** PUBLIC DISCLOSURE COPY **
Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A F	or tne	2023 calendar year, or tax year beginning	and	enaing						
	heck if oplicable	C Name of organization			D Employe	er identifi	cation number			
	Addres	AVERY POINT, INC.								
	Name change	Doing business as			92-2	2254866				
Х	Initial return	Number and street (or P.O. box if mail is not deli	vered to street address)	Room/suite	E Telephor	E Telephone number				
]Final return/	1000 AVERY POINT WAY			800-2	800-260-3100				
	termin- ated		IP or foreign postal code		G Gross receip	ots\$	8,84	0,387.		
	Amend return	RICHMOND, VA 23233			H(a) Is this	a group re		X No		
Х	Applica tion pendin	F Name and address of principal officer: IAN B	F Name and address of principal officer: IAN BROWN							
		SAME AS C ABOVE			H(b) Are all su	bordinates in	cluded? Yes	No		
<u> </u>	ax-exe	mpt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 52	7 If "No,'	' attach a	list. See instruction	ons		
_	Vebsit				H(c) Group		n number			
€ F			ociation Other	L Year	of formation: 2	2022 N	State of legal dom	nicile: MD		
Pa		Summary								
اه		Briefly describe the organization's mission or most s	significant activities: PROVID	E A HOME	FOR SENIOR	RS THAT				
Governance		SATISFIES THEIR THREE PRIMARY NEEDS.								
Ĕ	2	Check this box if the organization discon	tinued its operations or dispos	sed of more	e than 25% of	its net ass	ets.			
8		Number of voting members of the governing body (I	, , , , , , , , , , , , , , , , , , , ,					11		
ဗ		Number of independent voting members of the government						7		
es		Total number of individuals employed in calendar ye						185		
₹		Total number of volunteers (estimate if necessary)						88		
Activities &		Total unrelated business revenue from Part VIII, colu						0.		
-	b	Net unrelated business taxable income from Form 9	90-T, Part I, line 11	·····			0	0.		
	_				Prior Yea	ar	Current Ye			
e l								5,830.		
Revenue							-	2,285.		
ě		nvestment income (Part VIII, column (A), lines 3, 4,						1,349. 30,923.		
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,						0,387.		
\dashv		Total revenue - add lines 8 through 11 (must equal F	· · · · · · · · · · · · · · · · · · ·				0,04	0.		
		Grants and similar amounts paid (Part IX, column (A						0.		
		Benefits paid to or for members (Part IX, column (A) Salaries, other compensation, employee benefits (P			3 89	0,917.				
Ses		Professional fundraising fees (Part IX, column (A), lir					3,03	0.		
Expenses		Total fundraising expenses (Part IX, column (D), line		0.				- •		
Ä		Other expenses (Part IX, column (A), lines 11a-11d,	The state of the s				7 25	2,250.		
		Fotal expenses. Add lines 13-17 (must equal Part IX					-	3,167.		
		Revenue less expenses. Subtract line 18 from line 1						2,780.		
58		Total last street street street last last line to home line			eginning of Curi	ent Year	End of Ye	 ar		
t Assets or od Balances	20	Total assets (Part X, line 16)					126,60	7,162.		
Ass	21	Fotal liabilities (Part X, line 26)			:	11,246.	128,92			
EE	22	Net assets or fund balances. Subtract line 21 from I	ine 20		-:	11,246.	-2,31	4,026.		
Pa	rt II	Signature Block								
Jnde	er pena	ties of perjury, I declare that I have examined this return, i	ncluding accompanying schedules	s and statem	ents, and to the	best of my	knowledge and bel	ief, it is		
rue,	correc	, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich prepare	r has any knowle	edge.				
Sign	١	Signature of officer			Date)				
Here	•	EILEEN ERSTAD, TREASURER								
		Type or print name and title			_					
		Print/Type preparer's name	Preparer's signature		Date	Check if	PTIN			
Paid			ULIA FLANNERY	(09/27/24 II self-employed P00928918					
	arer	Firm's name RSM US LLP			Firm	ı's EIN	42-0714325			
Jse	Only	Firm's address 100 INTERNATIONAL DRIVE, S	UITE 1400							
		BALTIMORE, MD 21202			Pho	ne no.410	-246-9300			
Иау	the IF	S discuss this return with the preparer shown abov	e? See instructions				X Yes	No		

Form	1990 (2023) AVERY POINT, INC.	92-2254866	Page 2
	rt III Statement of Program Service Accomplishments		· ·
	Check if Schedule O contains a response or note to any line in this Part III		Х Х
1	Briefly describe the organization's mission: SEE SCHEDULE O		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		s X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service If "Yes," describe these changes on Schedule O.	s? Ye	s X No
4	Describe the organization's program service accomplishments for each of its three largest program services, Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 8,444,239. including grants of \$) (RAVERY POINT PROVIDES SERVICES NEEDED BY SENIOR RESIDENTS, WHO RESIDE IN	evenue \$ 8 , 5	52,285.
	323 INDEPENDENT LIVING UNITS. THE SERVICES WE PROVIDE TO OUR RESIDENTS		
	INCLUDE, BUT ARE NOT LIMITED TO HOUSING, FOOD, MEDICAL, SECURITY AND		
	MAINTENANCE SERVICES, RECREATIONAL AND PASTORAL ACTIVITIES.		
4b	(Code:) (Expenses \$ including grants of \$) (Fig. 2.1)		
	/ Code: / Copenies v / (including grains of v) (including grains of v)		
4c	(Code) \(\sum_{\text{Code}}\) \(\sum_{\text{Code}}\)	- Payanua (h	
40	(Code:) (Expenses \$ including grants of \$) (R	Revenue \$,
<u></u>	Other are sware as misses (December on Calendal of Co.)		
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$	1	
4e	0.444.220		
			000

Form 990 (2023) 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	Х	
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
_	Schedule D, Part III	8		
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?		Х	
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		_ A
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,	44.	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a		
D		11b		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
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		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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		Х

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	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			
		24a		x
h	Schedule K. If "No," go to line 25a	24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C		24c		
	any tax-exempt bonds?	24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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		Х
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%			l
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
-	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai			•	
	Check if Schedule O contains a response or note to any line in this Part V			
	, , , , , , , , , , , , , , , , , , ,		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 22			"
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
·	(gambling) winnings to prize winners?	1c	Х	
	O 0/ 0 F			

Form 990 (2023)

AVERY POINT, INC.

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

			Yes	No
2 a	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 2a185			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	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			l
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	0-		x
	any contributions that were not tax deductible as charitable contributions?	6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6h		
7	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7-		х
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?	<u>7a</u> 7b		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.0		
С	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans Then the ground of recovery as head.			
	Enter the amount of reserves on hand Did the exemplation vession any payments for indeed template equipments the top year?	110		Х
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
ъ 15	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
IJ		15		x
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	ıJ		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
.5	If "Yes," complete Form 4720, Schedule O.	.5		
17	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.			

7a

AVERY POINT. Page 6 Form 990 (2023) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year 11 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 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or

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

X Another's website

statements available to the public during the tax year.

701 MAIDEN CHOICE LANE, BALTIMORE, MD

for public inspection. Indicate how you made these available. Check all that apply

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or

more members of the governing body?

	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	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on Schedule O how this was done	12c	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	
b		15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		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			

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available

X Upon request

State the name, address, and telephone number of the person who possesses the organization's books and records

21228

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

NONE

Other (explain on Schedule O)

Own website

IBI KHAN - (410) 242-2880

Form 990 (2023) AVERY POINT, INC. 92-2254866 Page **7**

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

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

X

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.

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

- 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.

