### Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service File a separate application for each return.

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

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Taxpayer identification number (TIN) Name of exempt organization, employer, or other filer, see instructions. Type or **Print** 88-0748620 THE AVALON NETWORK, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for 3282 NORTHSIDE PKWY, NW filing your return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. ATLANTA, GA 30327 Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Application Is For Return Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 12 05 Form 8870 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of ANDREA RIVERA 3282 NORTHSIDE PKWY, NW - ATLANTA, GA 30327 Telephone No. 678-431-1323 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN)
 If this is for the whole group, check this . If it is for part of the group, check this box \_\_\_\_\_ and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15 , 20 24 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 23 or tax year beginning \_\_\_\_\_, 20 \_\_\_\_, and ending \_\_\_ If the tax year entered in line 1 is for less than 12 months, check reason: X Initial return Final return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

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

# DISASTER RELIEF 301-7508A-1(D) Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A F	or the	2023 calendar year, or tax year beginning	and	ending				
<b>3</b> CI	neck if oplicable	C Name of organization			D Employer identif	ication number		
X	Addres	THE AVALON NETWORK, INC.						
	Name change	31/31 ON 3 CETON 31 I TANK	CE		88-07486	20		
X	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address 3282 NORTHSIDE PKWY, NW		Room/suite	E Telephone number 800-535-4028			
	Ireturn/ termin- ated	City or town, state or province, country, and ZIP or foreign post		G Gross receipts \$ 24,837,383				
	Amend return	_ , , , , , , , , , , , , , , , , , , ,	iai code		H(a) Is this a group r			
	Applica tion pendin	F Name and address of principal officer: UOE DREMNAM			for subordinates	s? Yes X No		
		SAME AS C ABOVE	7		<b>H(b)</b> Are all subordinates i			
		empt status: X 501(c)(3) 501(c) ( ) (insert no.)	4947(a)(1)	or 527	1	a list. See instructions		
	/ebsit				H(c) Group exemption			
		or garmentori,	her	<b>L</b> Year	of formation: 2022	M State of legal domicile; GA		
Pa		Summary	7 T 7 T	ONT CONT	NITIONIC OUTD N	A M T ON L C		
ارو		Briefly describe the organization's mission or most significant activitie						
Activities & Governance	-	VETERANS AND FIRST RESPONDERS WITH						
E		Check this box if the organization discontinued its operation	•		ı	I		
اق					3			
8		Number of independent voting members of the governing body (Part						
es		Total number of individuals employed in calendar year 2023 (Part V, li						
Ĭ₹		Total number of volunteers (estimate if necessary)				0		
kc		Total unrelated business revenue from Part VIII, column (C), line 12						
$\dashv$	b	Net unrelated business taxable income from Form 990-T, Part I, line 1	1	·····				
					Prior Year	Current Year		
<u>a</u>		Contributions and grants (Part VIII, line 1h)				24,787,039.		
e		Program service revenue (Part VIII, line 2g)				0.		
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)				50,344.		
			ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A				24,837,383.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)				16,708,295.		
						0.		
န		Salaries, other compensation, employee benefits (Part IX, column (A),				803,715.		
Š	16a I	Professional fundraising fees (Part IX, column (A), line 11e)				0.		
Expenses		• · · · · · · · · · · · · · · · · · · ·	286,4			251 122		
۳		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)				861,102.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line	25)			18,373,112.		
_	19	Revenue less expenses. Subtract line 18 from line 12				6,464,271.		
t Assets or od Balances				Be	ginning of Current Year	End of Year		
SSE		Total assets (Part X, line 16)				7,100,291.		
謀	21	Total liabilities (Part X, line 26)				636,020.		
		Net assets or fund balances. Subtract line 21 from line 20				6,464,271.		
	rt II	Signature Block				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	•	ties of perjury, I declare that I have examined this return, including accompany			•	y knowledge and belief, it is		
rue,	correct	t, and complete. Declaration of preparer (other than officer) is based on all info	ormation of wi	nich preparer	nas any knowledge.			
	}	Signature of officer			I Date			
Sign	1				Date			
Here	•	JOE BRENNAN, CEO						
		Type or print name and title		l r	Date Check [	PTIN		
		Print/Type preparer's name  Preparer's signature			1 2			
Paid	- 1	GREGORY W. HAYES GREGORY W	. HAYE	5 <u> </u> 1	11/26/24 self-employed P00054246			
rep	- 1	Firm's name MSTILLER LLC	7 2622		Firm's EIN 5	8-0673524		
Jse (	Only	Firm's address 1960 SATELLITE BLVD., SUITE	± 3600		,_			
		DULUTH, GA 30097			Phone no. (7	770) 995-8800		
Mav	the IR	S discuss this return with the preparer shown above? See instruction	าร			X Yes No		

