

Forms 990 / 990-EZ Return Summary

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

Avalon:
A Center for Women & Children

52-1208945

Net Asset / Fund Balance at Beginning of Year	<u>1,579,839</u>
Revenue	
Contributions	<u>1,486,799</u>
Program service revenue	<u>5,312</u>
Investment income	<u>930</u>
Capital gain / loss	
Fundraising / Gaming:	
Gross revenue	<u>29,806</u>
Direct expenses	<u>29,806</u>
Net income	<u>0</u>
Other income	
Total revenue	<u>1,522,847</u>
Expenses	
Program services	<u>1,456,997</u>
Management and general	<u>103,155</u>
Fundraising	<u>88,580</u>
Total expenses	<u>1,648,732</u>
Excess / (deficit)	<u>-125,885</u>
Changes	<u>1,726</u>
Net Asset / Fund Balance at End of Year	<u>1,455,680</u>

Reconciliation of Revenue

Total revenue per financial statements	<u>1,522,847</u>
Less:	
Unrealized gains	
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
Total revenue per return	<u>1,522,847</u>

Reconciliation of Expenses

Total expenses per financial statements	<u>1,643,654</u>
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
Total expenses per return	<u>1,648,732</u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>1,608,552</u>	<u>2,052,715</u>	
Liabilities	<u>28,713</u>	<u>597,035</u>	
Net assets	<u>1,579,839</u>	<u>1,455,680</u>	<u>-124,159</u>

Miscellaneous Information

Amended return	
Return / extended due date	<u>05/15/24</u>
Failure to file penalty	

Form **8879-TE**Department of the Treasury
Internal Revenue Service**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, 2023.
Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.**2022**

Name of filer

**Avalon:
A Center for Women & Children**

EIN or SSN

52-1208945

Name and title of officer or person subject to tax

**Teresa Christin
Executive Director****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.

- | | | |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------|
| <input checked="" type="checkbox"/> 1a Form 990 check here | b Total revenue , if any (Form 990, Part VIII, column (A), line 12) | 1b <u>1,522,847</u> |
| <input type="checkbox"/> 2a Form 990-EZ check here | b Total revenue , if any (Form 990-EZ, line 9) | 2b _____ |
| <input type="checkbox"/> 3a Form 1120-POL check here | b Total tax (Form 1120-POL, line 22) | 3b _____ |
| <input type="checkbox"/> 4a Form 990-PF check here | b Tax based on investment income (Form 990-PF, Part V, line 5) | 4b _____ |
| <input type="checkbox"/> 5a Form 8868 check here | b Balance due (Form 8868, line 3c) | 5b _____ |
| <input type="checkbox"/> 6a Form 990-T check here | b Total tax (Form 990-T, Part III, line 4) | 6b _____ |
| <input type="checkbox"/> 7a Form 4720 check here | b Total tax (Form 4720, Part III, line 1) | 7b _____ |
| <input type="checkbox"/> 8a Form 5227 check here | b FMV of assets at end of tax year (Form 5227, Item D) | 8b _____ |
| <input type="checkbox"/> 9a Form 5330 check here | b Tax due (Form 5330, Part II, line 19) | 9b _____ |
| <input type="checkbox"/> 10a Form 8038-CP check here | 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 _____ to enter my PIN _____ 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

02/29/24**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.

54937426003

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 **Valerie A. Horner**

Date

02/29/24

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

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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.**2022**Open to Public
Inspection**A For the 2022 calendar year, or tax year beginning 07/01/22, and ending 06/30/23**

- B Check if applicable:**
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization	Avalon: A Center for Women & Children		D Employer identification number
Doing business as		Avalon Center	
Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	
P.O. Box 6805			
City or town, state or province, country, and ZIP or foreign postal code			
Williamsburg		VA 23188	
F Name and address of principal officer:		Brian Muse, Esq 2805 Blue Lake Court Williamsburg VA 23185	
		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)	501(c) () (insert no.)
J Website:		avaloncenter.org	
K Form of organization:		<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Trust
		<input type="checkbox"/> Association	<input type="checkbox"/> Other
		L Year of formation:	1980
		M State of legal domicile:	VA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities:	Avalon works to end domestic and sexual violence by breaking the cycle of abuse through prevention, education, shelter, and support services in the Williamsburg and Middle Peninsula communities.	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	3	25
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	25
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	26
	6 Total number of volunteers (estimate if necessary)	6	0
	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
Expenses	Prior Year	Current Year	
	8 Contributions and grants (Part VIII, line 1h)	1,707,484	1,486,799
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,005	6,242
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	21,208	29,806
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,730,697	1,522,847
	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)	1,058,364	1,098,116
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
Net Assets or Fund Balances	b Total fundraising expenses (Part IX, column (D), line 25)	88,580	
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	545,642	550,616
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,604,006	1,648,732
	19 Revenue less expenses. Subtract line 18 from line 12	126,691	-125,885
	Beginning of Current Year	End of Year	
	20 Total assets (Part X, line 16)	1,608,552	2,052,715
	21 Total liabilities (Part X, line 26)	28,713	597,035
	22 Net assets or fund balances. Subtract line 21 from line 20	1,579,839	1,455,680

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		Date
	Teresa Christin		Executive Director
Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	Valerie A. Horner	Valerie A. Horner	Check <input checked="" type="checkbox"/> if self-employed
	Firm's name		PTIN
	Valerie A. Horner		P01058777
	Firm's address		Firm's EIN
	144 Nelson Drive Williamsburg, VA 23185		27-1826003
			Phone no.
			757-869-3337

May the IRS discuss this return with the preparer shown above? See instructions Yes NoFor Paperwork Reduction Act Notice, see the separate instructions.
DAAForm **990** (2022)

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 \$ **1,456,997** including grants of \$) (Revenue \$)

See Schedule O

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

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

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **1,456,997**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3 X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5 X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 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	9 X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a X	
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b X	
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	11c X	
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a 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	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16 X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19 X	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 X	

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	22	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	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	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	28c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V

- 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?

	Yes	No
1a	0	
1b	0	
1c		X

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

Yes No

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	26		
2b	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? If "No" to line 3b, provide an explanation on Schedule O	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	X		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X		
8 Sponsoring organizations maintaining donor advised funds.	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9 Sponsoring organizations maintaining donor advised funds.		9a			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9b			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				
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?	13a			
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
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? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X		
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X		
	If "Yes," complete Form 4720, Schedule O.				
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?	17			
	If "Yes," complete Form 6069.				