(A)	(B)	Jigu	mea)	ipon	Journ	(D)	(E)	(F)
Name and title	Average		Position (do not check more than one					Reportable	Reportable	Estimated
	hours per week					s both r/trus		compensation from	compensation from related	amount of other
	(list any	tor	tor					the	organizations	compensation
	hours for	r direc				ted		organization	(W-2/1099-MISC/	from the
	related	stee o	rustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	onal t		ployee	comb		1099-NEC)		and related
	below line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) TODD DELANEY	40.00	드	드	0	<u>z</u>	王高	F			
EXECUTIVE DIRECTOR		1		х				293,961.	0.	22,862.
(2) REV. DR. ZINA JACQUE	0.10							,		,
DIRECTOR	9.30	х						0.	215,000.	0.
(3) EILEEN G. ERSTAD	0.20									
TREASURER	14.40	х		х				0.	167,500.	0.
(4) STEPHANIE L. REEL	0.10									
VICE CHAIR & VICE PRESIDENT	9.90	Х		Х				0.	150,000.	0.
(5) MARY D. COLINS	0.20									
SECRETARY	10.20	Х		Х				0.	150,000.	0.
(6) LUKE MCKINLEY	40.00									
DIRECTOR, FINANCE				Х				132,452.	0.	5,717.
(7) BARBARA C. BISGAIER	0.10									
DIRECTOR	7.90	Х						0.	110,000.	0.
(8) MICHAEL W. ROSKIEWICZ	0.10									
DIRECTOR	9.50	Х						0.	110,000.	0.
(9) PATRICIA M. BROWN	0.10	-								
DIRECTOR	7.60	Х						0.	87,500.	0.
(10) MONTY C. LEONARD	0.10	-								_
DIRECTOR	8.40	Х						0.	87,500.	0.
(11) PAMELA D. PAULK	0.10									_
DIRECTOR	8.20	Х						0.	87,500.	0.
(12) IAN L. BROWN	0.30	-							65.000	•
CHAIR & PRESIDENT (BEG 4/1/23)	7.60	Х		X				0.	65,000.	0.
(13) RUSSELL SHARP DIRECTOR (BEG 4/1/23)	7.80	x						0.	65,000.	0
(14) JOHN HALL	0.50	Λ						0.	65,000.	0.
ASSISTANT TREASURER	7.00	1		Х				0.	0.	0.
(15) CHRIS RATHMANN	0.50							· · · · · · · · · · · · · · · · · · ·	· ·	
ASSISTANT TREASURER	7.00	1		х				0.	0.	0.
(16) NEAL GANTERT	0.50		\vdash					· ·	· · ·	
ASSISTANT TREASURER	7.00	1		х				0.	0.	0.
(17) MARK EMBLEY	0.50			<u> </u>				· ·	•	
ASSISTANT TREASURER	8.00	1		х				0.	0.	0.
	1									000

Form **990** (2023)

Form 990 (2023) AVERY POINT, INC. 92-2254866 Page **8**

Pai	T VII Section A. Officers, Directors, Trus		loy	ees,			ghes	st C	ompensated Employee	s (continued)		ı		
	(A)	(B)			•	C)			(D)			(F)		
	Name and title	Average Position (do not check more than one						one	Reportable	Reportable		l '	stimate	
		hours per week					is both or/trus		compensation	compensation		l	nount	
		(list any					T	100,	from the	from related		l	other	
		1 '					organization (W-2/1099-MIS		ı	pensa om th				
		related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)		organization		
		organizations	truste	al trus		yee	mper		1099-NEC)	10001120)		and related		
		below	idual	Institutional trustee	e e	Key employee	est co	-B	, ·			orga	anizati	ons
		line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former						
	Subtotal								426,413.	1,295,	000.		28	579.
10	Subtotal Total from continuation sheets to Part VI	I Section A						•	0.	_,,	0.		,	0.
	Total (add lines 1b and 1c)								426,413.	1,295,	28,579.		579.	
2	Total number of individuals (including but n								eceived more than \$100,	000 of reportable	 e			
	compensation from the organization													2
													Yes	No
3	Did the organization list any former officer,	director, truste	ee, k	кеу е	empl	loye	e, or	hig	phest compensated empl	loyee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150											4	Х	
5	Did any person listed on line 1a receive or a	•				,			•	dual for services				
800	rendered to the organization? If "Yes," cometion B. Independent Contractors	plete Schedule	Jf	or su	ıch ı	oers	on					5		Х
1	Complete this table for your five highest co	mnoncated inc	lono	ndo	nt co	ontr	acto	rc th	nat received more than \$	100 000 of com	nonco	tion fr		
•	the organization. Report compensation for	•	•								Jensa	tion in	5111	
	(A)	,			<u>.g</u>				(B)			(0	C)	
	Name and business	address							Description of s	ervices	С	ompe	nsatio	n
	CKSON SENIOR LIVING, LLC													
701	MAIDEN CHOICE LANE, BALTIMORE, MI	D 21228						_	MANAGEMENT - SEE S	CH. O	 -	1	,561,	147.
2	Total number of independent contractors (in		ot lir	nited	d to			ted	above) who received mo	ore than				
	\$100,000 of compensation from the organization	zation				:	1							

Form 990 (2023)
Part VIII Statement of Revenue

		Check if Schedule O	conta	ins a r	esponse	or note to any lin	e in this Part VIII			
					•	•	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
								function revenue	business revenue	sections 512 - 514
ωω	1 :	Federated campaigns			1a					
ant	ŀ	. Manakanakia akasa			1b					
9					1c					
Contributions, Gifts, Grants and Other Similar Amounts	,				1d	11,246.				
ig je			ibutio		1e	,				
Sir	•				ie					
e ti	•	All other contributions, gifts,			4.	124,584.				
έş	_	similar amounts not included			1f	121,301.				
	9		lines 1a	a-1f	1g \$		135,830.			
O g	r	Total. Add lines 1a-1f				Business Code	133,630.			
		DEGIDENT EDDG				Business Code 623000	6 200 102	6 200 102		
ice	2 8	DEGIDENT DEDOGIEG					6,290,192.	6,290,192.		
Program Service Revenue	k					623000	2,029,746.	2,029,746.		
n S	C					623000	231,647.	231,647.		
ra Sev	C	PROCESSING FEES				623000	700.	700.		
5 2	•									
Δ.	f	All other program service	reven	nue						
	ç	Total. Add lines 2a-2f					8,552,285.			
	3	Investment income (include	ling d	dividen	ds, intere	est, and				
		other similar amounts)				71,349.			71,349.	
	4	Income from investment of	of tax-	-exemp	ot bond p	roceeds				
	5	Royalties								
				.,,	Real	(ii) Personal				
	6 a	Gross rents	6a	8	80,923.					
	k	Less: rental expenses	6b		0.					
	c	Rental income or (loss)	6с	8	80,923.					
	c	Net rental income or (loss)) <u></u>				80,923.			80,923.
	7 a	Gross amount from sales of		(i) Se	curities	(ii) Other				
		assets other than inventory	7a							
	k	Less: cost or other basis								
e		and sales expenses	7b							
Je J	c	Gain or (loss)	7с							
Be		Net gain or (loss)								
ther Revenue		Gross income from fundraising								
₽		including \$			of					
		contributions reported on								
		Part IV, line 18		•	8a					
	k	Less: direct expenses								
		Net income or (loss) from								
		Gross income from gamin		-						
		Part IV, line 19								
	k	Less: direct expenses								
		Net income or (loss) from				•				
		Gross sales of inventory, I								
		and allowances								
	ŀ	Less: cost of goods sold								
		Net income or (loss) from								
$\neg \dagger$					<u>.</u>	Business Code				
Sn	11 a	•								
Miscellaneous Revenue	ıı c									
ella Ver					_					
Be	,	: I All other revenue								
Σ	,	Total. Add lines 11a-11d								
		Total revenue. See instruction					8,840,387.	8,552,285.	0.	152,272.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Х Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (D) (B) Do not include amounts reported on lines 6b. Program service expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 454,992 trustees, and key employees 454,992. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 2,831,467. 2,309,937. 521,530. 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 25,763 15,218. 10,545 308,210 202,378, 105,832, Other employee benefits 9 270,485. 204,367. 66,118. 10 Payroll taxes 11 Fees for services (nonemployees): 283,338 283,338 Management а 54,209 54,209 Legal 68,250. 68,250, Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, 1,179,701 1,179,701 column (A), amount, list line 11g expenses on Sch O.) 128,660 128,660. Advertising and promotion 12 745,175. 851,474. 106,299. Office expenses 13 Information technology 14 15 Royalties 1,411,939 1,386,897. 25,042. 16 Occupancy 34,998. 25,451, 60,449, 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 736,234. 736,234, 20 Payments to affiliates _____ 21 2,047,573, 2,047,573. Depreciation, depletion, and amortization 22 70,695. 70,695. 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.) EQUIPMENT RENTAL 298,959, 268,992, 29,967, RESIDENT RELATIONS 60,769 9,777 50,992. С d All other expenses 11,143,167, 2,698,928 0. Total functional expenses. Add lines 1 through 24e 8,444,239 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Check here