Pai	t 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:  AVALON CONNECTS OUR NATION'S VETERANS AND FIRST RESPONDERS WITH
	LIFE-CHANGING CARE. WE ELIMINATE BARRIERS FOR OUR CLIENTS, INCLUDING
	COSTS AND GEOGRAPHICAL OBSTACLES. OUR ALLIANCE PARTNERS OFFER A WIDE
	RANGE OF TREATMENTS, TRAINING AND SUPPORT SERVICES TAILORED TO THE
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 X 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?
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
4a	revenue, if any, for each program service reported.  (Code: ) (Expenses \$ 16,708,295. including grants of \$ 16,708,295.) (Revenue \$ )
<del>T</del> a	(Code:) (Expenses \$16, 708, 295. including grants of \$16, 708, 295. ) (Revenue \$)  OUR ALLIANCE OF SEVEN TBI CENTERS ACROSS THE COUNTRY PROVIDE 100+ HOURS
	OF PERSONALIZED CARE IN THREE WEEKS FOR BRAIN HEALTH. WITH A UNIFIED
	CARE TEAM, WE CREATE A PLAN THAT GIVES UNMATCHED RESULTS AND EMPOWERS
	OUR CLIENTS WITH THE TOOLS THEY NEED TO MOVE FORWARD WITH THEIR LIVES.
	OUR ALLIANCE OF 11 POSTTRAUMATIC GROWTH PROGRAMS PROVIDE THE TRAINING
	NEEDED TO TRANSFORM STRUGGLE INTO STRENGTH AND THRIVE IN THE AFTERMATH
	OF TRAUMA. THIS PROGRAM KICKS OFF WITH SEVEN DAYS OF ON-SITE TRAINING
	FOLLOWED BY 3 MONTHS OF DEDICATED SUPPORT AND CONNECTION IN A PEER-LED
	ENVIRONMENT.
	OUR ALLIANCE OF TWO SUBSTANCE ABUSE TREATMENT CENTERS PROVIDE TREATMENT
4b	(Code:) (Expenses \$
	(Code) (Expenses #
4-	
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 16,708,295.

### 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		х
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		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
3		5		х
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III			
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		<b>.</b>
•	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			3,7
	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		<del></del>
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		X
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
15		45		х
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		4.0		v
4-	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,			v
	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			177
	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
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	

Form 990 (2023) THE AVALON NETWORK

Part IV Checklist of Required Schedules (continued)

	· (oontinuos)		Yes	No		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100			
	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	Х			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the					
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete					
	Schedule K. If "No," go to line 25a	24a		<u>X</u>		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b				
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease					
	any tax-exempt bonds?	24c				
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d				
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit					
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>		
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		<u> </u>		
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%			7.7		
	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			37		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X		
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,					
	instructions for applicable filing thresholds, conditions, and exceptions):					
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v		
	"Yes," complete Schedule L, Part IV	28a		<u>X</u>		
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b				
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		Х		
20	"Yes," complete Schedule L, Part IV	28c 29		X		
29 30	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," complete Schedule M	29				
30	contributions? If "Yes," complete Schedule M	30		Х		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	<del>  • • • • • • • • • • • • • • • • • • •</del>				
UZ.	Schedule N, Part II	32		Х		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>				
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and					
-	Part V, line 1	34		X		
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X		
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity					
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b				
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?					
	If "Yes," complete Schedule R, Part V, line 2	36		X		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization					
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X		
38	, , ,					
_	Note: All Form 990 filers are required to complete Schedule O	38	Х			
Pai						
	Check if Schedule O contains a response or note to any line in this Part V					
	1 1		Yes	No		
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 7					
b						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
	(gambling) winnings to prize winners?	1c	Х			

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O23) THE AVALON NETWORK, INC.

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

			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								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		_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		<u> </u>					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	, , , , , , , , , , , , , , , , , , , ,	5a		<u>X</u>					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		<u> </u>					
	, , , , , , , , , , , , , , , , , , , ,								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			37					
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		<u> </u>					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	۱							
_	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).	7-		X					
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 7h							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<del></del>					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 82822	7c		Х					
d	to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year  7d								
e									
f									
g									
h									
8									
	sponsoring organization have excess business holdings at any time during the year?								
9	9 Sponsoring organizations maintaining donor advised funds.								
а	a Did the sponsoring organization make any taxable distributions under section 4966?								
b	<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?								
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
	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.)								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	13a							
а	Note: See the instructions for additional information the organization must report on Schedule O.	isa							
h	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								
С	Enter the amount of reserves on hand	•							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
	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		Х					
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16									
	If "Yes," complete Form 4720, Schedule O.								
17	7 Section 501(c)(21) organizations. Did the trust, or 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.								

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

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>'</b>								
	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	7								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5										
6	Did the organization have members or stockholders?	6		Х						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		Х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	Х							
b	Each committee with authority to act on behalf of the governing body?	8b		Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
b										
12a										
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b		Х						
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe									
	on Schedule O how this was done	12c		Х						
13	Did the organization have a written whistleblower policy?	13		Х						
14	Did the organization have a written document retention and destruction policy?	14		Х						
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a		Х						
	Other officers or key employees of the organization	15b		Х						
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	2.3								
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		Х						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure	•	•	•						
17	List the states with which a copy of this Form 990 is required to be filedGA									
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 onlv)	availa	ble						
-	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request Other (explain on Schedule O)									
19	(**************************************									
	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									
	ANDREA RIVERA - 678-431-1323									
	3282 NORTHSIDE PKWY, NW, ATLANTA, GA 30327									

