 990	Tax Return History	2022
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Name AVALON FOUNDATION, INC.	Employer Identification Number 52-1850874
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	2018	2019	2020	2021	2022	2023
Contributions, gifts, grants	1,976,595	1,467,895		1,717,195	1,697,973	
Membership dues						
Program service revenue	1,391,885	1,263,192		1,160,153	1,526,410	
Capital gain or loss	1,756	-6				
Investment income	185	132			42,143	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue						
Total revenue	3,370,421	2,731,213		2,877,348	3,266,526	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	137,191	132,924		162,512	150,577	
Other compensation	577,848	614,509		695,659	781,450	
Professional fees	109,738	98,622		105,119	111,685	
Occupancy costs	58,924	39,064		44,186	43,800	
Depreciation and depletion	112,452	229,367		244,158	300,468	
Other expenses	1,169,890	1,106,677		1,095,221	1,491,807	
Total expenses	2,166,043	2,221,163		2,346,855	2,879,787	
Excess or (Deficit)	1,204,378	510,050		530,493	386,739	
Total exempt revenue	3,370,421	2,731,213		2,877,348	3,266,526	
Total unrelated revenue						
Total excludable revenue	1,393,826	1,263,318		1,160,153	1,568,553	
Total Assets	3,588,474	4,022,527	2,788,931	5,588,979	6,430,920	
Total Liabilities	317,817	241,805		383,383	838,585	
Net Fund Balances	3,270,657	3,780,722	3,540,559	5,205,596	5,592,335	

50810 Avalon Foundation, Inc.

52-1850874

FYE: 6/30/2023

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
SUBCONTRACTED SERVICES	\$ 28,738	\$ 27,030	\$ 685	\$ 1,023
PROFESSIONAL FEES	29,051	24,246	1,167	3,638
PAYROLL SERVICE FEES	5,101	4,225	338	538
TOTAL	<u>\$ 62,890</u>	<u>\$ 55,501</u>	<u>\$ 2,190</u>	<u>\$ 5,199</u>

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
PROPERTY TAX	\$ 6,746	\$ 6,746	\$	\$
TOTAL	<u>\$ 6,746</u>	<u>\$ 6,746</u>	<u>\$ 0</u>	<u>\$ 0</u>

50810 Avalon Foundation, Inc.

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Schedule A, Part III, Line 1(e)

Description	Amount
OTHER	\$ 509,946
ASPLUNDH, KELLY & BRENT CASH CONTRIBUTION	5,000
ASPLUNDH, SCOTT & HALI CASH CONTRIBUTION	10,000
ASPLUNDH, STEVEN CASH CONTRIBUTION	5,250
BERNSTEIN, RICHARD CASH CONTRIBUTION	5,000
BODE, JOHN & DENISE CASH CONTRIBUTION	6,500
BORNEMAN, JOHN & ANNE MARIE CASH CONTRIBUTION	14,000
BREDEKAMP, JOSEPH & VIRGINIA SUSAN CASH CONTRIBUTION	7,000
BUSH, LEN CASH CONTRIBUTION	7,500
COLLINS, WILLIAM & ROBYN CASH CONTRIBUTION	5,000
DIMAYO, MICHAEL & ELLEN CASH CONTRIBUTION	6,000
DOCK STREET FOUNDATION CASH CONTRIBUTION	5,000
DUKER, MARILYNN & DALE MCARDLE CASH CONTRIBUTION	10,000
EASTON UTILITIES COMMISSION CASH CONTRIBUTION	23,939
EMRICH, MARY CASH CONTRIBUTION	5,000
FARRELL, JIM & MAXINE CASH CONTRIBUTION	5,000
HAMMONDS FAMILY FOUNDATION CASH CONTRIBUTION	20,000
HORMEL, ELIZABETH CASH CONTRIBUTION	10,000
JOHNSON, HEATHER CASH CONTRIBUTION	5,000
KLINK, HEATHER	

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Schedule A, Part III, Line 1(e) (continued)