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

Form 990 (2023)
Part X Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to any line	in this Part X			X
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments				2	426,434.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	52,469.
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri	bed in section 4	4958(c)(3)(B)		6	
ι	7	Notes and loans receivable, net			7	1,459,200.	
Assets	8	Inventories for sale or use			8	27,429.	
ĕ	9					9	2,954,990.
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a	4,630,452.			
	b	Less: accumulated depreciation	10b	433,028.	0.	10c	4,197,424.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets				14	10,132,112.
	15	Other assets. See Part IV, line 11		0.	15	107,357,104.	
	16	Total assets. Add lines 1 through 15 (must e	equal line 33) .		0.	16	126,607,162.
	17	Accounts payable and accrued expenses			11,246.	17	3,575,990.
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	7,887,550.
es	22	Loans and other payables to any current or f					
Liabilities		trustee, key employee, creator or founder, su		butor, or 35%			
ia de		controlled entity or family member of any of				22	
_	23	Secured mortgages and notes payable to un				23	18,792,087.
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax		1			
		parties, and other liabilities not included on li	nes 17-24). Cor	mplete Part X	0		00 665 561
		of Schedule D		·····	0.	25	98,665,561.
	26	Total liabilities. Add lines 17 through 25		v	11,246.	26	128,921,188.
Ø		Organizations that follow FASB ASC 958,	check here	X			
၁င		and complete lines 27, 28, 32, and 33.			-11,246.	0=	2 210 122
<u>a</u>	27	Net assets without donor restrictions	-11,240.	27	-2,319,132. 5,106.		
B B	28				28	3,100.	
ڃ		Organizations that do not follow FASB AS	C 958, check n	iere 📖 📗			
P		and complete lines 29 through 33.					
ıts (29	Capital stock or trust principal, or current fur			29		
SSE	30	Paid-in or capital surplus, or land, building, o				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			-11,246.	31	_2 21/ 026
ž	32				-11,246.	32	-2,314,026.
	33	Total liabilities and net assets/fund balances			υ,	33	126,607,162.

Form **990** (2023)

Form 990 (2023) AVERY POINT, INC. 92-2254866 Page 12

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8	840,	387.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11	143,	167.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2	302,	780.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		-11,	246.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	-2	314,	026.
Pa	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2023)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

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

2023

Employer identification number

		AVERY	POINT, INC.						92-2254866	
Par	tΙ	Reason for Public (Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions			
The c	organ	ization is not a private found								
1	Ĭ	A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).			
2		A school described in sect					λ λ,			
3		A hospital or a cooperative		•)(b)(1)(A)(ii	i).			
4	Ti.	A medical research organiz	. •				•	iii). Enter	the hospital's	name.
•		city, and state:		ijanionom mini a noopna.		000110	(((),(),(),()	,	and mospital o	,
5		An organization operated for	or the benefit of a co	llege or university owned	l or operate	ed by a go	vernmental un	it describe	ed in	
J		section 170(b)(1)(A)(iv). (C		liege of university ewiled	гог орогас	ca by a go	verimental an	it dosonbe	5 4 111	
6				antal unit described in	aaatian 17	70/6//4// 4/	()			
6	_	A federal, state, or local gov							andalia alamanda	
7		An organization that norma		ntial part of its support if	om a gove	ernmentai	unit or from the	e generai p	oublic describe	ea in
_	_	section 170(b)(1)(A)(vi). (C								
8	_	A community trust describe			•					
9		An agricultural research org				-		-	-	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of t	he college	or	
		university:								
10	X	An organization that norma								
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more than	33 1/3% of its	support fr	rom gross inve	stment
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	sses acquii	red by the orga	anization a	after June 30, 1	1975.
		See section 509(a)(2). (Con	mplete Part III.)							
11		An organization organized a	and operated exclusi	vely to test for public sa	fety.See	section 50)9(a)(4).			
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functior	ns of, or to car	y out the	purposes of or	ne or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section :	509(a)(2).	See section 5	09(a)(3). C	Check the box	on
		lines 12a through 12d that	describes the type o	f supporting organizatior	and com	plete lines	12e, 12f, and	12g.		
а			anization operated, s	upervised, or controlled	by its supp	oorted orga	anization(s), ty _l	cically by	giving	
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	tors or trustee	s of the su	upporting	
		organization. You must o	complete Part IV, Se	ections A and B.						
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organization	(s), by hav	ving	
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	e the supp	oorted	
		organization(s). You mus	t complete Part IV,	Sections A and C.						
С		Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functionally	/ integrate	ed with,	
		its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.			
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	ith its support	ed organiz	zation(s)	
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distri	ibution rec	quirement and	an attentiv	/eness	
		requirement (see instructi	ions). You must co r	nplete Part IV, Sections	A and D,	and Part	V.			
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II	, Type III		
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.				
f	Ente	er the number of supported o	organizations							
g	Prov	ride the following information	about the supporte	d organization(s).						
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	anization listed ing document?	(v) Amount of	•	(vi) Amount	
		organization		above (see instructions))	Yes	No	support (see ins	structions)	support (see in:	structions)
							I		l	

332021 12-21-23

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						_
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
_	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2023 (I					14	%
	Public support percentage from 2022					15	%
16a	33 1/3 % support test - 2023. If the o				14 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies as a publicly supported organization						
b	33 1/3% support test - 2022. If the				l line 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization qual	•	• •				
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact		•	-	•	VI how the organiza	ation
	meets the facts-and-circumstances te	-	•	*	-		
b	10% -facts-and-circumstances test	-					U% or
	more, and if the organization meets the				-		
۵.	organization meets the facts-and-circu		-		· · · · · ·		
18	Private foundation. If the organization	n did not check a l	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		Form 990) 2023
						SCHOOLIIQ // /	- nrm wwill 7077

Schedule A (Form 990) 2023 AVERY POINT, 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	piete i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and			, ,			.,
	membership fees received. (Do not						
	include any "unusual grants.")					135,830.	135,830.
2	Gross receipts from admissions, merchandise sold or services per-						<u> </u>
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose					8,552,285.	8,552,285.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	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					8,688,115.	8,688,115.
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons					18,166.	18,166.
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						0.
c	Add lines 7a and 7b					18,166.	18,166.
	Public support. (Subtract line 7c from line 6.)						8,669,949.
Sec	ction B. Total Support		_	_	_		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6					8,688,115.	8,688,115.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					152,272.	152,272.
b	Unrelated business taxable income					, i	, , , , , , , , , , , , , , , , , , , ,
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b					152,272.	152,272.
	Net income from unrelated business					, i	, , , , , , , , , , , , , , , , , , , ,
	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						
12	assets (Explain in Part VI.)		1		+	8,840,387.	8,840,387.
	Total support. (Add lines 9, 10c, 11, and 12.)	L organization's f	irat accord third	fourth or fifth tox	l		
14	First 5 years. If the Form 990 is for the	· ·		· ·	•		
Sec	check this box and stop here ction C. Computation of Publi						<u>A</u>
	Public support percentage for 2023 (I			oolumn (fl)		15	0/
	Public support percentage from 2022		•	.,,		16	<u>%</u> %
	ction D. Computation of Inves					10	90
	Investment income percentage for 20			ine 13 column (f)		17	%
	Investment income percentage from 2					18	<u> </u>
	33 1/3% support tests - 2023. If the						
.56	more than 33 1/3%, check this box ar						
h	33 1/3% support tests - 2022. If the	=	-	•	· · · · · ·		
~	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

Schedule A (Form 990) 2023 AVERY POINT, INC. 92-2254866 Page 4

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.)