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

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

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

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

Check this box if neither the organization nor any relate				tion	con	nper	sate		irector, or trustee.		
(A)	(B)		(C) Position					(D)	(E)	(F)	
Name and title	Average	(do				<b>)</b> than	one	Reportable	Reportable	Estimated	
	hours per	box	box, unless person is both an officer and a director/trustee)			is both	n an	compensation	compensation	amount of	
	week	-	CCI ai		11 0010	174143	100)	from	from related	other	
	(list any hours for	or director				_		the organization	organizations (W-2/1099-MISC/	compensation from the	
	related	96 Or (	stee			satec		(W-2/1099-MISC/	1099-NEC)	organization	
	organizations	truste	al trus		yee	mber		1099-NEC)	,	and related	
	below	Individual trustee	nstitutional trustee	le.	Key employee	Highest compensated employee	ier i			organizations	
	line)	Indi	Insti	Officer	Key	High	Former				
(1) JOE BRENNAN	40.00										
CEO				Х		<u> </u>		400,000.	0.	75,123.	
(2) GREG FREY	40.00										
VP OPERATIONS				Х				150,000.	0.	0.	
(3) ANDREA RIVERA	40.00										
DIRECTOR PLANNING				Х				116,875.	0.	0.	
(4) STEPHEN CANNON	7.00								_	_	
CHAIRMAN		Х						0.	0.	0.	
(5) THOMAS TAYLOR	1.00								_	_	
BOARD MEMBER		Х						0.	0.	0.	
(6) HOWARD SYSLER	1.00	1							_		
BOARD MEMBER		Х						0.	0.	0.	
(7) KATE SHATTUCK	1.00	4							_		
BOARD MEMBER		Х						0.	0.	0.	
(8) DR. MARK ESPER	1.00								_	_	
BOARD MEMBER		Х						0.	0.	0.	
(9) FLORENT GROBERG	1.00	4									
BOARD MEMBER	1	Х				_		0.	0.	0.	
(10) JOHN TIEN	1.00	<b>↓</b>									
BOARD MEMBER		Х				_		0.	0.	0.	
		4									
	-					┝					
		-									
						_					
		-									
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	-	+									
-		+	$\vdash$			-	$\vdash$				
		+									
		1					<u> </u>	İ		000	

Pai	Section A. Officers, Directors, Trus	tees, Key Emp	<u> ploy</u>	ees,	and	High R	ghes	st C	ompensated Employee	s (continued)				
	(A)	(B)	(C)						(D)	(E)			(F)	
	Name and title	Average	Position (do not check more than one					one	Reportable	Reportable		Estimated		ed
		hours per	box	, unle	ss pei	rson i	is both	n an	compensation	compensation	<b>I</b>			of
		week	_	Cer ar	ia a a	recio	T	lee)	from	from related			other	
		(list any hours for	recto						the	organizations			pensa	
		related	or di	ee ee			ated		organization	(W-2/1099-MIS	<sup>()</sup>		om th	
		organizations	nstee	trus		98	ubeus		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		_	anizat d relat	
		below	lual tr	tional	١.	yoldı	yee ou	_	1				anizati	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				o.g.	ai iiLati	0110
			-											
			$\vdash$				$\vdash$				$\dashv$			
			-											
							$\vdash$							
			<u> </u>				_				_			
			<u> </u>								$\dashv$			
1b	Subtotal								666,875.		0.	7	5,1	
С	Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
<u>d</u>	Total (add lines 1b and 1c)								666,875.		0.	-7	5,1	23.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable				3
	compensation from the enganization												Yes	No
3	Did the organization list any former officer,	director, trust	ee, k	кеу є	empl	oye	e, or	hig	hest compensated emp	loyee on				
	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the su										L			
	and related organizations greater than \$150											4	Х	
5	Did any person listed on line 1a receive or a	•				•		elate	ed organization or individ	dual for services	ŀ	_		X
Sec	rendered to the organization? If "Yes." contion B. Independent Contractors	<u>iplete Schedule</u>	<u> </u>	or si	ıch i	oers	on					5		Λ
1	Complete this table for your five highest co										ensat	ion fro	om	
	the organization. Report compensation for (A)	the calendar ye	ear e	endir	ng w	ith c	or wi	thin T	the organization's tax y	ear.		(0	·'	
	Name and business	address	N	ONE	3				Description of s	ervices	C		nsatio	n
	Total number of independent contractors (i	ncluding but no	ot lir	nited	d to	thos	se lis	ted	above) who received me	ore than				
	\$100,000 of compensation from the organi					(	_		•				000	
											1	Form	<b>990</b> (	2023)

88-0748620

art VIII	Statement of Revenue

			Check if Schedule O contains a respons	e or note to any lin	e in this Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
						lanction revenue	business revenue	sections 512 - 514
S S	1	а	Federated campaigns 1a					
ant			Membership dues 1b					
اع ق			Fundraising events 1c					
fts,			Related organizations 1d					
٩			Government grants (contributions) 1e					
Sin			All other contributions, gifts, grants, and					
e E		'	I	24,787,039.				
흔함			similar amounts not included above 1f	24,707,035.				
Contributions, Gifts, Grants and Other Similar Amounts		-	Noncash contributions included in lines 1a-1f		24,787,039.			
<u>0 a</u>		n	Total. Add lines 1a-1f	Business Code	24,707,033.			
	_			Busiliess Code				
ice	2							
e ⊆		b						
n S		С						
g ar		d						
Program Service Revenue		е						
Δ.		f	All other program service revenue					
		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, inte	rest, and				
			other similar amounts)		50,344.			50,344.
	4		Income from investment of tax-exempt bond	proceeds				
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
			Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)					
			Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
<u>o</u>			and sales expenses 7b					
ther Revenue		c	Gain or (loss) 7c					
ě		d	Net gain or (loss)	L				
두			Gross income from fundraising events (not	<u> </u>				
	Ü	u	including \$ of					
0			contributions reported on line 1c). See					
			•					
		<b>L</b>	Part IV, line 18 Less: direct expenses	b				
				n l				
			Net income or (loss) from fundraising events					
	9	а	Gross income from gaming activities. See	_				
			Part IV, line 19					
				b				
			Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
				Da				
		b	Less: cost of goods sold1	)b				
		С	Net income or (loss) from sales of inventory					
တ				Business Code				
o a	11	а						
Miscellaneous Revenue		b						
e se		С						
Ais		d	All other revenue					
_		е	Total. Add lines 11a-11d					
	12		Total revenue. See instructions		24,837,383.	0.	0.	50,344.

