

**990**  
 Form 990  
 (Rev. January 2020)  
 Department of the Treasury  
 Internal Revenue Service

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

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

OMB No. 1545-0047

**2019**  
 Open to Public  
 Inspection

**A For the 2019 calendar year, or tax year beginning** and ending

<b>B</b> Check if applicable:	<b>C</b> Name of organization  ASBURY ATLANTIC, INC.		<b>D</b> Employer identification number  52-0607956
Address change	Doing business as		
Name change			
Initial return			
Final return/terminated			
Amended return			
Application pending			
<b>F</b> Name and address of principal officer: DOUG LEIDIG SAME AS C ABOVE			
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527			
<b>J Website:</b> ► <a href="http://WWW.ASBURYMETHODISTVILLAGE.ORG">WWW.ASBURYMETHODISTVILLAGE.ORG</a>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ►		<b>L</b> Year of formation: 1945	<b>M</b> State of legal domicile: MD

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>DOING ALL THE GOOD WE CAN BY CREATING EXCEPTIONAL LIFESTYLE OPPORTUNITIES TO THOSE WE SERVE.</b>		
	2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3 15	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 10	
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5 1899	
	6 Total number of volunteers (estimate if necessary)	6 1225	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.	
b Net unrelated business taxable income from Form 990-T, line 39	7b 0.		
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,232,054.	Current Year 6,369,965.
	9 Program service revenue (Part VIII, line 2g)	160,712,552.	164,912,958.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,314,314.	2,849,178.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	236,838.	263,108.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	165,495,758.	174,395,209.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,281,371.	2,493,080.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
<b>Expenses</b>	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	60,646,111.	61,776,438.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ► 555,413.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	94,423,136.	94,974,267.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	157,350,618.	159,243,785.
	19 Revenue less expenses. Subtract line 18 from line 12	8,145,140.	15,151,424.
	20 Total assets (Part X, line 16)	Beginning of Current Year 480,547,177.	End of Year 494,519,761.
21 Total liabilities (Part X, line 26)	608,658,491.	600,269,213.	
22 Net assets or fund balances. Subtract line 21 from line 20	-128,111,314.	-105,749,452.	

**Part II Signature Block**

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

<b>Sign Here</b>	► Signature of officer  ANDREW JEANNERET, ASSISTANT TREASURER  Type or print name and title	Date			
<b>Paid</b>	Print/Type preparer's name JOHN NORMAN	Preparer's signature JOHN NORMAN	Date 11/12/20	Check if self-employed	PTIN P01506766
<b>Preparer</b>	Firm's name ► CLIFTONLARSONALLEN LLP		Firm's EIN ► 41-0746749		
<b>Use Only</b>	Firm's address ► 1966 GREENSPRING DRIVE, SUITE 300 TIMONIUM, MD 21093-4161		Phone no. (410) 453-0900		

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ..... 1 Briefly describe the organization's mission:

OUR MISSION IS TO DO ALL THE GOOD WE CAN BY PROVIDING EXCEPTIONAL  
LIFESTYLE OPPORTUNITIES TO THOSE WE SERVE.

2 Did the organization undertake any significant program services during the year which were not listed on the

Yes  No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? .....  Yes  No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: \_\_\_\_\_) (Expenses \$ 46,732,503. including grants of \$ 560. ) (Revenue \$ 60,725,551. )

SKILLED NURSING FACILITIES: OPERATION OF 4 SKILLED NURSING FACILITIES  
(SNF'S) FOR THE AGED WITH 454 TOTAL BEDS PROVIDING 152,122 DAYS OF  
SERVICE IN 2019. \$560 OF BENEVOLENT CARE AND \$22,173,012 OF CONTRACTUAL  
ALLOWANCES WERE PROVIDED TO RESIDENTS OF THE SNF IN 2019.

4b (Code: \_\_\_\_\_) (Expenses \$ 55,861,760. including grants of \$ 387,788. ) (Revenue \$ 72,588,366. )

RESIDENTIAL LIVING FACILITIES: OPERATION OF 1,675 RESIDENTIAL LIVING  
UNITS FOR THE AGED, PROVIDING 568,695 DAYS OF SERVICE IN 2019. \$387,788  
OF BENEVOLENT CARE AND \$131,604 OF CONTRACTUAL ALLOWANCES WERE PROVIDED  
TO RESIDENTIAL LIVING RESIDENTS DURING 2019. ALSO SUPPLIED WELLNESS.