1		Yes	No
	_		
	1		
	2		
	_		
	3a		
	3b		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	iva		
	10b		

Par	rt IV Supporting Organizations (continued)			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one			l
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	rs,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support	ed		l
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			l
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			l
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization. Stion C. Type II Supporting Organizations	2		
	Alon of Typo ii oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			l
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			l
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			l
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard.	3		
	ction E. Type III Functionally Integrated Supporting Organizations	•		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruc	tions).		
a	Somplete Selem			
b		(:tt	-1	
2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity Activities Test. Answer lines 2a and 2b below.	see instruction	Yes	No
a			163	140
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			l
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			l
	that these activities constituted substantially all of its activities.	2a		
b				
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		ı

Schedule A (Form 990) 2023 AVERY POINT, INC. 92-2254866 Page **6**

Part V	Гуре III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations		
1 C	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions				
	Il other Type III non-functionally integrated supporting organizations m		•		
Section A - A	djusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1 Net sho	rt-term capital gain	1			
2 Recover	ries of prior-year distributions	2			
3 Other gi	ross income (see instructions)	3			
4 Add line	es 1 through 3.	4			
5 Depreci	ation and depletion	5			
6 Portion	of operating expenses paid or incurred for production or				
collection	on of gross income or for management, conservation, or				
	nance of property held for production of income (see instructions)	6			
	xpenses (see instructions)	7			
	ed Net Income (subtract lines 5, 6, and 7 from line 4)	8			
•	linimum Asset Amount	1 -	(A) Prior Year	(B) Current Year (optional)	
1 Aggrega	ate fair market value of all non-exempt-use assets (see				
instructi	ions for short tax year or assets held for part of year):				
a Average	e monthly value of securities	1a			
b Average	e monthly cash balances	1b			
	rket value of other non-exempt-use assets	1c			
d Total (a	dd lines 1a, 1b, and 1c)	1d			
	nt claimed for blockage or other factors				
	in detail in Part VI):				
	tion indebtedness applicable to non-exempt-use assets	2			
•	t line 2 from line 1d.	3			
	eemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	ructions).	4			
	ue of non-exempt-use assets (subtract line 4 from line 3)	5			
	line 5 by 0.035.	6			
	ries of prior-year distributions	7			
	m Asset Amount (add line 7 to line 6)	8			
	Distributable Amount			Current Year	
1 Adjuste	d net income for prior year (from Section A, line 8, column A)	1			
	85 of line 1.	2			
3 Minimur	m asset amount for prior year (from Section B, line 8, column A)	3			
	reater of line 2 or line 3.	4			
	tax imposed in prior year	5			
	utable Amount. Subtract line 5 from line 4, unless subject to				
	ncy temporary reduction (see instructions).	6			
$\overline{}$	heck here if the current year is the organization's first as a non-function		Type III supporting orga	nization (see	

Schedule A (Form 990) 2023

instructions).

Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continued)					
Secti	Section D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1					
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported						
	organizations, in excess of income from activity	2						
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3					
4	Amounts paid to acquire exempt-use assets		4					
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5					
6	Other distributions (describe in Part VI). See instructions.		6					
7	Total annual distributions. Add lines 1 through 6.		7					
8	Distributions to attentive supported organizations to which the	ne organization is responsive						
	(provide details in Part VI). See instructions.		8					
9	Distributable amount for 2023 from Section C, line 6		9					
10	Line 8 amount divided by line 9 amount		10					
		(i)	(ii)	(iii)				
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	Distributable Amount for 2023				
1	Distributable amount for 2023 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2023 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2023							
a	From 2018							
b	From 2019							
c	From 2020							
d	From 2021							
е	From 2022							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
<u>h</u>	Applied to 2023 distributable amount							
<u>i</u>	Carryover from 2018 not applied (see instructions)							
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2023 from Section D,							
	line 7: \$							
a	Applied to underdistributions of prior years							
b	Applied to 2023 distributable amount							
c	Remainder. Subtract lines 4a and 4b from line 4.							
5	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.							
6	Remaining underdistributions for 2023. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2024. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
а	Excess from 2019							
b	Excess from 2020							
С	Excess from 2021							
d	Excess from 2022							
е	Excess from 2023							

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023 AVERY POINT, INC.	92-2254866	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17: Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any add (See instructions.)	es 1 and 2; Part IV, Sectior art V, Section B, line 1e; Pa	n C,
PART III,	SECTION A, COLUMN D		
2022 IS T	HE INITIAL TAX YEAR FOR THE SHORT PERIOD JULY 28, 2022 THROUGH		
DECEMBER	31, 2022.		

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2023

Employer identification number

	92-2254866			
Organization type (check	cone):			
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			
	301(5)(6) taxable private roundation			
• •	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.		
General Rule				
-	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling ny one contributor. Complete Parts I and II. See instructions for determining a contributor	•		
Special Rules				
sections 509(a)(contributor, duri	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, an ng the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) EZ, line 1. Complete Parts I and II.	nd that received from any one		
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$				
answer "No" on Part IV, I	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF ling requirements of Schedule B (Form 990).	•		
For Paperwork Reduction A	act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2023)		

Name of organization

Employer identification number

AVERY POINT, INC.

92-2254866

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Omnia (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

AVERY POINT, INC.

92-2254866

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
		l \$	

Name of o	rganization		Employer identification number
AVERY PO	DINT, INC.		92-2254866
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, or Use duplicate copies of Part III if additional states.	through (e) and the following line entitheritable, etc., contributions of \$1,000 or I	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year y. For organizations ess for the year. (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	
	Transferee's name, address, ar		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gift	t Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gift	t Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of giff	t 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

Employer identification number AVERY POINT, INC. 92-2254866

Pa	rt I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		Yes No
Pa			
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreat	tion or education) Preservation o	f a historically important land area
	Protection of natural habitat		f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included on line 2a	2c
d	Number of conservation easements included on line 2c acqui	red after July 25, 2006, and not	
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	ation easements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statem	ents that describes the
D -	organization's accounting for conservation easements.	A de Historia de la Transacción de la Contraction de la Contractio	Uhan O'radhan Aran Ira
Pa	rt III Organizations Maintaining Collections of		tner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 958		
	of art, historical treasures, or other similar assets held for pub		·
	service, provide in Part XIII the text of the footnote to its finan		
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 furt	herance 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		al gain, provide
	the following amounts required to be reported under FASB AS	-	
а	Revenue included on Form 990, Part VIII, line 1		
h	Assets included in Form 000 Part V		¢