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 (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Total expenses Program service expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 16,708,295. 16,708,295. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ...... Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 690,529. 623,480. 67,049. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 113,186. 102,196. 10,990. Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management 3,472. 3,472. Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 311,353. 331,314. column (A), amount, list line 11g expenses on Sch O.) 188,437. 188,437 Advertising and promotion 12 20,792. 20,792. Office expenses 13 17,021. 17,021. Information technology 14 15 Royalties 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 210,954. 210,954. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization 23,000. 23,000. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 50,000. 50,000. MISCELLANEOUS EXPENSE TELEPHONE 6,112. 6,112. 5,793. 5,793. LICENSE AND REGISTRATIO 3,308. 3,308. d BANK CHARGES 899. 899. e All other expenses 18,373,112. 16,708,295. 1,378,380. 286,437. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form **990** (2023)

Check here

if following SOP 98-2 (ASC 958-720)

		Check if Schedule O contains a response or not	e to any line in this Part X			
		errock in contraction of contraction at cooperate of most	5 to daily mile in this t die X	<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	6,821,640.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, subst	antial contributor, or 35%			
		controlled entity or family member of any of thes	· · · · · · · · · · · · · · · · · · ·		5	
	6	Loans and other receivables from other disquality				
		under section 4958(f)(1)), and persons described	l in section 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use			8	
As	9				9	213,442.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line 1		12		
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets		14	42,500.	
	15	Other assets. See Part IV, line 11	0.	15	22,709.	
	16	Total assets. Add lines 1 through 15 (must equal		0.	16	7,100,291.
	17	Accounts payable and accrued expenses			17	36,994.
	18	Grants payable		18	590,657.	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete I			21	
တ္က	22	Loans and other payables to any current or form	ner officer, director,			
Liabilities		trustee, key employee, creator or founder, subst	antial contributor, or 35%			
abi		controlled entity or family member of any of thes	se persons		22	
=	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	d third parties		24	
	25	Other liabilities (including federal income tax, pa	yables to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X			
		of Schedule D		0.	25	8,369.
	26	Total liabilities. Add lines 17 through 25		0.	26	636,020.
		Organizations that follow FASB ASC 958, che	ck here X			
ces		and complete lines 27, 28, 32, and 33.				
an	27				27	6,464,271.
Ba	28	Net assets with donor restrictions			28	
Ę		Organizations that do not follow FASB ASC 9	58, check here			
ř		and complete lines 29 through 33.	Ļ			
ts o	29	Capital stock or trust principal, or current funds			29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or ed			30	
t As	31	Retained earnings, endowment, accumulated in			31	6 464 651
S	32	Total net assets or fund balances		0.	32	6,464,271.
	33	Total liabilities and net assets/fund balances		0.	33	7,100,291.

### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

THE AVALON NETWORK, 88-0748620 INC. 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")					24787039.	24787039.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3					24787039.	24787039.
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)						22600047.
6	Public support. Subtract line 5 from line 4.						2186992.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	(4) 2010	(2) 2020	(6) 2021	(4) 2322	24787039.	24787039.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources					50,344.	50,344.
9	Net income from unrelated business					30,3110	30,011
3	activities, whether or not the						
	business is regularly carried on						
10							
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						24837383.
	Gross receipts from related activities,	etc (see instruction	ne)			12	<u> </u>
	First 5 years. If the Form 990 is for the	•		fourth or fifth tax i			
10	organization, check this box and <b>stor</b>						X
Sec	ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (f))		14	%
	Public support percentage from 2022					15	<u> </u>
	33 1/3% support test - 2023. If the d	•					
100	stop here. The organization qualifies	-					
h	<b>33 1/3% support test - 2022.</b> If the o		-				
	and <b>stop here.</b> The organization qual						
17:	10% -facts-and-circumstances test	•					
.,,	and if the organization meets the fact						
	meets the facts-and-circumstances te				-	_	
L	10% -facts-and-circumstances test	•			•	17a and line 15 is	
	more, and if the organization meets the						1070 01
	organization meets the facts-and-circu						
10							
10	<b>Private foundation.</b> If the organization	ni did fiot check a	DOX OF HITE 13, 10	a, 100, 17a, 01 1/1	, CHECK HIS DOX 8		(Form 990) 2023

# Schedule A (Form 990) 2023 THE AVALON NETWORK, INC. | 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.)

Sed	etion A. Public Support	ciow, picase comp	Sicie Fart II.				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 512						
4	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
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						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	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	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
	check this box and stop here						
	ction C. Computation of Publi						
	Public support percentage for 2023 (I		•	column (f))		15	<u>%</u>
	Public support percentage from 2022					16	%
	ction D. Computation of Inves					T .= I	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from			P <b></b> A P		18	%
19a	33 1/3% support tests - 2023. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2022. If the		-		•		
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	1 1

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### Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

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

	Yes	No
1		
•		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
_		
9a		
Ol-		
9b		
9c		
30		
10a		
10b		