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	1a	25
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b	Enter the number of voting members included on line 1a, above, who are independent	1b	25
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	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?	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	X

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?	10a	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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	12c	X
13	Did the organization have a written whistleblower policy?	13	X
14	Did the organization have a written document retention and destruction policy?	14	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	15a	X
b	Other officers or key employees of the organization	15b	X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	X

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **VA**
- 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

**Teresa Christin
Williamsburg**

PO Box 6805

VA 23188

757-258-5022

Form 990 (2022) **Avalon :****52-1208945**

Page 7

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
		Officer	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) Teresa Christin Executive Director	40.00 0.00				X			92,922	0	0
(2) Brian Muse, Esq Chair	0.00 0.00		X	X				0	0	0
(3) Henry Van Dobson Vice Chair	0.00 0.00	X		X				0	0	0
(4) Susan Keilitz, J.D. Secretary	0.00 0.00	X		X				0	0	0
(5) Betsy Crockett Treasurer	0.00 0.00		X	X				0	0	0
(6) Kathleen Balascio Director	0.00 0.00		X					0	0	0
(7) Kelley Clark Director	0.00 0.00		X					0	0	0
(8) Chief Sean Dunn Director	0.00 0.00		X					0	0	0
(9) Dr. George Gilfillan Director	0.00 0.00		X					0	0	0
(10) Kelly O Graham Director	0.00 0.00		X					0	0	0
(11) Richard Long Director	0.00 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	
		Former officer or director	Individual trustee or director	Institutional trustee	Officer	Key employee				
(12) Paul Marcus,	Esq. 0.00		X					0	0	0
Director	0.00									
(13) Juanita Parks, CPA	0.00		X					0	0	0
Former Treasurer	0.00									
(14) Matthew D. Slye	0.00		X					0	0	0
Director	0.00									
(15) Glenda Turner	0.00		X					0	0	0
Director	0.00									
(16) Amanda Ulishnev	0.00		X					0	0	0
Director	0.00									
.....									
.....									
.....									
1b Subtotal							92,922			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							92,922			

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 **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	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? If "Yes," complete Schedule J for such individual	4	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? If "Yes," complete Schedule J for such person	5	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

Form 990 (2022) **Avalon :****52-1208945**Page **9****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	8,957			
	1b				
	1c Fundraising events	87,429			
	1d Related organizations				
	1e Government grants (contributions)	1,132,880			
	f All other contributions, gifts, grants, and similar amounts not included above	257,533			
	g Noncash contributions included in lines 1a-1f				
	h Total. Add lines 1a-1f	\$ 87,429			
			1,486,799		
Program Service Revenue		Business Code			
	2a				
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f				
	3 Investment income (including dividends, interest, and other similar amounts)		5,312		5,312
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	6a Gross rents	(i) Real	(ii) Personal		
	6a				
	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	(i) Securities	(ii) Other		
	7a		930		
	b Less: cost or other basis and sales exps.	7b			
	c Gain or (loss)	7c	930		
	d Net gain or (loss)			930	930
	8a Gross income from fundraising events (not including \$ 87,429 of contributions reported on line 1c). See Part IV, line 18	8a	29,806		
	b Less: direct expenses	8b			
	c Net income or (loss) from fundraising events		29,806		29,806
	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		Business Code			
	11a				
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	1,522,847	930	0	35,118

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				
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	973,324	892,726	39,346	41,252
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	124,792	108,605	7,902	8,285
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	151,371	110,139	21,775	19,457
12 Advertising and promotion				
13 Office expenses	122,814	104,078	5,042	13,694
14 Information technology	7,274	6,655	619	
15 Royalties				
16 Occupancy	91,961	74,968	12,122	4,871
17 Travel	80,538	79,380	1,062	96
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,427		2,502	925
20 Interest	8,001	8,001		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	54,453	46,285	8,168	
23 Insurance	30,777	26,160	4,617	
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				
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,648,732	1,456,997	103,155	88,580
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 SheetCheck 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	371,920	1	290,538
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	164,839	3	134,420
	4 Accounts receivable, net		4	
	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	
	8 Inventories for sale or use	6,678	8	9,068
	9 Prepaid expenses and deferred charges	2,439	9	2,522
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,508,363		
	b Less: accumulated depreciation	447,536	1,033,599	1,060,827
	11 Investments—publicly traded securities		11	
	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	29,077	15	555,340
	16 Total assets. Add lines 1 through 15 (must equal line 33)	1,608,552	16	2,052,715
Liabilities	17 Accounts payable and accrued expenses	28,713	17	126,313
	18 Grants payable		18	
	19 Deferred revenue		19	
	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		23	
	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	470,722
	26 Total liabilities. Add lines 17 through 25	28,713	26	597,035
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	1,486,839	27	1,376,680
	28 Net assets with donor restrictions	93,000	28	79,000
	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	1,579,839	32	1,455,680
	33 Total liabilities and net assets/fund balances	1,608,552	33	2,052,715

Part XI Reconciliation of Net AssetsCheck 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	1,522,847
2 Total expenses (must equal Part IX, column (A), line 25)	2	1,648,732
3 Revenue less expenses. Subtract line 2 from line 1	3	-125,885
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,579,839
5 Net unrealized gains (losses) on investments	5	1,726
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	0
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,455,680

Part XII Financial Statements and ReportingCheck 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?	2a	X
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		
2b Were the organization's financial statements audited by an independent accountant?	2b	X
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	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	3b	X

Form **990** (2022)

0251 Avalon:
52-1208945
FYE: 6/30/2023

3/11/2024 11:04 AM

Federal Statements

Statement 1 - Form 4562, Line 26 - Property Used More Than 50% in a Qualified Business

Property Type	Date	Business %	Cost	Depr Basis	Period Method	Deduction	Section 179
Van	3/26/10	100.00	\$ 20,000	\$ 10,000	5.0	200DBHY	\$
2010 Dodge Van	2/09/18	100.00	5,275	5,275	5.0	S/L-	615
2016 Chevy Equinox	9/13/19	100.00	12,171	12,171	5.0	S/L-	2,434
Ford 350 Transit	2/07/23	100.00	<u>61,041</u>	<u>61,041</u>	5.0	S/L-	<u>5,087</u>
Total			\$ 98,487	\$ 88,487			\$ 8,136
							0

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.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.**2022****Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

Name of the organization

**Avalon:
A Center for Women & Children**Employer identification number
52-1208945**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						

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

Schedule A (Form 990) 2022

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

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.")	1,752,441	1,498,751	1,937,408	1,707,484	1,486,799	8,382,883
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,752,441	1,498,751	1,937,408	1,707,484	1,486,799	8,382,883
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						8,382,883

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	1,752,441	1,498,751	1,937,408	1,707,484	1,486,799	8,382,883
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	362	748	5,562	2,005	5,312	13,989
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.)		3,783		20,908	29,806	54,497
11 Total support. Add lines 7 through 10						8,451,369
12 Gross receipts from related activities, etc. (see instructions)					12	73,254
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	99.19 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	99.43 %
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

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						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
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	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

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	<input type="checkbox"/>	
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	<input type="checkbox"/>	
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	<input type="checkbox"/>	

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>	1	
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>	2	
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>	3a	
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>	3b	
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>	3c	
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>	4a	
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>	4b	
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>	4c	
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>	5a	
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?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
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>	6	
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>	7	
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>	8	
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>	9a	
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>	9b	
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>	9c	
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>	10a	
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>	10b	

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?	11a	
b A family member of a person described on line 11a above?	11b	
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .	11c	

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? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

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)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

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?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
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? If "Yes" or "No," provide details in Part VI .	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

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

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— <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). 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 (<i>provide details in Part VI</i>). 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— <i>explain in Part VI</i>). 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, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . 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.)