Sche	dule D (Form 990) 2023 AVERY POINT							92-225		Pa	age 2
Pai	t III Organizations Maintaining C	collections of Ar	t, Histo	rical Tre	easures, or	Other	Simila	Assets	(conti	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the	following that	make si	gnificant ι	use of its			
	collection items (check all that apply).			•	_		-				
а	Public exhibition	c	,	oan or exc	hange progra	ım					
b	Scholarly research	e			3 1 3						
c	Preservation for future generations	_									
4	Provide a description of the organization's co	ollections and explain	n how the	v further th	ne organizatio	n's exem	nnt nurno	se in Part	XIII		
5	During the year, did the organization solicit of	=		•	-			JO IIII CIT	/XIII.		
J	to be sold to raise funds rather than to be ma		,		,				Yes		No
Pai	t IV Escrow and Custodial Arran				a apswored "N	/oc" on [000	Dort IV li			<u></u>
	reported an amount on Form 990, Pa		ite ii tile t	nganizatioi	i alisweled i	ies oili	om 990,	rait iv, ii	116 9, 01		
			diam , far a	antribution		nata nat	ingluded				
та	Is the organization an agent, trustee, custodi								7	v	No
	on Form 990, Part X?								Yes	_A] NO
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing ta	ible:					Λ man		
									Amoun	τ	
С	Beginning balance										
	Additions during the year										
е	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on F						ty?	<u>X</u>	Yes		_ No
	If "Yes," explain the arrangement in Part XIII.									Х	
Par	t V Endowment Funds Complete if										
		(a) Current year	(b) Pi	rior year	(c) Two year	s back	(d) Three y	ears back	(e) Fou	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent vear end balance	e (line 1a	. column (a)) held as:						
a	Board designated or quasi-endowment	,	%	, (,,,						
b	Permanent endowment	%									
c		<u></u>									
_	The percentages on lines 2a, 2b, and 2c sho	-^ -									
3a	Are there endowment funds not in the posse	•	ation that	are held a	nd administer	ed for th	_				
ou	organization by:	oolon or the organize	ation that	are ricia ai	na aaniinister	ou for the	C			Yes	No
	(i) Unrelated organizations?								3a(i)		
	(m) = 1 · · · · · · · · ·								3a(ii)		
h	If "Yes" on line 3a(ii), are the related organiza	etions listed as requir							3b		
4	Describe in Part XIII the intended uses of the								30		
÷	t VI Land, Buildings, and Equipm		willelit it	iiius.							
	Complete if the organization answere) Part IV	line 11a S	See Form 990	Part X	line 10				
		1			1				(-I) D		
	Description of property	(a) Cost or o basis (investr		` '	t or other (other)	٠,	ccumulate preciation	ea	(d) Boo	k value	Э
1a	Land										
	Buildings										
	Leasehold improvements				11,903.			709.		11,	194.
	Equipment			3	,277,440.		378,	879.	2	,898,	561.
	Other	I			,341,109.			440.		287,	
	. Add lines 1a through 1e. (Column (d) must e		X line 10							197,	
· Jua		quai ruiii 330, Part	<u> </u>	c, coluitili	بربرب					,	

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 AVERY POINT, INC	!.		92-2254866 Pa	ige 3
Part VII Investments - Other Securities				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value	
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(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.	F 000 D+ IV I'	11 - O Farm 000 Bart V Far 10		
Complete if the organization answered "Yes"			and afternoon and attended	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value	
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u> (7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))				
Part IX Other Assets	· L			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.		
(a)	Description		(b) Book value	
(1) RESIDENT CAPITAL RECEIVABLE			8,460,6	30.
(2) FINANCE LEASE RIGHT OF USE ASSETS, NE	CT		98,896,4	174.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, line 15, co	ol. (B))		107,357,1	04.
Part X Other Liabilities				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line		
1. (a) Description of liability			(b) Book value	
(1) Federal income taxes				
(2) CLAIMS RESERVE			92,3	
(3) DEFERRED MANAGEMENT & MARKETING FEES			23,7	

 (1) Federal income taxes

 (2) CLAIMS RESERVE
 92,377.

 (3) DEFERRED MANAGEMENT & MARKETING FEES
 23,706.

 (4) DEFERRED INTEREST
 132,564.

 (5) RESIDENT REFUNDS PAYABLE
 269,900.

 (6) RESIDENT DEPOSITS (NET)
 98,147,014.

 (7)
 (8)

 (9)
 99

 Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

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

Part X	•		e per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV	', line 12a.		
1 Tot	al revenue, gains, and other support per audited financial statements		1	8,840,387.
2 Am	ounts included on line 1 but not on Form 990, Part VIII, line 12:			
	t unrealized gains (losses) on investments			
	nated services and use of facilities			
	coveries of prior year grants	2c		
d Oth	ner (Describe in Part XIII.)	2d		
	d lines 2a through 2d			0.
	otract line 2e from line 1		3	8,840,387.
4 Am	ounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
		4a		
	ner (Describe in Part XIII.)	4b		0
	d lines 4a and 4b			0.
5 Tot	al revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line Reconciliation of Expenses per Audited Financial S	12.) Statements With Expans	nos por Poturn	8,840,387.
FaitA			ses per neturn	
4 T.1	Complete if the organization answered "Yes" on Form 990, Part IV			11 1/3 167
			1	11,143,167.
	ounts included on line 1 but not on Form 990, Part IX, line 25:	ا ما		
	nated services and use of facilities			
	or year adjustments ner losses			
	ner (Describe in Part XIII.) d lines 2a through 2d		2e	0.
				11,143,167.
	otract line 2e from line 1 nounts included on Form 990, Part IX, line 25, but not on line 1:			
	estment expenses not included on Form 990, Part VIII, line 7b	4a		
	ner (Describe in Part XIII.)			
	d lines 4a and 4b		4c	0.
	al expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			11,143,167.
Part X	III Supplemental Information	- 10. ,	'	
	he descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	· · · · · · · · · · · · · · · · · · ·	art V, line 4; Part X, li	ne 2; Part XI,
	, LINE 2B:	MINIS DAVINES		
	TIVE RESIDENTS ARE REQUIRED TO MAKE CERTAIN INSTALLM			
	O THE FINAL SETTLEMENT OF THE GIVEN UNIT. THOSE ADVA	ANCE DEPOSITS		
ARE REP	ORTED ON FORM 990, PART X, LINE 21.			

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.

ZUZ3

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.

Name of the organization

AVERY POINT, INC.

Part I Questions Regarding Compensation

Employer identification number
92-2254866

			Yes	No
1 a	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		
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		
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 Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X 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		х
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		х
	Participate in or receive payment from an equity-based compensation arrangement?	4c		х
	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:			
а	The organization?	5a		х
	Any related organization?	5b		Х
	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:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)2	a		

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

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023 AVERY POINT, INC. 92-2254866

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			other deferred benefits		(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) TODD DELANEY	(i)	222,984.	69,202.	1,775.	9,150.	13,712.	316,823.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) REV. DR. ZINA JACQUE	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	215,000.	0.	0.	0.	0.	215,000.	0.
(3) EILEEN G. ERSTAD	(i)	0.	0.	0.	0.	0.	0.	0.
TREASURER	(ii)	167,500.	0.	0.	0.	0.	167,500.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

Schedule J (Form 990) 2023 AVERY POINT, INC.

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. PART I, LINE 7: THE EMPLOYEES LISTED ON FORM 990. PART VII. SECTION A. LINE 1A RECEIVED A DISCRETIONARY BONUS DURING THE YEAR. SCHEDULE J. PART II: TODD DELANEY IS LISTED IN SCHEDULE J, PART II AND IS AN EMPLOYEE OF ERICKSON SENIOR LIVING, LLC ("ESL"). AN UNRELATED ORGANIZATION TO AVERY POINT, INC., IN ACCORDANCE WITH THE MANAGEMENT AGREEMENT BETWEEN AVERY POINT, INC. AND ESL. SEE SCHEDULE O EXPLANATION FOR FORM 990, PART VI. SECTION A, LINE 3. THEREFORE, FOR IRS MATCHING PURPOSES, ESL IS THE ISSUER OF THE FORM W-2. UNDER THE MANAGEMENT AGREEMENT. AVERY POINT INC. REIMBURSES ESL FOR THE COST OF SERVICES PERFORMED FOR AVERY POINT INC.

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ.