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Par	Part IV   Supporting Organizations (continued)			
	<del></del>		Yes	No
11	1 Has the organization accepted a gift or contribution from a	ny of the following persons?		
а	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	n? <b>11a</b>		
b	<b>b</b> A family member of a person described on line 11a above?	11b		
С	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		
Sect	ection B. Type I Supporting Organizations			
			Yes	No
		officers acting in their official capacity, or membership of one or		
		appoint or elect at least a majority of the organization's officers,		
	directors, or trustees at all times during the tax year? If "N	o," describe in <b>Part VI</b> how the supported organization(s) tion's activities. If the organization had more than one supported		
	, , , ,	emove officers, directors, or trustees were allocated among the		
	supported organizations and what conditions or restrictions	s, if any, applied to such powers during the tax year.		
	3			
	organization(s) that operated, supervised, or controlled the	supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purpose	.,		
<u> </u>	supervised, or controlled the supporting organization.	2		
Seci	ection C. Type II Supporting Organizations			1
			Yes	No
	, ,			
	or trustees of each of the organization's supported organization	·		
	or management of the supporting organization was vested	,		
Sect	the supported organization(s). ection D. All Type III Supporting Organizations			
000	ection b. All Type in cupporting Organizations		V	N <sub>a</sub>
4	4 Did the exceptration provide to each of its supported except	sizations, but he lost day of the fifth month of the	Yes	No
	organization's tax year, (i) a written notice describing the ty			
	year, (ii) a copy of the Form 990 that was most recently file			
	organization's governing documents in effect on the date of the any of the organization's officers, directors, or truster	7		
	organization(s) or (ii) serving on the governing body of a su			
	the organization maintained a close and continuous working	, ,		
		y relation in with the supported enganization (s).		
	significant voice in the organization's investment policies a			
	income or assets at all times during the tax year? If "Yes,"			
	supported organizations played in this regard.	3		
Sect	ection E. Type III Functionally Integrated Suppo	rting Organizations		
1	Check the box next to the method that the organization use	ed to satisfy the Integral Part Test during the year (see instructions).		
а				
b				
С	c The organization supported a governmental entity. <i>I</i>	Describe in <b>Part VI</b> how you supported a governmental entity (see instruction	s).	
2	2 Activities Test. Answer lines 2a and 2b below.		Yes	No
а	a Did substantially all of the organization's activities during the	ne tax year directly further the exempt purposes of		
	the supported organization(s) to which the organization wa	s responsive? If "Yes," then in Part VI identify		
	those supported organizations and explain how these a	ctivities directly furthered their exempt purposes,		
	how the organization was responsive to those supported or	ganizations, and how the organization determined		
	that these activities constituted substantially all of its activit	es. <b>2a</b>		
b	<b>b</b> Did the activities described on line 2a, above, constitute ac	ctivities that, but for the organization's involvement,		
	one or more of the organization's supported organization(s	s) would have been engaged in? If "Yes," explain in		
	Part VI the reasons for the organization's position that its s	upported organization(s) would have engaged in		
	these activities but for the organization's involvement.			
		· ·		
	trustees of each of the supported organizations? // "Yes"	·		
h	<b>b</b> Did the organization exercise a substantial degree of direct	tion 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.