Description	Amount
CASH CONTRIBUTION	\$ 9,000
KULLMAN CPA LLC	
CASH CONTRIBUTION	5,000
MANDL, ALEX & SUSAN	
CASH CONTRIBUTION	7,500
MARTIN, DONALD & CHRISTINE	
CASH CONTRIBUTION	10,500
MCCORMICK, ANDREW & LYN	
CASH CONTRIBUTION	5,000
MCCOY, CATHERINE	
CASH CONTRIBUTION	5,000
MENOTTI, DAVID & ANNE	
CASH CONTRIBUTION	5,000
MEREDITH, CLIFF	
CASH CONTRIBUTION	26,000
MILLAR, WILLIAM & MAXINE	
CASH CONTRIBUTION	10,608
MULLEN, THOMAS & ROSEMARY	
CASH CONTRIBUTION	17,500
MUNN, WILLIAM H. & JUDY A.	
CASH CONTRIBUTION	5,000
NIELSEN, WILLARD & DORIS	
CASH CONTRIBUTION	20,360
O'BRIEN, GORDON & JILL DETEMPLE	
CASH CONTRIBUTION	13,750
OROKAWA FOUNDATION	
CASH CONTRIBUTION	10,000
PASTRICK, R. SCOTT & COURTNEY	
CASH CONTRIBUTION	5,000
PETERS, JOSEPH & MARY LOU	
CASH CONTRIBUTION	11,000
PFLIEGER, MELISSA & JOHN	
CASH CONTRIBUTION	7,874
PINKARD, PETER	
CASH CONTRIBUTION	11,000
POTTER, DEBORAH & MICHAEL	
CASH CONTRIBUTION	22,250
RAINES, FRANKLIN AND DENISE GRANT	

50810 Avalon Foundation, Inc.

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Schedule A, Part III, Line 1(e) (continued)

Description	Amount
CASH CONTRIBUTION	\$ 20,000
RICKMAN, CYNTHIA	
CASH CONTRIBUTION	5,000
RISE UP COFFEE	
CASH CONTRIBUTION	5,000
STECKLER, STEVE & GAIL	
CASH CONTRIBUTION	20,250
STOLTZ, KEITH D.	
CASH CONTRIBUTION	100,000
STRUTHERS, RICHARD	
CASH CONTRIBUTION	5,000
TAYLOR, W. MYLES	
CASH CONTRIBUTION	5,000
TILGHMAN, RICHARD & BEVERLY	
CASH CONTRIBUTION	23,590
TOTAL HOME PERFORMANCE	
CASH CONTRIBUTION	5,000
TOWNSEND, HELEN	
CASH CONTRIBUTION	10,000
VATNE, ELLEN	
CASH CONTRIBUTION	11,750
WARIN, F.J.	
CASH CONTRIBUTION	5,000
WEISS, DAN	
CASH CONTRIBUTION	10,000
WILDSTEIN, BARRY	
CASH CONTRIBUTION	10,000
WILTSIE, BRUCE	
CASH CONTRIBUTION	19,000
WITOWSKY, WILLIAM & TERRY	
CASH CONTRIBUTION	15,001
US SMALL BUSINESS ADMINISTRATION	
CASH CONTRIBUTION	252,782
TALBOT COUNTY, MD	
CASH CONTRIBUTION	77,850
TALBOT COUNTY ARTS COUNCIL, INC.	
CASH CONTRIBUTION	20,000
TOWN OF EASTON	

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Schedule A, Part III, Line 1(e) (continued)

<u>Description</u>	<u>Amount</u>
CASH CONTRIBUTION	\$ 54,750
MARYLAND STATE ARTS COUNCIL	
CASH CONTRIBUTION	150,523
TOTAL	<u>\$ 1,697,973</u>

Schedule A, Part III, Line 7a - Support from Disqualified Persons

<u>Donor Name</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>
	\$ 653,900	\$ 493,981	\$ 341,206	\$ 228,760	\$ 280,014
TOTAL	<u>\$ 653,900</u>	<u>\$ 493,981</u>	<u>\$ 341,206</u>	<u>\$ 228,760</u>	<u>\$ 280,014</u>