Part II, Line 10 – Other Income Detail

Other income \$ **24,691**

**Schedule B
(Form 990)****Schedule of Contributors**

OMB No. 1545-0047

2022Department of the Treasury
Internal Revenue ServiceAttach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization

**Avalon:
A Center for Women & Children**

Employer identification number

52-1208945

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:
 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 foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

Special Rules

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

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

Schedule B (Form 990) (2022)

Name of organization

Avalon:

Employer identification number

52-1208945**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	James City County PO Box 8071 Williamsburg VA 23187	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	VA Department of Criminal Justice 1100 Bank Street Richmond VA 23219	\$ 809,082	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	VA Department of Social Services 801 E. Main Street Richmond VA 23219	\$ 152,291	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Action Alliance PO Box 4342 Richmond VA 23220	\$ 41,644	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

2022Open to Public
Inspection

Name of the organization

Avalon:**A Center for Women & Children**

Employer identification number

52-1208945**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

- Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

 Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

 Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 \$
(ii) Assets included in Form 990, Part X \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$
b Assets included in Form 990, Part X \$

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) Operating Right of Use Assets	532,763
(2) Beneficial Interest Assets held By	16,403
(3) Security Deposits	4,400
(4) Finance Right of Use Assets	1,774
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	555,340

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) Lease Liabilities		470,722
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		470,722

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1 Total revenue, gains, and other support per audited financial statements	1	1,522,847
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	1,522,847
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,522,847

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

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

1 Total expenses and losses per audited financial statements	1	1,643,654
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	1,643,654
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	5,078
c Add lines 4a and 4b	4c	5,078
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,648,732

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XII, Line 4b - Expense Amounts Included on Return - Other

Book / Tax Depreciation Difference	\$	5,078
-------------------------------------------	-----------	--------------

Part XIII Supplemental Information (continued)

**SCHEDULE G
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Information Regarding Fundraising or Gaming Activities**

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

OMB No. 1545-0047

2022Open to Public
Inspection

Name of the organization

**Avalon:
A Center for Women & Children**Employer identification number
52-1208945**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|-------------------------------------------------------------|------------------------------------------------------------------|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund-raiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 Avalon Golf Cla (event type)	(b) Event #2 _____	(c) Other events None (total number)	(d) Total events (add col. (a) through col. (c))
Revenue				
1 Gross receipts	117,235			117,235
2 Less: Contributions ..	87,429			87,429
3 Gross income (line 1 minus line 2)	29,806			29,806
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages ..				
8 Entertainment				
9 Other direct expenses				
10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 Net income summary. Subtract line 10 from line 3, column (d)				29,806

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

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input checked="" type="checkbox"/> Yes % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities:

- a Is the organization licensed to conduct gaming activities in each of these states? _____ Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____ Yes No

- b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$
- c** If "Yes," enter name and address of the third party:

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation \$

Description of services provided

 Director/officer Employee Independent contractor**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

.....

.....

.....

.....

.....

.....

.....

.....

**SCHEDULE M
(Form 990)**Department of the Treasury
Internal Revenue Service**Noncash Contributions**

OMB No. 1545-0047

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.**2022****Open To Public
Inspection**

Name of the organization

Employer identification number

A Center for Women & Children**52-1208945****Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (.....	X	2	87,429	
26 Other (.....				
27 Other (.....				
28 Other (.....				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement		29		

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a	X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M – Supplemental Information

The organization is using the number of contributions in Column B.

**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

2022Open to Public
Inspection

Name of the organization	Avalon: A Center for Women & Children	Employer identification number
		52-1208945

Form 990 - Organization's Mission

Avalon works to end domestic and sexual violence for all ages by breaking the cycle of abuse through prevention, education, shelter, and support services in the Greater Williamsburg and Middle Peninsula areas of Virginia.

Form 990, Part III, Line 4a - First Accomplishment

Avalon works to educate and raise awareness in the community about domestic violence, sexual assault, stalking, and sex trafficking. Utilizing a well-trained, credentialed staff, and best practices, we provide trauma-informed, voluntary services for survivors throughout the Greater Williamsburg and Middle Peninsula area.

Shelter Services - Advocates answer a helpline 24 hours a day, 365 days a year, and offer safety planning, crisis intervention, and shelter. Avalon utilizes a 20-bed communal shelter, six 2-bedroom apartments, and community based safe housing. Beyond the basic needs of shelter, food, transportation and clothing, survivors are offered individual and group counseling, transitional housing and rental assistance, assistance finding jobs and job training, and life skills training.

Outreach Services - 2 locations in Williamsburg and in Gloucester County provide support services for adult female and male survivors of domestic violence, sexual assault, stalking, or sex trafficking. Services include: individual counseling and support groups, legal advocacy, hospital

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

Schedule O (Form 990) 2022

Name of the organization

Avalon:

Employer identification number

52-1208945

accompaniment, and case management. Avalon is a member of sexual assault response teams throughout Greater Williamsburg and the Middle Peninsula and partners with colleges, police, hospitals, social services, military command, and others. Education and awareness activities include training for allied professionals, events and public speaking on a variety of related subjects. Direct support services are provided for over 400 individuals every year.

Youth Services - 2 locations in Williamsburg and in Gloucester County provides direct support for area children and youth who are victims of crime. Services include: individual and group counseling and support groups, prevention education on safe-dating, healthy relationships, and conflict resolution in area schools, youth groups, and recreation programs. Avalon partners with area court systems, policy, schools, churches, recreation departments, juvenile detention centers, social services, and other related programs. Avalon provides direct services to over 1,000 area youth every year.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
 The organization's governing documents, conflict of interest policy, and financial statements are available on the organization website and on another website for public view.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
 The Board regularly reviews the conflict of interest policy. Anyone with such a conflict is required to report it to the Board immediately.

Name of the organization

Avalon:

Employer identification number

52-1208945**Form 990, Part VI, Line 15a – Compensation Process for Top Official**

The Executive Committee of the Board of Directors performs an annual review of the Executive Director's compensation.

Form 990, Part VI, Line 19 – Governing Documents Disclosure Explanation

The Form 990 is to be provided to the Board members for review before filing with the IRS.

Form 990, Part XI, Line 9 – Other Changes in Net Assets Explanation

Book / Tax Depreciation Difference \$ 5,078

Form **4562**Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Avalon:
A Center for Women & Children**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

2022Attachment Sequence No. **179**

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	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	46,318

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	0
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 yrs.		S/L	
h	Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
i	Nonresidential real property			39 yrs.	MM	S/L	
					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	8,136
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	54,454
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.