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

Schedule A (Form 990) 2023

t V Type III Non-Functionally Integrated 509(	(a)(3) Supporting Orga	nizations <sub>(continu</sub>	ued)	
on D - Distributions				Current Year
Amounts paid to supported organizations to accomplish exe	1			
Amounts paid to perform activity that directly furthers exemp				
organizations, in excess of income from activity	2			
Administrative expenses paid to accomplish exempt purpose	3	3		
Amounts paid to acquire exempt-use assets			4	
Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
			6	
Total annual distributions. Add lines 1 through 6.			7	
	ne organization is responsive			
(provide details in Part VI). See instructions.			8	
Distributable amount for 2023 from Section C, line 6			9	
Line 8 amount divided by line 9 amount	Г	Г	10	
		(ii)		(iii) Distributable
on E - Distribution Allocations (see instructions)	Excess Distributions	Pre-2023	ns	Distributable Amount for 2023
Distributable amount for 2023 from Section C, line 6				
Underdistributions, if any, for years prior to 2023 (reason-				
able cause required - explain in Part VI). See instructions.				
Excess distributions carryover, if any, to 2023				
From 2018				
From 2019				
From 2020				
From 2021				
From 2022				
Total of lines 3a through 3e				
Applied to underdistributions of prior years				
Applied to 2023 distributable amount				
Carryover from 2018 not applied (see instructions)				
Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
Distributions for 2023 from Section D,				
line 7: \$				
Applied to underdistributions of prior years				
Applied to 2023 distributable amount				
Remainder. Subtract lines 4a and 4b from line 4.				
Remaining underdistributions for years prior to 2023, if				
any. Subtract lines 3g and 4a from line 2. For result greater				
than zero, explain in Part VI. See instructions.				
Remaining underdistributions for 2023. Subtract lines 3h				
and 4b from line 1. For result greater than zero, explain in				
Part VI. See instructions.				
Excess from 2019				
Evenes from 2020				
Excess from 2020				
Excess from 2020 Excess from 2021 Excess from 2022				
	Amounts paid to supported organizations to accomplish exe Amounts paid to perform activity that directly furthers exemplorganizations, in excess of income from activity Administrative expenses paid to accomplish exempt purpose Amounts paid to acquire exempt-use assets  Qualified set-aside amounts (prior IRS approval required - prior Other distributions (describe in Part VI). See instructions.  Total annual distributions. Add lines 1 through 6.  Distributions to attentive supported organizations to which the (provide details in Part VI). See instructions.  Distributable amount for 2023 from Section C, line 6.  Line 8 amount divided by line 9 amount  Ion E - Distribution Allocations (see instructions)  Distributable amount for 2023 from Section C, line 6.  Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.  Excess distributions carryover, if any, to 2023  From 2019  From 2020  From 2020  From 2021  From 2022  Total of lines 3a through 3e  Applied to underdistributions of prior years  Applied to 2023 distributable amount  Carryover from 2018 not applied (see instructions)  Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  Distributions for 2023 from Section D, line 7:  \$ Applied to underdistributions of prior years  Applied to underdistributions of prior years  Applied to underdistributions for prior years  Applied to underdistributions of prior years  Applied to underdistributions for prior years  Applied to underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 4.  Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.	Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations. Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) Other distributions (describe in Part VI). See instructions.  Total annual distributions. Add lines 1 through 6.  Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.  Distributable amount for 2023 from Section C, line 6 Line 8 amount divided by line 9 amount  (i) Excess Distributions  Distribution Allocations (see instructions)  Distributable amount for 2023 from Section C, line 6 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.  Excess distributions carryover, if any, to 2023 From 2018  From 2019 From 2020  From 2020  Total of lines 3a through 3e Applied to underdistributions of prior years  Applied to under	Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set aside amounts (prior IRS approval required - provide details in Part VI) Other distributions (describe in Part VI). See instructions.  Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2023 from Section C, line 6 Line 8 amount divided by line 9 amount  (i) Excess Distributions Distributions Allocations (see instructions)  Distributions (in any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 From 2018 From 2019 From 2020 From 2020 From 2020 From 2021 From 2022 Total of lines 3a through 3e Applied to underdistributions of prior years Appl	Amounts paid to supported organizations to accomplish exempt purposes  Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity  2 Administrative expenses paid to accomplish exempt purposes of supported organizations, in excess of income from activity  2 Administrative expenses paid to accomplish exempt purposes of supported organizations  3 Amounts paid to acquire exempt-use assets  4 Authority paid to acquire exempt-use assets  4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)  5 Other distributions (asscribe in Part VI). See instructions.  6 7 Total annual distributions. Add lines 1 through 6.  7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.  8 8 Distributable amount for 2023 from Section C, line 6  9 9 Line 8 amount divided by line 9 amount  (i) Excess Distributions  10 Inderdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.  Excess distributions carryover, if any, to 2023 (reasonable cause required - explain in Part VI). See instructions.  Excess distributions carryover, if any, to 2023 (reasonable cause required - explain in Part VI). See instructions.  Excess distributions carryover, if any, to 2023 (reasonable cause required - explain in Part VI). See instructions.  Excess distributions of prior years of the prior

Schedule A (Form 990) 2023

### Schedule B (Form 990)

**Schedule of Contributors** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization **Employer identification number** THE AVALON NETWORK, INC. 88-0748620

<b>Organization type</b> (chec	k one):
Filers of:	Section:
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)( $3$ ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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
	n is covered by the <b>General Rule</b> or a <b>Special Rule</b> . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509(a)( contributor, duri	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under (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 ing 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; EZ, line 1. Complete Parts I and II.
contributor, duri	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ing the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, ational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering in (b) instead of the contributor name and address), II, and III.
year, contribution is checked, enter purpose. Don't o	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ons exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box er here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively able, etc., contributions totaling \$5,000 or more during the year\$
answer "No" on Part IV, I	in that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> ine 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 illing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Page **2** 

Name of organization Employer identification number

### THE AVALON NETWORK, INC.

88-0748620

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		\$3,827,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 7,431,039.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions  \$2,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>11,329,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$100,000.	Person X Payroll

Name of organization Employer identification number

THE AVALON NETWORK, INC.

88-0748620

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	_
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
323453 12-26-			Schedule B (Form 990) (2023)

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Name of organization

**Employer identification number** THE AVALON NETWORK, 88-0748620 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

THE AVALON NETWORK, INC. **Employer identification number** 88-0748620

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
		(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 w	_	
	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or	, , , , ,	
Pai			
			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizatio	`	a bishada dhadaa a baada baada a
	Preservation of land for public use (for example, recreat	. —	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
2	Preservation of open space  Complete lines 2a through 2d if the organization held a qualification of the complete lines 2 in the organization held a qualification of the complete lines 2 in the comp	ad conservation contribution in the form	of a concentration assembnt on the last
2	day of the tax year.	ed conservation contribution in the form (	Held at the End of the Tax Year
9			
b	Total number of conservation easements  Total acreage restricted by conservation easements		I
	Number of conservation easements on a certified historic stru	acture included on line 2a	
	Number of conservation easements included on line 2c acquir		
u	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
Ū	year	sacca, extinguished, or terminated by the	organization daring the tax
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period	· · · · · · · · · · · · · · · · · · ·	
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conservat	tion easements during the year
8	Does each conservation easement reported on line 2d above :	satisfy the requirements of section 170(b)	n(4)(B)(i)
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservatio		
	balance sheet, and include, if applicable, the text of the footnot	· ·	
	organization's accounting for conservation easements.	· ·	
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement a	nd balance sheet works
	of art, historical treasures, or other similar assets held for publ		•
	service, provide in Part XIII the text of the footnote to its finance		
b	If the organization elected, as permitted under FASB ASC 958	· · · · · · · · ·	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		
_			· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art, historical trea		gain, provide
	the following amounts required to be reported under FASB AS	_	•
a	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		\$