4c (Code: \_\_\_\_\_) (Expenses \$ 24,317,643. including grants of \$ 2,104,732. ) (Revenue \$ 31,599,041. )

ASSISTED LIVING FACILITIES: OPERATION OF 4 ASSISTED LIVING FACILITIES  
FOR THE AGED WITH 292 TOTAL SUITES PROVIDING 103,877 RESIDENT DAYS IN  
2019. \$2,104,732 OF BENEVOLENT CARE AND \$107,883 CONTRACTUAL ALLOWANCES  
WERE PROVIDED TO THE ASSISTED LIVING RESIDENTS IN 2019.

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

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

4e Total program service expenses ► 126,911,906.

Form 990 (2019)

## 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)? <i>If "Yes," complete Schedule A</i> .....	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	3 X	
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....	5 X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	8 X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....	9 X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. <ul style="list-style-type: none"> <li>a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....</li> <li>b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....</li> <li>c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....</li> <li>d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....</li> <li>e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....</li> <li>f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....</li> </ul>	11a X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	12a X	
12b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States? <ul style="list-style-type: none"> <li>b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....</li> </ul>	14a X	
14b	14b X	
15	15 X	
16	16 X	
17	17 X	
18	18 X	
19	19 X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	20a X	
20b	20b X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	21 X	

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III .....	22	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J .....	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a .....	24a	X
24b	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	24b	X
24c	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	24c	X
24d	d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	24d	X
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I .....	25a	X
26	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 .....	26	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II .....	27	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
28a	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV .....	28a	X
28b	b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV .....	28b	X
28c	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV .....	28c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .....	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M .....	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .....	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II .....	32	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I .....	33	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 .....	34	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
35b	b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 .....	35b	
36	<b>Section 501(c)(3) organizations.</b> 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 in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O .....	38	X

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....	1a	159
1b	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	1b	0
1c	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	1c	

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return .....	2a	1899
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .....	2b	X
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? .....	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .....	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .....	4a	X
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? .....	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? .....	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....	6b	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>	7a	X
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? .....	7b	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? .....	7c	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year .....	7e	X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....	7f	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....	7g	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .....	7h	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .....	8	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? .....	9a	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>	9b	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:	10a	
a	Initiation fees and capital contributions included on Part VIII, line 12 .....	10b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .....	11a	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:	11b	
a	Gross income from members or shareholders .....	12a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) .....	12b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....	13a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .....	13b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	13c	
a	Is the organization licensed to issue qualified health plans in more than one state? .....	14a	X
<b>Note:</b> 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 .....	14b	
c	Enter the amount of reserves on hand .....	15	X
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? .....	16	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .....	14b	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? .....	15	X
If "Yes," see instructions and file Form 4720, Schedule N.			
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .....	16	X
If "Yes," complete Form 4720, Schedule O.			

**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 .....	15	
1b	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.	10	
2	Enter the number of voting members included on line 1a, above, who are independent .....		X
3	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....		X
4	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .....		X
5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....		X
6	Did the organization become aware during the year of a significant diversion of the organization's assets? .....		X
7a	Did the organization have members or stockholders? .....		X
7b	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....	X	
8a	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....	X	
8b	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		X
a	The governing body? .....		
b	Each committee with authority to act on behalf of the governing body? .....		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O .....		X

### Section B. Policies

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

	Yes	No
10a	Did the organization have local chapters, branches, or affiliates? .....	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	
b	Describe in 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 .....	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....	
13	Did the organization have a written whistleblower policy? .....	
14	Did the organization have a written document retention and destruction policy? .....	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	
a	The organization's CEO, Executive Director, or top management official .....	
b	Other officers or key employees of the organization .....	
	If "Yes" to line 15a or 15b, describe the process in 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? .....	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? .....	
16b		X

### Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website  Another's website  Upon request  Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ► **ANDREW JEANNERET, CFO - 301-250-2100**