DAA

Form **4562** (2022)

Avalon:

Form 4562 (2022)

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?			Yes	No	24b If "Yes," is the evidence written?			Yes	No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions								25	
26 Property used more than 50% in a qualified business use:									

See Statement 1	1	%	98,487	88,487				8,136	
		%							

27 Property used 50% or less in a qualified business use:						S/L-			
		%				S/L-			

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1	28	8,136
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1		29

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (don't include commuting miles)	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6						
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2022 tax year (see instructions):					
43 Amortization of costs that began before your 2022 tax year				43	
44 Total. Add amounts in column (f). See the instructions for where to report				44	

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
Prior MACRS:											
3	Tables & Chairs	3/16/12	1,940		X	970	5	HY 200DB		1,940	0
10	Bike Shed	3/29/02	2,500		X	1,750	7	HY 200DB		2,500	0
12	File Cabinets	10/09/08	690		X	345	7	HY 200DB		690	0
15	Playground Equipment	4/29/09	11,679		X	5,839	7	HY 200DB		11,679	0
25	2 Ton Heat Pump	6/22/11	4,700		X	0	5	HY 200DB		4,700	0
26	Dell Computer	5/24/11	5,378		X	0	5	HY 200DB		5,378	0
27	Dell E/Port	8/01/11	546		X	0	5	HY 200DB		546	0
28	Dell Vostro PC#7YC8YQ1	8/01/11	555		X	0	5	HY 200DB		555	0
29	Dell Vostro #80FDYQ1	8/01/11	556		X	0	5	HY 200DB		556	0
30	Dell E5520 PC#9PTDKQ1	8/01/11	789		X	0	5	HY 200DB		789	0
31	Dell E5520 PC#9PFCLQ1	8/01/11	789		X	0	5	HY 200DB		789	0
32	Dell E5520 PC#9PFJLQ1	8/01/11	789		X	0	5	HY 200DB		789	0
33	Dell WLS Desktop Receiver	1/01/12	163		X	81	5	HY 200DB		163	0
34	Dell Monitor	1/01/12	399		X	199	5	HY 200DB		399	0
35	Dell Vastra PC #7XMBNP1	1/01/12	469		X	234	5	HY 200DB		469	0
36	Dell Vastra PC #9TMBNP1	1/01/12	469		X	234	5	HY 200DB		469	0
37	Dell E6520	1/01/12	1,068		X	534	5	HY 200DB		1,068	0
38	Fence for Shelter	6/01/12	5,607		X	2,803	7	HY 200DB		5,607	0
40	Refrigerator for Shelter	7/13/11	1,589		X	159	5	HY 200DB		1,430	0
42	Office Furniture	12/22/11	5,385		X	0	5	HY 200DB		5,385	0
43	Rug for ED Office	3/19/12	1,000		X	500	5	HY 200DB		1,000	0
44	Signage for Outreach Building	6/02/12	1,497		X	748	5	HY 200DB		1,497	0
63	Couch - Sectional	1/06/15	4,161		X	2,080	5	HY 200DB		4,161	0
65	Dryer	4/24/15	699		X	350	5	HY 200DB		699	0
66	Chairs	6/23/15	980		X	490	5	HY 200DB		980	0
			<u>54,397</u>				<u>17,316</u>			<u>54,238</u>	<u>0</u>

Other Depreciation:

2	Metal Beds	2/21/11	6,400			6,400	7	MO S/L		6,400	0
4	Refrigerator	7/16/13	1,719			1,719	10	MO S/L		1,533	172
5	Washing Machine	9/06/13	942			942	10	MO S/L		832	94
6	Stove-Transitional Housing	2/16/14	608			608	10	MO S/L		507	60
7	New Roof	1/12/11	14,000			14,000	20	MO S/L		7,963	700
13	Life Skills	8/08/07	4,721			4,721	3	MO Amort		4,721	0
39	Goodman Heat Pump	11/11/11	6,500			6,500	7	MO S/L		6,500	0
45	Shelter Fence	4/29/13	4,029			4,029	20	MO S/L		1,847	201
46	Generator	6/27/13	6,200			6,200	39	MO S/L		1,431	159
48	Network Upgrade	6/19/13	4,045			4,045	10	MO S/L		3,641	404
52	Security Equipment	1/08/14	4,322			4,322	10	MO S/L		3,673	433
53	Cameras	6/06/14	5,000			5,000	10	MO S/L		4,042	500
61	Land	1/09/15	200,000			200,000	0	-- Land		0	0
62	Buildings	1/01/15	922,200			922,200	27	MO S/L		250,112	33,534
70	Server NAS	2/01/17	3,325			3,325	5	MO S/L		3,325	0
71	Washer/Dryer	2/21/17	1,041			1,041	5	MO S/L		1,041	0
73	Refrigerators	5/16/17	1,725			1,725	5	MO S/L		1,725	0
75	HVAC Shelter	5/28/19	5,890			5,890	15	MO S/L		1,211	392
77	HVAC System	1/05/21	91,398			91,398	15	MO S/L		9,140	6,093
78	Generator - Shelter	6/30/21	8,995			8,995	15	MO S/L		600	599
79	Building Roof	7/15/20	10,150			10,150	20	MO S/L		1,015	508
80	Skylight Fixture	7/15/20	1,661			1,661	7	MO S/L		475	237
81	Generator	12/14/21	11,495			11,495	15	MO S/L		447	766
82	Generator	12/30/21	11,495			11,495	15	MO S/L		383	767
83	Roof	3/24/22	12,253			12,253	20	MO S/L		153	613
85	Roof for Small Building	6/05/23	20,640			20,640	20	MO S/L		0	86
	Total Other Depreciation		<u>1,360,754</u>				<u>1,360,754</u>			<u>312,717</u>	<u>46,318</u>
	Total ACRS and Other Depreciation		<u>1,360,754</u>				<u>1,360,754</u>			<u>312,717</u>	<u>46,318</u>

Listed Property:

18	Van	3/26/10	20,000		X	10,000	5	HY 200DB		20,000	0
74	2010 Dodge Van	2/09/18	5,275			5,275	5	MO S/L		4,660	615
	Sold/Scrapped: 2/22/23										
84	Ford 350 Transit	2/07/23	61,041			61,041	5	MO S/L		0	5,087
64	2016 Chevy Equinox	9/13/19	12,171			12,171	5	MO S/L		6,897	2,434

0251 Avalon:

52-1208945

FYE: 6/30/2023

03/11/2024 11:04 AM

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus % 179	Sec Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
			<u>98,487</u>			<u>88,487</u>			<u>31,557</u>	<u>8,136</u>
Grand Totals			1,513,638			1,466,557			398,512	54,454
Less: Dispositions and Transfers			5,275			5,275			4,660	615
Less: Start-up/Org Expense			0			0			0	0
Net Grand Totals			<u>1,508,363</u>			<u>1,461,282</u>			<u>393,852</u>	<u>53,839</u>