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

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023

e Other

c Leasehold improvementsd Equipment

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

Schedule D (Form 990) 2023 THE AVALON N Part VII Investments - Other Securities	ETWORK, INC.		0748620 Page
Complete if the organization answered "Yes" o	n 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-o	of-year market value
1) Financial derivatives			•
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	
(a) D	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col.  Part X Other Liabilities	(B))		
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) ACCRUED PAYROLL LIABILITIE	S		8,369
(3)			

8,369. Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

(4) (5) (6) (7) (8)

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u	0 –	v	/ ±	o	u	4	v	Page T

Par	t XI Reconciliation of Revenue per Audited Financial Statemer	nts Wit	h Revenue per Re	turn	
	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	26,465,170.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments		1 600 000	- !	
b	Donated services and use of facilities		1,627,787.	- !	
C	Recoveries of prior year grants			-	
d	Other (Describe in Part XIII.)				1 607 707
e	Add lines 2a through 2d			2e	1,627,787. 24,837,383.
3	Subtract line 2e from line 1			3	24,037,303.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	الما			
a	Investment expenses not included on Form 990, Part VIII, line 7b			-	
b	Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>			10	0.
с 5	Add lines <b>4a</b> and <b>4b</b> Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			4c	24,837,383.
	t XII   Reconciliation of Expenses per Audited Financial Stateme	nts W	th Expenses per F		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	20,000,899.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	1,627,787.		
b	Prior year adjustments		, ,	1	
С	Other losses	1 - 1		1 /	
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	1,627,787.
3	Subtract line 2e from line 1			3	1,627,787. 18,373,112.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	18,373,112.
Pa	t XIII Supplemental Information				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part			; Part )	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi	tional inf	ormation.		
ד א כו	om v itne ).				
PAI	RT X, LINE 2:				
C 7 7	AP PROVIDES GUIDANCE FOR HOW UNCERTAIN TAX	DOCT	תדרשם מחטוווים		
GAL	I TROVIDED GOIDANCE FOR HOW UNCERTAIN TAX	1051	TIONS SHOOLD		
REC	COGNIZED, MEASURED, PRESENTED AND DISCLOSED	TN	THE ORGANIZA	יסדית	N'S
	OCHIELD / HERIOGRED / HEREINFELD HER DIROGED				
FIN	IANCIAL STATEMENTS. MANAGEMENT HAS EVALUATE	D TH	E IMPLICATIO	NS (	OF THESE
STA	ANDARDS AND HAS NOT IDENTIFIED ANY UNCERTAI	N TA	X POSITIONS	FOR	THE
ORC	SANIZATION; THEREFORE, NO TAX EXPENSE OR AC	CRUA	LS ARE INCLU	DED	IN THE
ACC	COMPANYING FINANCIAL STATEMENTS.				

# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

**Open to Public** Inspection

Attach to Form 990.

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

		GO TO WWW.II S.	s.gov/1 01111550 101	ule latest illioi illa	uoii.			
Name of the organization THE AVALOI	AVALON NETWORK	, INC.					Employer i	Employer identification number $88-0748620$
Part I General Information on Grants and Assistance	nd Assistance							
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	o substantiate the	amount of the grants of	or assistance, the g	grantees' eligibility	or the grants or assis	tance, and the selection	] uo	Yes X No
SC	cedures for monit	oring the use of grant f	unds in the United	States.				
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Con recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	<b>Domestic Organiz</b> 35,000. Part II can	zations and Domestic be duplicated if additio		omplete if the orga ed.	nization answered "Ye	Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any ded.	IV, line 21, 1	for any
1 (a) Name and address of organization or government	( <b>a)</b>	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	( <b>h</b> ) F	(h) Purpose of grant or assistance
BIG RED BARN RETREAT 8024 WINNSBORO RD BLYTHEWOOD, SC 29016	47-1047721	501(C)(3)	.000,000	.0			GENERAL GRANT	SRANT
BOULDER CREST FOUNDATION 33735 SNICKERVILLE TURNPIKE BLUEMONT, VA 20135	27-3228310	501(C)(3)	2,842,640.	0.			GENERAL GRANT	SRANT
CAMP SOUTHERN GROUND 100 SOUTHERN GROUND PKWY FAYETTEVILLE, GA 30215	27-3082862	501(C)(3)	600,000.	0.			GENERAL GRANT	SRANT
EAGLE OAK RETREAT FOUNDATION 10700 S HIGHWAY 77 PO BOX 909 ITALY, TX 76651	87-2120729 <b>501</b> (C)(3)	501(C)(3)	.000,009	0.			GENERAL GRANT	SRANT
GRATITUDE AMERICA, LTD 9053 ESTATE THOMAS STE 101 ST THOMAS, VI 00802	66-0789697	501(C)(3)	600,000.	0.			GENERAL GRANT	SRANT
THOMAS JEFFERSON UNIVERSITY 1101 MARKET STREET, 22ND FLOOR PHILADELPHIA, PA 19107	23-1352651 501(C)(3)	501(C)(3)	1,250,000.	0			GENERAL GRANT	SRANT
2 Enter total number of section 501(c)(3) and government organizations l	nd government org		isted in the line 1 table					15.