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

Inspection **Employer identification number**

AVERY POINT, INC.	92-2254866
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
MISSION STATEMENT - HOME IS BELONGING, PEACE OF MIND, LOVE AND	
ACCEPTANCE. WELCOME HOME!	
VISION STATEMENT - AVERY POINT, INC. CELEBRATES AGING! GROUNDED IN	
INCLUSION, INNOVATION AND ADVOCACY, WE CREATE UNPARALLELED VALUE AND	
OPPORTUNITIES FOR EVERY LIFE WE TOUCH. AS PART OF THE NATIONAL SENIOR	
COMMUNITIES ENTERPRISE, WE LEVERAGE OUR STRONG FINANCIAL FOUNDATION AND	
GOVERNANCE FOR THE BENEFIT OF SENIORS AND THOSE WHO SUPPORT THEM.	
FORM 990, PART VI, SECTION A, LINE 1A:	
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 IN SCHEDULE O.	
UNDER THE BYLAWS OF THE ORGANIZATION, THE BOARD HAS DELEGATED AUTHORITY TO	
AN EXECUTIVE COMMITTEE COMPRISED OF THE ORGANIZATION'S CHAIR, VICE CHAIRS,	
PRESIDENT, SECRETARY AND TREASURER. THE EXECUTIVE COMMITTEE HAS AND MAY	
EXERCISE ALL OF THE POWERS AND AUTHORITY OF THE BOARD IN THE MANAGEMENT OF	
THE BUSINESS AND AFFAIRS OF THE ORGANIZATION EXCEPT FOR THOSE ACTIONS	
RESERVED SOLELY TO THE MEMBER OR THE DIRECTORS UNDER THE GENERAL LAWS OF	
THE STATE OF MARYLAND.	
FORM 990, PART VI, SECTION A, LINE 1B:	
ENTER THE NUMBER OF VOTING MEMBERS INCLUDED ON LINE 1A, ABOVE, WHO ARE	
INDEPENDENT	

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

Name of the organization AVERY POINT, INC.	Employer identification number 92-2254866
THE BOARD MEMBERS THAT ARE DEEMED NOT INDEPENDENT ON THE FORM 990 ARE THOSE	
INDIVIDUALS WHO RECEIVE COMPENSATION AS AN OFFICER OR OTHER EMPLOYEE FROM	
THE ORGANIZATION OR FROM A RELATED ORGANIZATION.	
FORM 990, PART VI, SECTION A, LINE 3:	
DID THE ORGANIZATION DELEGATE CONTROL OVER MANAGEMENT DUTIES CUSTOMARILY	
PERFORMED BY OR UNDER THE DIRECT SUPERVISION OF OFFICERS, DIRECTORS, OR	
TRUSTEES, OR KEY EMPLOYEES TO A MANAGEMENT COMPANY OR OTHER PERSON?	
AVERY POINT, INC. ENTERED INTO A MANAGEMENT AND MARKETING AGREEMENT ON	
DECEMBER 31, 2022 WITH ERICKSON SENIOR LIVING, LLC ("ESL"). THE AGREEMENT	
WAS EFFECTIVE AS OF JULY 1, 2023. THE MANAGEMENT FEE IS CALCULATED AT 5%	
UNTIL APR ACHIEVES "STABILIZATION" (AS DEFINED IN THE 2022 AGREEMENT). ESL	
IS A MARYLAND LIMITED LIABILITY COMPANY WHICH MANAGES LARGE SCALE	
CONTINUING CARE RETIREMENT COMMUNITIES.	
THE FOLLOWING OFFICERS ARE LISTED IN PART VII, AS NON-COMPENSATED OFFICERS	
OF THE FILING ORGANIZATION, JOHN HALL, CHRIS RATHMANN, NEAL GANTERT, AND	
MARK EMBLEY. THEIR DUTIES ARE CONSIDERED PERFORMED PRO BONO. TODD DELANEY,	
EXECUTIVE DIRECTOR AND LUKE MCKINLEY, DIRECTOR, FINANCE, ARE LEASED	
EMPLOYEES FROM THE MANAGEMENT COMPANY. THE FILING ORGANIZATION REIMBURSES	
THE MANAGEMENT COMPANY FOR THEIR COMPENSATION WHICH IS REPORTED ON FORM	
990, PART VII, SECTION A.	
FORM 990, PART VI, SECTION A, LINE 6:	
DID THE ORGANIZATION HAVE MEMBERS OR STOCKHOLDERS?	

<u>Schedule O (Form 990) 2023</u> Page **2**

Schedule O (Form 990) 2023	Page 2
Name of the organization AVERY POINT, INC.	Employer identification number 92-2254866
AVERY POINT, INC.'S SOLE MEMBER IS NATIONAL SENIOR COMMUNITIES, INC.	
("NSC"). NSC IS A MARYLAND NON-STOCK CORPORATION. NSC IS A "SUPPORTING	
ORGANIZATION" WITH RESPECT TO AVERY POINT, AS WELL AS CERTAIN OTHER	_
ORGANIZATIONS SPECIFIED IN ITS GOVERNING DOCUMENTS. AS REQUIRED BY THE	
REGULATIONS RELATING TO "SUPPORTING ORGANIZATIONS," CERTAIN MEMBERS OF THE	
BOARD OF DIRECTORS OF NSC WILL ALSO BE MEMBERS OF THE BOARD OF DIRECTORS OF	
THE ORGANIZATION.	
FORM 990, PART VI, SECTION A, LINE 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?	
THE BOARD OF DIRECTORS MAY NOMINATE A SLATE OF CANDIDATES FOR CONSIDERATION	
BY THE MEMBER, BUT THE MEMBER HAS SOLE DISCRETION TO ELECT DIRECTORS	
WHETHER OR NOT NOMINATED BY THE BOARD OF DIRECTORS.	
FORM 990, PART VI, SECTION A, LINE 7B:	
ARE ANY GOVERNANCE DECISIONS OF THE ORGANIZATION RESERVED TO (OR SUBJECT TO	
APPROVAL BY) MEMBERS, STOCKHOLDERS, OR PERSONS OTHER THAN THE GOVERNING	
BODY?	
CERTAIN EXTRAORDINARY ACTIONS OF THE CORPORATION REQUIRE THE APPROVAL OF	
THE MEMBER UNDER APPLICABLE STATE LAW. UNDER THE ORGANIZATION'S BYLAWS,	
CERTAIN GOVERNANCE DECISIONS ARE MADE BY THE BOARD WITH THE CONSENT OF THE	
MEMBER AS SHARED POWERS AND CERTAIN GOVERNANCE DECISIONS ARE RESERVED TO	
THE MEMBER. SHARED POWERS INCLUDE AMENDMENTS TO ANY OF THE COMMUNITY	
DOCUMENTS (EXCEPT WHERE IT INVOLVES A RESERVED POWER), APPROVAL OF ALL	
CONTRACTS WITH OR PAYMENTS TO THE MEMBER OR OTHER RELATED ENTITIES (OTHER	Out and the O. (France 2001) 2000

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

Name of the organization AVERY POINT, INC.	Employer identification number
THAN GOVERNANCE COSTS OF THE MEMBER), AUTHORIZING THE FILING OF ANY	
BANKRUPTCY, CHANGES TO SHARED POWERS, A SIGNIFICANT EXPANSION OR NEW LINE	
OF BUSINESS JUST INVOLVING THE ORGANIZATION, AND SELECTION OF THE	
MANAGEMENT COMPANY. RESERVED POWERS OF THE MEMBER INCLUDE: APPROVAL OF	
POLICIES AFFECTING MORE THAN ONE COMMUNITY; SPONSORSHIP OF A NEW COMMUNITY;	
PAYMENT OF REASONABLE AMOUNTS TO COVER THE MEMBER'S OPERATING COSTS; THE	
EXECUTION OF JOINT PURCHASE CONTRACTS OR SIMILAR AGREEMENTS ALONG WITH	
AFFILIATE(S); THE DISPOSITION OR PLEDGE OF ALL OR SUBSTANTIALLY ALL OF THE	
ORGANIZATION'S ASSETS (OTHER THAN A PLEDGE IN CONNECTION WITH AN ASSET OR	
FINANCING TRANSACTION); COMPENSATION OF OFFICERS, DIRECTORS AND ADVISORY	
COMMITTEE MEMBERS; AND APPROVAL OF CONTRACTS, AMENDMENTS, ETC. AFFECTING	
THE ORGANIZATION AND ONE OR MORE RELATED ENTITIES OR THE RESIDENTS OF THEIR	
COMMUNITIES.	
FORM 990, PART VI, SECTION B, LINE 11B:	
HAS THE ORGANIZATION PROVIDED A COMPLETE COPY OF THIS FORM 990 TO ALL	
MEMBERS OF ITS GOVERNING BODY BEFORE FILING THE FORM?	
THE CHAIR OF THE AUDIT, INVESTMENT, AND TREASURY COMMITTEE APPOINTS THE	
REVIEWER OF THE FORM 990. ONCE THAT REVIEW IS COMPLETE, THE FULL BOARD IS	
GIVEN THE OPPORTUNITY TO REVIEW THE FINAL VERSION OF FORM 990 BEFORE IT IS	
FILED AND ASK QUESTIONS OF THE REVIEWER REGARDING THE FORM.	
FORM 990, PART VI, SECTION B, LINE 12C:	
DID THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITOR AND ENFORCE	
COMPLIANCE WITH THE POLICY?	
ALL DIDEGRODS OFFICEDS MEN ENDLOYEES ENDLOYEES AND VOLUMBERDS IN A	