VA Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	VA Prior	VA Current	Federal Current	Difference Fed - VA
Prior MACRS:								
2	Metal Beds	2/21/11	6,400	6,400	6,400	0	0	0
3	Tables & Chairs	3/16/12	1,940	1,940	1,940	0	0	0
4	Refrigerator	7/16/13	1,719	1,719	1,719	0	172	172
5	Washing Machine	9/06/13	942	942	942	0	94	94
6	Stove-Transitional Housing	2/16/14	608	608	608	0	60	60
7	New Roof	1/12/11	14,000	14,000	11,107	826	700	-126
10	Bike Shed	3/29/02	2,500	2,500	2,500	0	0	0
12	File Cabinets	10/09/08	690	690	690	0	0	0
15	Playground Equipment	4/29/09	11,679	11,679	11,679	0	0	0
25	2 Ton Heat Pump	6/22/11	4,700	4,700	4,700	0	0	0
26	Dell Computer	5/24/11	5,378	5,378	5,378	0	0	0
27	Dell E/Port	8/01/11	546	546	546	0	0	0
28	Dell Vostro PC#7YC8YQ1	8/01/11	555	555	555	0	0	0
29	Dell Vostro #80FDYQ1	8/01/11	556	556	556	0	0	0
30	Dell E5520 PC#9PTDKQ1	8/01/11	789	789	789	0	0	0
31	Dell E5520 PC#9PFCLQ1	8/01/11	789	789	789	0	0	0
32	Dell E5520 PC#9PFJLQ1	8/01/11	789	789	789	0	0	0
33	Dell WLS Desktop Receiver	1/01/12	163	163	163	0	0	0
34	Dell Monitor	1/01/12	399	399	399	0	0	0
35	Dell Vastra PC #7XMBNP1	1/01/12	469	469	469	0	0	0
36	Dell Vastra PC #9TMBNP1	1/01/12	469	469	469	0	0	0
37	Dell E6520	1/01/12	1,068	1,068	1,068	0	0	0
38	Fence for Shelter	6/01/12	5,607	5,607	5,607	0	0	0
39	Goodman Heat Pump	11/11/11	6,500	6,500	6,345	0	0	0
40	Refrigerator for Shelter	7/13/11	1,589	1,589	1,589	0	0	0
42	Office Furniture	12/22/11	5,385	5,385	5,385	0	0	0
43	Rug for ED Office	3/19/12	1,000	1,000	1,000	0	0	0
44	Signage for Outreach Building	6/02/12	1,497	1,497	1,497	0	0	0
45	Shelter Fence	4/29/13	4,029	4,029	2,552	269	201	-68
46	Generator	6/27/13	6,200	6,200	1,437	159	159	0
48	Network Upgrade	6/19/13	4,045	4,045	4,045	0	404	404
52	Security Equipment	1/08/14	4,322	4,322	4,322	0	433	433
53	Cameras	6/06/14	5,000	5,000	5,000	0	500	500
62	Buildings	1/01/15	922,200	922,200	250,112	33,534	33,534	0
63	Couch - Sectional	1/06/15	4,161	4,161	4,161	0	0	0
65	Dryer	4/24/15	699	699	699	0	0	0
66	Chairs	6/23/15	980	980	980	0	0	0
70	Server NAS	2/01/17	3,325	3,325	3,325	0	0	0
71	Washer/Dryer	2/21/17	1,041	1,041	1,041	0	0	0
73	Refrigerators	5/16/17	1,725	1,725	1,725	0	0	0
75	HVAC Shelter	5/28/19	5,890	5,890	1,650	424	392	-32
77	HVAC System	1/05/21	91,398	91,398	13,253	7,814	6,093	-1,721
78	Generator - Shelter	6/30/21	8,995	8,995	1,304	769	599	-170
79	Building Roof	7/15/20	10,150	10,150	1,113	678	508	-170
80	Skylight Fixture	7/15/20	1,661	1,661	644	291	237	-54
			1,154,547	1,154,547	373,041	44,764	44,086	-678
Other Depreciation:								
13	Life Skills	8/08/07	4,721	4,721	4,721	0	0	0
61	Land	1/09/15	200,000	200,000	0	0	0	0
81	Generator	12/14/21	11,495	11,495	447	766	766	0
82	Generator	12/30/21	11,495	11,495	383	767	767	0
83	Roof	3/24/22	12,253	12,253	153	613	613	0
85	Roof for Small Building	6/05/23	20,640	20,640	0	86	86	0
	Total Other Depreciation		260,604	260,604	5,704	2,232	2,232	0
	Total ACRS and Other Depreciation		260,604	260,604	5,704	2,232	2,232	0
Listed Property:								
18	Van	3/26/10	20,000	20,000	20,000	0	0	0
74	2010 Dodge Van	2/09/18	5,275	5,275	4,971	304	615	311
	Sold/Scrapped: 2/22/23							
84	Ford 350 Transit	2/07/23	61,041	61,041	0	5,087	5,087	0
64	2016 Chevy Equinox	9/13/19	12,171	12,171	6,897	2,434	2,434	0

0251 Avalon:

52-1208945

FYE: 6/30/2023

03/11/2024 11:04 AM

VA Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	VA Prior	VA Current	Federal Current	Difference Fed - VA
			<u>98,487</u>	<u>98,487</u>	<u>31,868</u>	<u>7,825</u>	<u>8,136</u>	<u>311</u>
Grand Totals			1,513,638	1,513,638	410,613	54,821	54,454	-367
Less: Dispositions			5,275	5,275	4,971	304	615	311
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			<u>1,508,363</u>	<u>1,508,363</u>	<u>405,642</u>	<u>54,517</u>	<u>53,839</u>	<u>-678</u>