**5285 WESTVIEW DRIVE, FREDERICK, MD 21703**

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

 Check if Schedule O contains a response or note to any line in this Part VII ..... 
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) ROBERT BOYD CHAIR	2.00	X	X				0.	0.	0.
(2) THOMAS HOLETS VICE CHAIR	2.00	X	X				0.	0.	0.
(3) NICK SERENYI TREASURER	2.00	X	X				0.	0.	0.
(4) DAVID LINGRELL DIRECTOR	2.00	X					0.	0.	0.
(5) CAROLYN STAMATAKIS DIRECTOR	2.00	X					0.	0.	0.
(6) RICHARD FINDLEY DIRECTOR	2.00	X					0.	0.	0.
(7) DONALD TRISSLER DIRECTOR	2.00	X					0.	0.	0.
(8) ROBERT BURKE SECRETARY	2.00	X	X				0.	0.	0.
(9) ANNICE CODY DIRECTOR	2.00	X					0.	0.	0.
(10) NELLIE COLE DIRECTOR	2.00	X					0.	0.	0.
(11) JEFF ENRICO DIRECTOR	2.00	X					0.	0.	0.
(12) LOU GRAMMIES DIRECTOR	2.00	X					0.	0.	0.
(13) LARRY PARKS DIRECTOR	2.00	X					0.	0.	0.
(14) DOUGLAS LEIDIG PRESIDENT/EX-OFFICIO	1.00 59.00	X	X				0.	590,508.	26,525.
(15) SUE DACAMARA ASST. SECRETARY	1.00 59.00		X				0.	490,440.	24,046.
(16) ANDREW JEANNERET ASST. TREASURER	1.00 59.00		X				0.	419,727.	23,922.
(17) MANNY OCASIO COLON ASST. SECRETARY	1.00 59.00		X				0.	316,461.	21,845.

## Part VII

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(18) ANDREW JOSEPH ASST. SECRETARY	1.00	X					0.	278,796.	24,265.
	59.00								
(19) BRIAN GRUNDUSKY EXECUTIVE DIRECTOR, BETHANY VILLAGE	50.00	X					238,390.	0.	19,925.
(20) JANE GIBSON EXECUTIVE DIRECTOR, SPRINGHILL	50.00	X					219,790.	0.	7,441.
(21) KELLY FRIEDMAN EXECUTIVE DIRECTOR, SOLOMONS	50.00	X					200,656.	0.	3,468.
(22) DEBORAH HEDGES ASSOC. EXECUTIVE DIRECTOR, AMV	50.00	X					187,410.	0.	20,061.
(23) SUSAN P. MAYERNICK VP DEVELOPMENT- BV	40.00	X					159,766.	0.	18,932.
(24) OMOLARA POPOOLA DIRECTOR NURSING -HCC, AMV	40.00	X					148,533.	0.	18,651.
(25) RACHEL S. KARISH ADMINISTRATOR, AMV	40.00	X					147,381.	0.	16,984.
(26) CYNTHIA R. PEREZ SR. DIRECTOR ADMISSIONS, AMV	40.00	X					146,474.	0.	11,746.
<b>1b Subtotal</b>							<b>1,448,400.</b>	<b>2,095,932.</b>	<b>237,811.</b>
<b>c Total from continuation sheets to Part VII, Section A</b>							<b>143,719.</b>	<b>0.</b>	<b>15,357.</b>
<b>d Total (add lines 1b and 1c)</b>							<b>1,592,119.</b>	<b>2,095,932.</b>	<b>253,168.</b>

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

48

3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .....

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....

	Yes	No
3	X	
4	X	
5	X	

## Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SODEXO INC. & AFFILIATES PO BOX 360170, PITTSBURGH, PA 15262	DINING, MAINT, HKP, LAUNDRY	17,386,158.
FLAGSHIP REHABILITATION SERVICES 157 BALTIMORE STREET, CUMBERLAND, MD 21502	THERAPY	4,371,758.
WAGMAN CONSTRUCTION, INC., 3290 SUSQUEHANNA TRAIL NORTH, YORK, PA 17406	CONSTRUCTION	3,003,731.
TRADEMARK DESIGN & BUILD 18404 BRIGHT PLUME TERRACE, BOYDS, MD 20841	CONSTRUCTION	2,116,696.
FREESTATE ELECTRICAL SERVICE 13335 MID ATLANTIC BLVD, LAUREL, MD 20708	ELECTRICAL CONTRACTOR	1,906,719.
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►	60	

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2019)

## Part VII

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

Total to Part VII, Section A, line 1c .....

143,719.

15,357.