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

Schedule O (Form 990) 2023	Page 2
Name of the organization AVERY POINT, INC.	Employer identification number 92-2254866
POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER AVERY POINT, INC.'S	
AFFAIRS, COMMITTEE MEMBERS, PROSPECTIVE DIRECTORS, AND SENIOR STAFF	
PROVIDING SERVICES TO THE ORGANIZATION UNDER A MANAGEMENT AGREEMENT	
COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT ANNUALLY AND AS	
POTENTIAL CONFLICTS ARISE DURING THE YEAR. THE DIRECTOR CONFLICT OF	
INTEREST STATEMENTS ARE REVIEWED BY THE BOARD CHAIR. IF THE CONFLICT	
INVOLVES A COVERED EMPLOYEE, THE CHAIR DETERMINES WHETHER A CONFLICT EXISTS	
AND, IF SO, HOW IT IS TO BE HANDLED, OR THE CHAIR MAY REFER THE MATTER TO	
THE BOARD OF DIRECTORS FOR CONSIDERATION. FOR ALL OTHER CONFLICTS, THE	
BOARD OF DIRECTORS OR A COMMITTEE OF DISINTERESTED DIRECTORS WILL DETERMINE	
WHETHER A CONFLICT ACTUALLY EXISTS. A COVERED PERSON MAY NOT PARTICIPATE IN	
ANY DISCUSSION OR DEBATE BY THE BOARD BUT MAY ANSWER QUESTIONS OR PROVIDE	
CLARIFYING INFORMATION UNLESS ANY BOARD MEMBER OBJECTS.	
FORM 990, PART VI, SECTION B, LINE 15:	
DID THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S CEO,	
EXECUTIVE DIRECTOR, OR TOP MANAGEMENT OFFICIAL, OR OTHER OFFICERS OR KEY	
EMPLOYEES, INCLUDE A REVIEW AND APPROVAL BY INDEPENDENT PERSONS,	
COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION	
AND DECISION?	
THE BOARD HAS APPROVED A DIRECTORS' COMPENSATION POLICY WHICH ESTABLISHES	
THE PROCESS BY WHICH ALL DIRECTOR COMPENSATION IS DETERMINED. A REVIEW OF	
THE DIRECTORS' COMPENSATION IS CONDUCTED EACH FISCAL YEAR. AN INDEPENDENT	
COMPENSATION CONSULTANT IS PERIODICALLY RETAINED TO PERFORM AN ANALYSIS OF	
AVERY POINT, INC.'S COMPENSATION USING COMPARABLES OF BOTH FOR-PROFIT AND	
NON-PROFIT PEERS. A COMMITTEE OF THE NSC BOARD REVIEWS THE CONSULTANT'S	
REPORT AND MAKES A RECOMMENDATION TO THE ORGANIZATION AS TO APPROPRIATE	Schodulo O (Form 990) 2022
000010 11 14 00	Schedule () (Earm 000) 2022

<u>Schedule O (Form 990) 2023</u> Page **2**

Schedule O (Form 990) 2023	Page 2
Name of the organization AVERY POINT, INC.	Employer identification number 92-2254866
COMPENSATION OF DIRECTORS. THE COMMITTEE OF THE NSC BOARD HAS ACCESS TO THE	_
CONSULTANT'S REPORT AND AN OPPORTUNITY TO QUESTION THE CONSULTANT ABOUT THE	
PROCESS, METRICS, AND COMPARABLES THAT WERE USED IN DETERMINING THE	
RECOMMENDED COMPENSATION. THE BOARD THEN VOTES ON THE COMPENSATION	
RECOMMENDATIONS AND A CONTEMPORANEOUS RECORD IS MADE OF THE MEETING AND THE	
VOTE. A NEW COMPENSATION STUDY WAS UNDERTAKEN IN THE FALL OF 2023 WHICH DID	
NOT RECOMMEND ANY CHANGE TO THE CURRENT STRUCTURE. COMPENSATION IS	
APPROACHED ON AN OVERALL BASIS AND THE TOTAL VALUE OF ALL FORMS OF	
COMPENSATION IS ESTABLISHED AND MONITORED. THERE IS A COMPREHENSIVE	
COMPENSATION REVIEW PERFORMED ANNUALLY FOR THE EXECUTIVE DIRECTOR AND OTHER	
KEY MANAGEMENT PERSONNEL. THE COMPENSATION IS REVIEWED, DOCUMENTED, AND	
APPROVED BY THE BOARD DURING THE BUDGET PROCESS.	
FORM 990, PART VI, SECTION C, LINE 19:	
DESCRIBE WHETHER (AND IF SO, HOW) THE ORGANIZATION MADE ITS GOVERNING	
DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE	
TO THE PUBLIC DURING THE TAX YEAR.	
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND THE FINANCIAL	
STATEMENTS ARE AVAILABLE UPON REQUEST TO REVIEW AT THE EXECUTIVE DIRECTOR'S	
OFFICE FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).	
FORM 990, PART VII, SECTION A:	
REPORTABLE COMPENSATION FROM THE ORGANIZATION AND FROM RELATED	
ORGANIZATIONS.	
THE COMPENSATION INCLUDED IN COLUMNS D AND E FOR THE BOARD DIRECTORS IS	
FOR SERVICES PERFORMED FOR THE FILING ORGANIZATION AND ALL RELATED	_

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

Schedule O (Form 990) 2023	Page 2
Name of the organization AVERY POINT, INC.	Employer identification number 92-2254866
ORGANIZATIONS INCLUDED ON SCHEDULE R, PART II.	
FORM 990, PART VII, SECTION B:	
INDEPENDENT CONTRACTORS COMPENSATION.	
THE AMOUNT INCLUDED IN COLUMN (C) FOR ERICKSON SENIOR LIVING IS FOR	
PAYMENTS MADE FOR MANAGEMENT SERVICES AND THE DIRECT AND SHARED COSTS	
ALLOCATED TO THE COMMUNITY. DIRECT AND SHARED COSTS INCLUDE SALARIES	
AND BENEFITS FOR MANAGEMENT PERSONNEL, AND THE USE OF SERVICES SUCH AS	
FINANCE, LEGAL, HUMAN RESOURCES, INFORMATION SERVICES, AND OPERATIONS.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONTRACT PROFESSIONAL SERVICES:	
PROGRAM SERVICE EXPENSES 0.	
MANAGEMENT AND GENERAL EXPENSES 1,179,701.	
FUNDRAISING EXPENSES 0.	
TOTAL EXPENSES 1,179,701.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 1,179,701.	
FORM 990, PART X, LINE 23:	
MORTGAGES AND OTHER NOTES PAYABLE	
ON SEPTEMBER 6, 2023, APR AND REDWOOD-ERC RICHMOND, LLC ("RER") ENTERED	
INTO A WORKING CAPITAL LOAN ("WCL") AGREEMENT WHICH ALLOWS APR TO	
BORROW FROM RER AN AGGREGATE PRINCIPAL AMOUNT. THE AGREEMENT WAS	
AMENDED MAY 29, 2024 AND PROVIDES FOR A MAXIMUM AMOUNT OF \$30,000,000.	
THE WCL IS DUE SEPTEMBER 6, 2033 CURRENTLY; HOWEVER, THIS DATE CAN BE	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