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Prior MACRS:											
2	Metal Beds	2/21/11	6,400	X	0	5	HY 200DB	6,400		0	
3	Tables & Chairs	3/16/12	1,940	X	970	5	HY 200DB	1,940		0	
4	Refrigerator	7/16/13	1,719	X	860	5	HY 200DB	1,719		0	
5	Washing Machine	9/06/13	942	X	471	5	HY 200DB	942		0	
6	Stove-Transitional Housing	2/16/14	608	X	304	5	HY 200DB	608		0	
7	New Roof	1/12/11	14,000	X	0	15	HY 150DB	14,000		0	
10	Bike Shed	3/29/02	2,500	X	1,750	7	HY 200DB	2,500		0	
12	File Cabinets	10/09/08	690	X	345	7	HY 200DB	690		0	
15	Playground Equipment	4/29/09	11,679	X	5,839	7	HY 200DB	11,679		0	
25	2 Ton Heat Pump	6/22/11	4,700	X	0	5	HY 200DB	4,700		0	
26	Dell Computer	5/24/11	5,378	X	0	5	HY 200DB	5,378		0	
27	Dell E/Port	8/01/11	546	X	0	5	HY 200DB	546		0	
28	Dell Vostro PC#7YC8YQ1	8/01/11	555	X	0	5	HY 200DB	555		0	
29	Dell Vostro #80FDYQ1	8/01/11	556	X	0	5	HY 200DB	556		0	
30	Dell E5520 PC#9PTDKQ1	8/01/11	789	X	0	5	HY 200DB	789		0	
31	Dell E5520 PC#9PFCLQ1	8/01/11	789	X	0	5	HY 200DB	789		0	
32	Dell E5520 PC#9PFJLQ1	8/01/11	789	X	0	5	HY 200DB	789		0	
33	Dell WLS Desktop Receiver	1/01/12	163	X	81	5	HY 200DB	163		0	
34	Dell Monitor	1/01/12	399	X	199	5	HY 200DB	399		0	
35	Dell Vastra PC #7XMBNP1	1/01/12	469	X	234	5	HY 200DB	469		0	
36	Dell Vastra PC #9TMBNP1	1/01/12	469	X	234	5	HY 200DB	469		0	
37	Dell E6520	1/01/12	1,068	X	534	5	HY 200DB	1,068		0	
38	Fence for Shelter	6/01/12	5,607	X	2,803	7	HY 200DB	5,607		0	
39	Goodman Heat Pump	11/11/11	6,500	X	0	5	HY 200DB	6,500		0	
40	Refrigerator for Shelter	7/13/11	1,589	X	0	5	HY 200DB	1,589		0	
42	Office Furniture	12/22/11	5,385	X	0	5	HY 200DB	5,385		0	
43	Rug for ED Office	3/19/12	1,000	X	500	5	HY 200DB	1,000		0	
44	Signage for Outreach Building	6/02/12	1,497	X	748	5	HY 200DB	1,497		0	
45	Shelter Fence	4/29/13	4,029	X	2,014	15	HY S/L	3,291	134		
46	Generator	6/27/13	6,200		6,200	39	MM S/L	1,437	159		
48	Network Upgrade	6/19/13	4,045	X	2,022	5	HY 200DB	4,045		0	
52	Security Equipment	1/08/14	4,322	X	2,161	5	HY 200DB	4,322		0	
53	Cameras	6/06/14	5,000	X	2,500	7	HY 200DB	5,000		0	
62	Buildings	1/01/15	922,200		922,200	40	MM S/L	171,952	23,055		
63	Couch - Sectional	1/06/15	4,161	X	2,080	5	HY 200DB	4,161		0	
65	Dryer	4/24/15	699	X	350	5	HY 200DB	699		0	
66	Chairs	6/23/15	980	X	490	5	HY 200DB	980		0	
70	Server NAS	2/01/17	3,325	X	1,663	5	HY 200DB	3,325		0	
71	Washer/Dryer	2/21/17	1,041	X	520	5	HY 200DB	1,041		0	
73	Refrigerators	5/16/17	1,725	X	863	5	HY 200DB	1,725		0	
75	HVAC Shelter	5/28/19	5,890	X	0	15	MQ150DB	5,890		0	
77	HVAC System	1/05/21	91,398	X	0	15	HY 150DB	91,398		0	
78	Generator - Shelter	6/30/21	8,995	X	0	15	HY S/L	8,995		0	
79	Building Roof	7/15/20	10,150	X	0	20	HY S/L	10,150		0	
80	Skylight Fixture	7/15/20	1,661	X	0	7	HY 200DB	1,661		0	
			<u>1,154,547</u>		<u>958,935</u>			<u>398,798</u>	<u>23,348</u>		

Other Depreciation:

61	Land	1/09/15	200,000		200,000	0	-- Land	0	0		
81	Generator	12/14/21	11,495		11,495	15	MO S/L	447	766		
82	Generator	12/30/21	11,495		11,495	15	MO S/L	383	767		
83	Roof	3/24/22	12,253		12,253	20	MO S/L	153	613		
85	Roof for Small Building	6/05/23	20,640		20,640	20	MO S/L	0	86		
Total Other Depreciation			<u>255,883</u>		<u>255,883</u>			<u>983</u>	<u>2,232</u>		
Total ACRS and Other Depreciation			<u>255,883</u>		<u>255,883</u>			<u>983</u>	<u>2,232</u>		

Listed Property:

18	Van	3/26/10	20,000	X	10,000	5	HY 200DB	20,000	0		
74	2010 Dodge Van	2/09/18	5,275	X	0	5	HY 200DB	5,275	0		
	Sold/Scrapped: 2/22/23										
84	Ford 350 Transit	2/07/23	61,041	X	61,041	5	MO S/L	0	5,087		
64	2016 Chevy Equinox	9/13/19	12,171	X	12,171	5	HY 200DB	0	0		

0251 Avalon:

52-1208945

FYE: 6/30/2023

03/11/2024 11:04 AM

AMT Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
			<u>98,487</u>				<u>83,212</u>			<u>25,275</u>	<u>5,087</u>
Grand Totals			1,508,917				1,298,030			425,056	30,667
Less: Dispositions and Transfers			5,275				0			5,275	0
Net Grand Totals			<u>1,503,642</u>				<u>1,298,030</u>			<u>419,781</u>	<u>30,667</u>

0251 Avalon:
52-1208945
FYE: 6/30/2023

03/11/2024 11:04 AM

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
3	Tables & Chairs	3/16/12	1,940		0	0	970	970
10	Bike Shed	3/29/02	2,500		0	0	750	1,750
12	File Cabinets	10/09/08	690		0	0	345	345
15	Playground Equipment	4/29/09	11,679		0	0	5,840	5,839
18	Van	3/26/10	20,000	100	0	0	10,000	10,000
25	2 Ton Heat Pump	6/22/11	4,700		0	0	4,700	0
26	Dell Computer	5/24/11	5,378		0	0	5,378	0
27	Dell E/Port	8/01/11	546		0	0	546	0
28	Dell Vostro PC#7YC8YQ1	8/01/11	555		0	0	555	0
29	Dell Vostro #80FDYQ1	8/01/11	556		0	0	556	0
30	Dell E5520 PC#9PTDKQ1	8/01/11	789		0	0	789	0
31	Dell E5520 PC#9PFCLQ1	8/01/11	789		0	0	789	0
32	Dell E5520 PC#9PFJLQ1	8/01/11	789		0	0	789	0
33	Dell WLS Desktop Receiver	1/01/12	163		0	0	82	81
34	Dell Monitor	1/01/12	399		0	0	200	199
35	Dell Vastra PC #7XMBNP1	1/01/12	469		0	0	235	234
36	Dell Vastra PC #9TMBNP1	1/01/12	469		0	0	235	234
37	Dell E6520	1/01/12	1,068		0	0	534	534
38	Fence for Shelter	6/01/12	5,607		0	0	2,804	2,803
40	Refrigerator for Shelter	7/13/11	1,589		0	0	1,430	159
42	Office Furniture	12/22/11	5,385		0	0	5,385	0
43	Rug for ED Office	3/19/12	1,000		0	0	500	500
44	Signage for Outreach Building	6/02/12	1,497		0	0	749	748
45	Shelter Fence	4/29/13	4,029		0	0	0	4,029
63	Couch - Sectional	1/06/15	4,161		0	0	2,081	2,080
65	Dryer	4/24/15	699		0	0	349	350
66	Chairs	6/23/15	980		0	0	490	490
78	Generator - Shelter	6/30/21	8,995		0	0	0	8,995
79	Building Roof	7/15/20	10,150		0	0	0	10,150
85	Roof for Small Building	6/05/23	20,640		0	0	0	20,640
Grand Total			118,211		0	0	47,081	71,130