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514								
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>											
	<b>b</b> Membership dues .....	<b>1b</b>											
	<b>c</b> Fundraising events .....	<b>1c</b>											
	<b>d</b> Related organizations .....	<b>1d</b> 6,369,965.											
	<b>e</b> Government grants (contributions) .....	<b>1e</b>											
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>											
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1g</b> \$											
	<b>h</b> <b>Total.</b> Add lines 1a-1f .....	► 6,369,965.											
<b>Program Service Revenue</b>	<b>2 a</b> NET RESIDENT REVENUE	<b>Business Code</b>											
	<b>b</b> MEDICARE/MEDICAID PAYM	623312	110,302,024.	110,302,024.									
	<b>c</b> AMORTIZATION OF ENTRAN	623312	30,743,489.	30,743,489.									
	<b>d</b> OTHER OPERATING REVENU	623312	22,303,920.	22,303,920.									
	<b>e</b>	623312	1,563,525.	1,563,525.									
	<b>f</b> All other program service revenue .....												
	<b>g</b> <b>Total.</b> Add lines 2a-2f .....	► 164,912,958.											
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....	►	3,633,719.		3,633,719.								
	<b>4</b> Income from investment of tax-exempt bond proceeds	►											
	<b>5</b> Royalties .....	►											
	<b>6 a</b> Gross rents .....	<table border="1" data-bbox="456 960 783 1108"> <tr><td>(i) Real</td><td>(ii) Personal</td></tr> <tr><td>370,575.</td><td></td></tr> <tr><td>6b</td><td>107,467.</td></tr> <tr><td>6c</td><td>263,108.</td></tr> </table>	(i) Real	(ii) Personal	370,575.		6b	107,467.	6c	263,108.			
(i) Real	(ii) Personal												
370,575.													
6b	107,467.												
6c	263,108.												
	<b>b</b> Less: rental expenses .....												
	<b>c</b> Rental income or (loss) .....												
	<b>d</b> Net rental income or (loss) .....	► 263,108.			263,108.								
	<b>7 a</b> Gross amount from sales of assets other than inventory	<table border="1" data-bbox="456 1129 783 1277"> <tr><td>(i) Securities</td><td>(ii) Other</td></tr> <tr><td>25,187,125.</td><td></td></tr> <tr><td>7b</td><td>25,845,064.</td></tr> <tr><td>7c</td><td>-657,939.</td></tr> </table>	(i) Securities	(ii) Other	25,187,125.		7b	25,845,064.	7c	-657,939.			
(i) Securities	(ii) Other												
25,187,125.													
7b	25,845,064.												
7c	-657,939.												
	<b>b</b> Less: cost or other basis and sales expenses .....												
	<b>c</b> Gain or (loss) .....												
	<b>d</b> Net gain or (loss) .....	► -784,541.			-784,541.								
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<table border="1" data-bbox="603 1320 783 1467"> <tr><td>8a</td><td></td></tr> <tr><td>8b</td><td></td></tr> </table>	8a		8b								
8a													
8b													
	<b>b</b> Less: direct expenses .....												
	<b>c</b> Net income or (loss) from fundraising events .....	►											
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<table border="1" data-bbox="603 1510 783 1657"> <tr><td>9a</td><td></td></tr> <tr><td>9b</td><td></td></tr> </table>	9a		9b								
9a													
9b													
	<b>b</b> Less: direct expenses .....												
	<b>c</b> Net income or (loss) from gaming activities .....	►											
	<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<table border="1" data-bbox="603 1657 783 1805"> <tr><td>10a</td><td></td></tr> <tr><td>10b</td><td></td></tr> </table>	10a		10b								
10a													
10b													
	<b>b</b> Less: cost of goods sold .....												
	<b>c</b> Net income or (loss) from sales of inventory .....	►											
<b>Miscellaneous Revenue</b>	<b>11 a</b>	<b>Business Code</b>											
	<b>b</b>												
	<b>c</b>												
	<b>d</b> All other revenue .....												
	<b>e</b> <b>Total.</b> Add lines 11a-11d .....	►											
	<b>12</b> <b>Total revenue.</b> See instructions .....	► 174,395,209.	164,912,958.	0.	3,112,286.								