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

Schedule I (Form 990) 2023

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Schedule I (Form 990) THE AVALON NETWORK, INC.  Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	AVALON NETWORK, and Other Assistance to Don	, INC.	and Domestic Go		(Schedule I (Form 990). Part II.)		88-0748620 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY PHYSICIANS INCORPORATED 12348 EAST MONTVIEW BLVD AURORA, CO 80045	74-2161737	501(C)(3)	1,312,655.	.0			GRANT TO THE MARCUS INSTITUTE OF BRAIN HEALTH.
MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK ROAD MILWAUKEE, WI 53226	39-0806261	501(C)(3)	1,000,000.	0			GENERAL GRANT
PERMISSION TO START DREAMING 3733 ROSEDALE STREET NW, STE 100 GIG HARBOR, WA 98335	27-5251886 501(C)(3)	501(C)(3)	.000,009	.0			GENERAL GRANT
SHEEP DOG IMPACT DREAMING 1200 W WALNUT ST, STE 2310 ROGERS, AR 72756	26-4521779	501(C)(3)	.000,006	.0			GENERAL GRANT
SHEPHERD CENTER 2020 PEACHTREE RD NW ATLANTA, GA 30309	51-0141601	501(C)(3)	2,500,000.	0.			GENERAL GRANT
TRAVIS MILLS FOUNDATION 647 CASTLE ISLAND RD MT. VERNON, ME 04352	46-4239670	501(C)(3)	.000,009	0.			GENERAL GRANT
UNIVERSITY OF FLORIDA FOUNDATION, INC PO BOX 14425 - GAINESVILLE, FL 32604	59-0974739	501(C)(3)	1,250,000.	.0			GENERAL GRANT
UNIVERSITY OF NC AT CHAPEL HILL PO BOX 899 CHAPEL HILL, NC 27514	56-1717285	501(C)(3)	1,250,000.	.0			GENERAL GRANT
WARRIORS HEART 10001 BREEDEN DR BATON ROUGE , LA 70811	84-2808965 501(C)(3)	501(C)(3)	500,000.	.0			GENERAL GRANT
							Schedule I (Form 990)

Page 2 (f) Description of noncash assistance 88-0748620 (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. (Form 990) 2023 THE AVALON NETWORK, INC.

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2023 Part III

### SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

<u>2023</u>

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

THE AVALON NETWORK, INC.

Employer identification number

88-0748620

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		<u> </u>
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			v
a	The organization?	5a		X
D	Any related organization?	5b		$\vdash $
•	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the net earnings of:	6a		Х
	The organization?			X
a	Any related organization?	6b		
7	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	7		X
٥	not described on lines 5 and 6? If "Yes," describe in Part III	7		<u> </u>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			x
0	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		$\stackrel{\wedge}{\vdash}$
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		
	negulations section 33.4930-0t0/	1 3		1

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

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023 THE A

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

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

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

(A) Name and Title         (D) Base (II) Brows & reportable reportable reportable reportable (II) (III) (I		<u> </u>	3) Breakdown of W-	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
10   400,000   0   0   0   0   0   0   0   0	(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
		(E)	400,000.	0	0	_	-	475,123	0
		(E)	•	•	•	•	•	• 0	•
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(i) (ii) (ii)		(ı)							
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Schedule J (Form 990) 2023

### SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

THE AVALON NETWORK, INC.

Employer identification number 88-0748620

1112 117112017 17211701117 21707
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
BARRIERS FOR OUR CLIENTS, INCLUDING COSTS AND GEOGRAPHICAL OBSTACLES.
OUR ALLIANCE PARTNERS OFFER A WIDE RANGE OF TREATMENTS, TRAINING AND
SUPPORT SERVICES TAILORED TO THE UNIQUE NEEDS OF OUR VETERANS AND FIRST
RESPONDERS. AVALON'S COMPREHENSIVE APPROACH TO TACKLING TBI, PTS, AND
SUBSTANCE ABUSE IS VITAL TO TRANSFORMING LIVES, CREATING HOPE AND
HEALING FAMILIES.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
UNIQUE NEEDS OF OUR VETERANS AND FIRST RESPONDERS. AVALON'S
COMPREHENSIVE APPROACH TO TACKLING TBI, PTS, AND SUBSTANCE ABUSE IS
VITAL TO TRANSFORMING LIVES, CREATING HOPE AND HEALING FAMILIES.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
FOR INDIVIDUALS SEEKING RELIEF FROM SUBSTANCE ABUSE. OFFERING A 42-DAY
INPATIENT TREATMENT PROGRAM, WE CREATE AN ENVIRONMENT WHERE HEALING
HAPPENS WITH FELLOW WARRIORS.
FORM 990, PART VI, SECTION A, LINE 8B:
THERE IS NO COMMITTEE WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING
BODY.
FORM 990, PART VI, SECTION B, LINE 11B:
THE 990 WILL BE REVIEWED BY THE BOARD OF DIRECTORS, CEO, AND DIRECTOR OF

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

Schedule O (Form 990) 2023

PLANNING PRIOR TO FILING.

Schedule O (Form 990) 2023	Page 2
Name of the organization THE AVALON NETWORK, INC.	Employer identification number 88-0748620
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION DID NOT MAKE ITS GOVERNING DOCUMENTS, CON	FLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC D	URING THE 2023
TAX YEAR.	
FORM 990, PART XII, LINE 2C:	
THERE HAS BEEN NO CHANGE IN THE PROCESS OF AUDIT OVERSIGHT	1.