Depreciation Adjustment Report

All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
MACRS Adjustments:						
Page 1	1	3	Tables & Chairs	0	0	0
Page 1	1	10	Bike Shed	0	0	0
Page 1	1	12	File Cabinets	0	0	0
Page 1	1	15	Playground Equipment	0	0	0
Page 1	1	18	Van	0	0	0
Page 1	1	25	2 Ton Heat Pump	0	0	0
Page 1	1	26	Dell Computer	0	0	0
Page 1	1	27	Dell E/Port	0	0	0
Page 1	1	28	Dell Vostro PC#7YC8YQ1	0	0	0
Page 1	1	29	Dell Vostro #80FDYQ1	0	0	0
Page 1	1	30	Dell E5520 PC#9PTDKQ1	0	0	0
Page 1	1	31	Dell E5520 PC#9PFCLQ1	0	0	0
Page 1	1	32	Dell E5520 PC#9PFJLQ1	0	0	0
Page 1	1	33	Dell WLS Desktop Receiver	0	0	0
Page 1	1	34	Dell Monitor	0	0	0
Page 1	1	35	Dell Vastra PC #7XMBNP1	0	0	0
Page 1	1	36	Dell Vastra PC #9TMBNP1	0	0	0
Page 1	1	37	Dell E6520	0	0	0
Page 1	1	38	Fence for Shelter	0	0	0
Page 1	1	40	Refrigerator for Shelter	0	0	0
Page 1	1	42	Office Furniture	0	0	0
Page 1	1	43	Rug for ED Office	0	0	0
Page 1	1	44	Signage for Outreach Building	0	0	0
Page 1	1	63	Couch - Sectional	0	0	0
Page 1	1	65	Dryer	0	0	0
Page 1	1	66	Chairs	0	0	0
				0	0	0
				0	0	0

Accelerated Real Preferences:

Page 1	1	62	Buildings	33,534	23,055	10,479
				<u>33,534</u>	<u>23,055</u>	<u>10,479</u>

Future Depreciation Report

FYE: 6/30/24

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
3	Tables & Chairs	3/16/12	1,940	0	0
10	Bike Shed	3/29/02	2,500	0	0
12	File Cabinets	10/09/08	690	0	0
15	Playground Equipment	4/29/09	11,679	0	0
25	2 Ton Heat Pump	6/22/11	4,700	0	0
26	Dell Computer	5/24/11	5,378	0	0
27	Dell E/Port	8/01/11	546	0	0
28	Dell Vostro PC#7YC8YQ1	8/01/11	555	0	0
29	Dell Vostro #80FDYQ1	8/01/11	556	0	0
30	Dell E5520 PC#9PTDKQ1	8/01/11	789	0	0
31	Dell E5520 PC#9PFCLQ1	8/01/11	789	0	0
32	Dell E5520 PC#9PFJLQ1	8/01/11	789	0	0
33	Dell WLS Desktop Receiver	1/01/12	163	0	0
34	Dell Monitor	1/01/12	399	0	0
35	Dell Vastra PC #7XMBNP1	1/01/12	469	0	0
36	Dell Vastra PC #9TMBNP1	1/01/12	469	0	0
37	Dell E6520	1/01/12	1,068	0	0
38	Fence for Shelter	6/01/12	5,607	0	0
40	Refrigerator for Shelter	7/13/11	1,589	0	0
42	Office Furniture	12/22/11	5,385	0	0
43	Rug for ED Office	3/19/12	1,000	0	0
44	Signage for Outreach Building	6/02/12	1,497	0	0
63	Couch - Sectional	1/06/15	4,161	0	0
65	Dryer	4/24/15	699	0	0
66	Chairs	6/23/15	980	0	0
			54,397	0	0
			54,397	0	0

Other Depreciation:

2	Metal Beds	2/21/11	6,400	0	0
4	Refrigerator	7/16/13	1,719	14	0
5	Washing Machine	9/06/13	942	16	0
6	Stove-Transitional Housing	2/16/14	608	41	0
7	New Roof	1/12/11	14,000	700	0
13	Life Skills	8/08/07	4,721	0	0
39	Goodman Heat Pump	11/11/11	6,500	0	0
45	Shelter Fence	4/29/13	4,029	202	134
46	Generator	6/27/13	6,200	159	159
48	Network Upgrade	6/19/13	4,045	0	0
52	Security Equipment	1/08/14	4,322	216	0
53	Cameras	6/06/14	5,000	458	0
61	Land	1/09/15	200,000	0	0
62	Buildings	1/01/15	922,200	33,535	23,055
70	Server NAS	2/01/17	3,325	0	0
71	Washer/Dryer	2/21/17	1,041	0	0
73	Refrigerators	5/16/17	1,725	0	0
75	HVAC Shelter	5/28/19	5,890	393	0
77	HVAC System	1/05/21	91,398	6,093	0
78	Generator - Shelter	6/30/21	8,995	600	0
79	Building Roof	7/15/20	10,150	507	0
80	Skylight Fixture	7/15/20	1,661	237	0
81	Generator	12/14/21	11,495	767	767
82	Generator	12/30/21	11,495	766	766
83	Roof	3/24/22	12,253	612	612
85	Roof for Small Building	6/05/23	20,640	1,032	1,032
Total Other Depreciation			1,360,754	46,348	26,525
Total ACRS and Other Depreciation			1,360,754	46,348	26,525

Listed Property:

18	Van	3/26/10	20,000	0	0
----	-----	---------	--------	---	---

0251 Avalon:

52-1208945

FYE: 6/30/2023

03/11/2024 11:04 AM

Future Depreciation Report FYE: 6/30/24
Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
84	Ford 350 Transit	2/07/23	61,041	12,208	12,208
64	2016 Chevy Equinox	9/13/19	12,171	2,434	0
			<u>93,212</u>	<u>14,642</u>	<u>12,208</u>
	Grand Totals		<u>1,508,363</u>	<u>60,990</u>	<u>38,733</u>

VA Future Depreciation Report**Form 990, Page 1****FYE: 6/30/24**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>VA</u>
--------------	--------------------	------------------------	-------------	-----------

Prior MACRS:

3	Tables & Chairs	3/16/12	1,940	0
10	Bike Shed	3/29/02	2,500	0
12	File Cabinets	10/09/08	690	0
15	Playground Equipment	4/29/09	11,679	0
25	2 Ton Heat Pump	6/22/11	4,700	0
26	Dell Computer	5/24/11	5,378	0
27	Dell E/Port	8/01/11	546	0
28	Dell Vostro PC#7YC8YQ1	8/01/11	555	0
29	Dell Vostro #80FDYQ1	8/01/11	556	0
30	Dell E5520 PC#9PTDKQ1	8/01/11	789	0
31	Dell E5520 PC#9PFCLQ1	8/01/11	789	0
32	Dell E5520 PC#9PFJLQ1	8/01/11	789	0
33	Dell WLS Desktop Receiver	1/01/12	163	0
34	Dell Monitor	1/01/12	399	0
35	Dell Vastra PC #7XMBNP1	1/01/12	469	0
36	Dell Vastra PC #9TMBNP1	1/01/12	469	0
37	Dell E6520	1/01/12	1,068	0
38	Fence for Shelter	6/01/12	5,607	0
40	Refrigerator for Shelter	7/13/11	1,589	0
42	Office Furniture	12/22/11	5,385	0
43	Rug for ED Office	3/19/12	1,000	0
44	Signage for Outreach Building	6/02/12	1,497	0
63	Couch - Sectional	1/06/15	4,161	0
65	Dryer	4/24/15	699	0
66	Chairs	6/23/15	980	0
			<u>54,397</u>	<u>0</u>

Other Depreciation:

2	Metal Beds	2/21/11	6,400	0
4	Refrigerator	7/16/13	1,719	0
5	Washing Machine	9/06/13	942	0
6	Stove-Transitional Housing	2/16/14	608	0
7	New Roof	1/12/11	14,000	827
13	Life Skills	8/08/07	4,721	0
39	Goodman Heat Pump	11/11/11	6,500	0
45	Shelter Fence	4/29/13	4,029	268
46	Generator	6/27/13	6,200	159
48	Network Upgrade	6/19/13	4,045	0
52	Security Equipment	1/08/14	4,322	0
53	Cameras	6/06/14	5,000	0
61	Land	1/09/15	200,000	0
62	Buildings	1/01/15	922,200	33,535
70	Server NAS	2/01/17	3,325	0
71	Washer/Dryer	2/21/17	1,041	0
73	Refrigerators	5/16/17	1,725	0
75	HVAC Shelter	5/28/19	5,890	381
77	HVAC System	1/05/21	91,398	7,033
78	Generator - Shelter	6/30/21	8,995	693
79	Building Roof	7/15/20	10,150	627
80	Skylight Fixture	7/15/20	1,661	207
81	Generator	12/14/21	11,495	767
82	Generator	12/30/21	11,495	766
83	Roof	3/24/22	12,253	612
85	Roof for Small Building	6/05/23	20,640	1,032
	Total Other Depreciation		<u>1,360,754</u>	<u>46,907</u>

Total ACRS and Other Depreciation 1,360,754 46,907

Listed Property:

18	Van	3/26/10	20,000	0
----	-----	---------	--------	---

0251 Avalon:

52-1208945

FYE: 6/30/2023

VA Future Depreciation Report**Form 990, Page 1**

03/11/2024 11:04 AM

FYE: 6/30/24

Asset	Description	Date In Service	Cost	VA
84	Ford 350 Transit	2/07/23	61,041	12,208
64	2016 Chevy Equinox	9/13/19	12,171	2,434
			<u>93,212</u>	<u>14,642</u>
Grand Totals			<u>1,508,363</u>	<u>61,549</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

Avalon:**A Center for Women & Children**

Taxpayer Identification Number

52-1208945

		2021	2022	Differences
Revenue	1. Contributions, gifts, grants	1. 409,042	353,919	-55,123
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3. 1,298,442	1,132,880	-165,562
	4. Program service revenue	4.		
	5. Investment income	5. 2,005	5,312	3,307
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.		930
	8. Net income or (loss) from fundraising events	8. 21,208	29,806	8,598
	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. 1,730,697	1,522,847	-207,850
Expenses	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15.		
	16. Salaries, other compensation, and employee benefits	16. 1,058,364	1,098,116	39,752
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 137,589	151,371	13,782
	19. Occupancy, rent, utilities, and maintenance	19. 92,824	91,961	-863
	20. Depreciation and Depletion	20. 71,669	54,453	-17,216
	21. Other expenses	21. 243,560	252,831	9,271
	22. Total expenses. Add lines 13 through 21	22. 1,604,006	1,648,732	44,726
	23. Excess or (Deficit). Subtract line 22 from line 12	23. 126,691	-125,885	-252,576
	24. Total exempt revenue	24. 1,730,697	1,522,847	-207,850
Other Information	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 23,213	36,048	12,835
	27. Total assets	27. 1,608,552	2,052,715	444,163
	28. Total liabilities	28. 28,713	597,035	568,322
	29. Retained earnings	29. 1,579,839	1,455,680	-124,159
	30. Number of voting members of governing body	30. 25	25	
	31. Number of independent voting members of governing body	31. 25	25	
	32. Number of employees	32. 30	26	
	33. Number of volunteers	33.		

Form 990**Tax Return History****2022**

Name	Avalon: A Center for Women & Children	Employer Identification Number
		52-1208945

	2018	2019	2020	2021	2022	2023
Contributions, gifts, grants	1,752,441	1,498,751	1,937,408	1,707,484	1,486,799	
Membership dues						
Program service revenue	4,854	2,714	94			
Capital gain or loss	-4,270					
Investment income	362	748	5,562	2,005	5,312	
Fundraising revenue (income/loss)	43,280	3,783	5,861	21,208	29,806	
Gaming revenue (income/loss)						
Other revenue						
Total revenue	1,796,667	1,505,996	1,948,925	1,730,697	1,522,847	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	99,055	96,795				
Other compensation	961,367	858,782	1,058,364	1,098,116		
Professional fees	42,512	42,552	65,053	137,589	151,371	
Occupancy costs	79,462	152,994	98,439	92,824	91,961	
Depreciation and depletion	42,492	43,752	45,149	71,669	54,453	
Other expenses	272,238	226,036	334,396	243,560	252,831	
Total expenses	1,867,190	1,525,756	1,498,614	1,604,006	1,648,732	
Excess or (Deficit)	-70,523	-19,760	1,450,311	126,691	-125,885	
Total exempt revenue						
Total unrelated revenue						
Total excludable revenue	946	7,245	5,656	23,213	36,048	
Total Assets	1,261,481	1,472,988	1,498,493	1,608,552	2,052,715	
Total Liabilities	260,074	491,341	66,536	28,713	597,035	
Net Fund Balances	1,001,407	981,647	1,431,957	1,579,839	1,455,680	

Federal Statements**Taxable Interest on Investments**

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
Interest and Dividends	\$ 5,312				14	
Total	\$ 5,312					

0251 Avalon:
52-1208945
FYE: 6/30/2023

3/11/2024 11:04 AM

Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
Contractual Services	\$ 60,041	\$ 28,838	\$ 21,775	\$ 9,428
Client Assistance	81,301	81,301		
Avalon Golf Classic				10,029
	<u>10,029</u>	<u>\$ 110,139</u>	<u>\$ 21,775</u>	<u>\$ 19,457</u>
Total	<u><u>\$ 151,371</u></u>			