AVERY POINT, INC.					92-2254866	
Part I Identification of Disregarded Entities. Complet	e if the organization answered "Yes"	on Form 990, Part IV, line 33	i.			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	r (d)	me End-of-year a	assets Direct of	(f) controlling ntity
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization a	answered "Yes" on Form 990	, Part IV, line 34, b	ecause it had one o	r more related tax-exe	mpt
(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	(f) Direct controlling	(g) Section 512(b)(13) controlled

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled :ity?
				501(c)(3))		Yes	No
ANN'S CHOICE, INC - 52-2095427							
10000 ANN'S CHOICE WAY	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
WARMINSTER, PA 18974	COMMUNITY	PENNSYLVANIA	501(C)(3)	LINE 10	COMMUNITIES, INC		Х
ASHBY PONDS, INC - 20-5609803							
21170 ASHBY PONDS BLVD.	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
ASHBURN, VA 20147	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		Х
BETHESDA NSC RETIREMENT COMMUNITY, INC -							
92-2205771, 816 CONNECTICUT AVE, NW, 7TH FL,	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
WASHINGTON, DC 20006	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		Х
BROOKSBY VILLAGE, INC - 52-2126755							
100 BROOKSBY VILLAGE DRIVE	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
PEABODY, MA 01960	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		Х

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

Schedule R (Form 990) 2023

Schedule R (Form 990) AVERY POINT, INC. 92-2254866

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	contr organiz	
CEDAR CREST VILLAGE, INC - 52-2184915	+			(7())		Yes	NO
1 CEDAR CREST VILLAGE DRIVE	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
POMPTON PLAINS NJ 07444	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х
EAGLE'S TRACE, INC - 03-0498683					,		
14703 EAGLE VISTA DRIVE	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
HOUSTON, TX 77077		MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х
FOX RUN VILLAGE, INC - 52-2291271					,		
41000 13 MILE ROAD	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
NOVI, MI 48377	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х
GREENSPRING VILLAGE, INC 52-2095427					,		
7440 SPRING VILLAGE DRIVE	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
SPRINGFIELD, VA 22150	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х
HIGHLAND SPRINGS, INC - 51-0536892							
8000 FRANKFORD ROAD	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
DALLAS, TX 75252	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х
LANTERN HILL, INC 37-1742780							
535 MOUNTAIN AVENUE	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		l
NEW PROVIDENCE, NJ 07974	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		Х
LINDEN PONDS, INC - 14-1849849							
300 LINDEN PONDS WAY	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		l
HINGHAM, MA 02043	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		Х
MARIS GROVE, INC - 55-0878964							
100 MARIS GROVE WAY	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		l
GLEN MILLS, PA 19342	COMMUNITY	PENNSYLVANIA	501(C)(3)	LINE 10	COMMUNITIES, INC		Х
MATTHEWS NSC RETIREMENT COMMUNITY, INC -							
92-2269292, 816 CONNECTICUT AVE NW, 7TH	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
FLOOR, WASHINGTON, DC 20006	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		Х
NATIONAL SENIOR COMMUNITIES, INC -							
20-4356247, 816 CONNECTICUT AVE NW, 7TH				LINE 12C,			
FLOOR, WASHINGTON, DC 20006	SUPPORTING ORGANIZATION	MARYLAND	501(C)(3)	III-FI	N/A		Х
OAK CREST VILLAGE, INC - 52-1874053							
8800 WALTHER BOULEVARD	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
PARKVILLE, MD 21234	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		Х
RIDERWOOD VILLAGE, INC - 52-2126753							
3110 GRACEFIELD ROAD	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		ĺ
SILVER SPRING, MD 20904	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		Х

Schedule R (Form 990) AVERY POINT, INC. 92-2254866

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	(f) Direct controlling	contr	g) 512(b)(13) rolled
of related organization		foreign country)	section	status (if section 501(c)(3))	entity		zation?
SEABROOK VILLAGE, INC - 52-2126751				(70)		Yes	No
3000 ESSEX ROAD	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
TINTON FALLS, NJ 07753	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х
TALLGRASS CREEK, INC - 87-0765641					,		
13800 METCALF AVENUE	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
OVERLAND PARK, KS 66223	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х
WIND CREST, INC - 51-0549976					,		
3235 MILL VISTA ROAD	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
HIGHLANDS RANCH, CO 80129	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х
WOODLEIGH CHASE, INC - 92-2217836					<u> </u>		
816 CONNECTICUT AVE NW, 7TH FLOOR	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
WASHINGTON, DC 20006	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х
					,		
-							
	 						
							
							

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(l	າ)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule	mana	iging ner?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
NATIONAL CCRC BUSINESS TRUST]											
I - 26-6455718, 701 MAIDEN												
CHOICE LANE, BALTIMORE, MD	CHARITABLE											
21228	BUSINESS TRUST	MD	N/A	N/A	N/A	N/A		x	N/A		x	N/A
NATIONAL CCRC STATUTORY TIER												
IV TRUST - 85-3943847, 701]											
MAIDEN CHOICE LANE,	CHARITABLE											
BALTIMORE, MD 21228	BUSINESS TRUST	MD	N/A	N/A	N/A	N/A		x	N/A		х	N/A
]											
]											
]											

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	ction b)(13) rolled tity?
THE TALON BAR COMPANY - 56-2500131 701 MAIDEN CHOICE LANE	TO HOLD THE LIQUOR LICENSE FOR THE	,						Yes	No
BALTIMORE, MD 21128	EAGLE'S TRACE	TX	N/A	C CORP	N/A	N/A	N/A		Х

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

Yes No

Part V T	Transactions With Related Organizations.	Complete if the or	rganization answered "Y	es" on Form	1 990, Part IV	, line 34,	, 35b,	or 36.
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1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х		
					1b		Х		
С	Gift, grant, or capital contribution from related organization(s)				1c	Х			
	d Loans or loan guarantees to or for related organization(s)				1d		Х		
е	Loans or loan guarantees by related organization(s)				1e		Х		
f	f Dividends from related organization(s)				1f		Х		
g	g Sale of assets to related organization(s)				1g		Х		
h	n Purchase of assets from related organization(s)				1h		Х		
i	Exchange of assets with related organization(s)				1i		Х		
j Lease of facilities, equipment, or other assets to related organization(s)									
, , , , , , , , , , , , , , , , , , , ,									
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х		
-1	Performance of services or membership or fundraising solicitations for related organization(s)				11		Х		
	m Performance of services or membership or fundraising solicitations by related organization(s)				1m		Х		
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		Х		
	Sharing of paid employees with related organization(s)				10		Х		
р	Reimbursement paid to related organization(s) for expenses				1p		X		
q	Reimbursement paid by related organization(s) for expenses				1q		X		
r	Other transfer of cash or property to related organization(s)				1r		Х		
	S Other transfer of cash or property from related organization(s)				1s		Х		
2	If the answer to any of the above is "Yes," see the instructions for information on who must com								
	Name of related organization Transaction	ction	(c) Amount involved	(d) Method of determining amount invo	lved				
	type (a	a-s)							
1)									
2)									
3)									
4)									
5)									
6)									
3216	63 09-28-23			Schedule R	(Forn	n 990)	2023		

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under	Are a partners 501(c) orgs.) all s sec. (3) .?	(f) Share of total income	Dispr tion alloca	opor- nate tions?		Gener mana partr	ral or liging ner?	(k) Percentage ownership
		, , , ,	300110113 0 12 0 14)	Yes I	NO		Yes	NO	(1011111000)	Yes	NO	
												200) 2000

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Schedule F	R (Form 990) 2023 AVERY POINT, INC.	92-2254866	Page 5
Part VII	Supplemental Information		
	Provide additional information for responses to questions on Schedule R. See instructions.		
PART IV,	IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:		
NAME OF	RELATED ORGANIZATION:		
ששב שאו ה	N BAR COMPANY		
PRIMARY	ACTIVITY: TO HOLD THE LIQUOR LICENSE FOR THE EAGLE'S TRACE		
RETIREME	NT COMMUNITY		