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .....				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....	2,493,080.	2,493,080.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	2,216,535.		2,216,535.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	49,088,934.	43,445,820.	5,134,089.	509,025.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	1,810,773.	1,528,360.	263,946.	18,467.
9 Other employee benefits .....	4,713,851.	3,185,491.	1,528,360.	
10 Payroll taxes .....	3,946,345.	3,397,447.	520,977.	27,921.
11 Fees for services (nonemployees):				
a Management .....	8,446,559.		8,446,559.	
b Legal .....	191,517.		191,517.	
c Accounting .....	115,671.		115,671.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) .....	10,532,139.	10,316,352.	215,787.	
12 Advertising and promotion .....	1,421,523.	1,363,423.	58,100.	
13 Office expenses .....	4,502,260.	3,530,528.	971,732.	
14 Information technology .....	5,267,462.	13,014.	5,254,448.	
15 Royalties .....				
16 Occupancy .....	6,714,612.	6,217,949.	496,663.	
17 Travel .....	165,005.	84,148.	80,857.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....				
20 Interest .....	11,970,777.	11,759,808.	210,969.	
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	24,980,692.	24,847,989.	132,703.	
23 Insurance .....	876,649.		876,649.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) .....				
a FOOD .....	5,982,790.	5,980,350.	2,440.	
b REPAIRS & MAINTENANCE .....	4,494,013.	4,424,734.	69,279.	
c TAXES (PROPERTY & OTHER) .....	3,768,455.	18,798.	3,749,657.	
d MEDICAL SUPPLIES / PHARMA .....	2,723,245.	2,719,822.	3,423.	
e All other expenses .....	2,820,898.	1,584,793.	1,236,105.	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	159,243,785.	126,911,906.	31,776,466.	555,413.
<b>26 Joint costs.</b> 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)

## Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing .....	1,936,479.	1	1,880,093.
	2 Savings and temporary cash investments .....	50,299,696.	2	41,039,108.
	3 Pledges and grants receivable, net .....		3	
	4 Accounts receivable, net .....	6,487,034.	4	5,607,148.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		6	
	7 Notes and loans receivable, net .....	12,305,090.	7	3,606,203.
	8 Inventories for sale or use .....	185,496.	8	192,825.
	9 Prepaid expenses and deferred charges .....	1,935,655.	9	2,718,871.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 611,955,316.		
	b Less: accumulated depreciation .....	10b 328,004,383.	280,556,197.	10c 283,950,933.
	11 Investments - publicly traded securities .....	50,404,849.	11	62,262,371.
	12 Investments - other securities. See Part IV, line 11 .....		12	
	13 Investments - program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
	15 Other assets. See Part IV, line 11 .....	76,436,681.	15	93,262,209.
	16 Total assets. Add lines 1 through 15 (must equal line 33) .....	480,547,177.	16	494,519,761.
Liabilities	17 Accounts payable and accrued expenses .....	7,898,854.	17	6,474,098.
	18 Grants payable .....		18	
	19 Deferred revenue .....	164,742,366.	19	167,681,481.
	20 Tax-exempt bond liabilities .....	243,144,223.	20	233,962,609.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....	40,162.	21	42,882.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....		23	
	24 Unsecured notes and loans payable to unrelated third parties .....		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	192,832,886.	25	192,108,143.
	26 Total liabilities. Add lines 17 through 25 .....	608,658,491.	26	600,269,213.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ► <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions .....	-162,588,862.	27	-139,546,832.
	28 Net assets with donor restrictions .....	34,477,548.	28	33,797,380.
	Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds .....		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund .....		30	
	31 Retained earnings, endowment, accumulated income, or other funds .....		31	
	32 Total net assets or fund balances .....	-128,111,314.	32	-105,749,452.
	33 Total liabilities and net assets/fund balances .....	480,547,177.	33	494,519,761.

Form 990 (2019)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI 

1 Total revenue (must equal Part VIII, column (A), line 12) .....	1	174,395,209.
2 Total expenses (must equal Part IX, column (A), line 25) .....	2	159,243,785.
3 Revenue less expenses. Subtract line 2 from line 1 .....	3	15,151,424.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .....	4	-128,111,314.
5 Net unrealized gains (losses) on investments .....	5	9,331,889.
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	-2,121,451.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) .....	10	-105,749,452.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII 

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other .....		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....	2a	x
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant? .....	2b	x
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....	2c	x
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....	3a	x
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....	3b	

Form 990 (2019)

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

ASBURY ATLANTIC, INC.

Employer identification number

52-0607956

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4 .....						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12 Gross receipts from related activities, etc. (see instructions)</b> .....					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	%
15 Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization .....		
<b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization .....		
<b>17a 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		
<b>b 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		

Schedule A (Form 990 or 990-EZ) 2019

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	972,387.	3,186,616.	5,128,326.	1,232,054.	6,369,965.	16,889,348.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....	126,342,656.	129,444,214.	150,180,199.	158,431,181.	164,912,958.	729,311,208.
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
5 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	<b>127,315,043.</b>	<b>132,630,830.</b>	<b>155,308,525.</b>	<b>159,663,235.</b>	<b>171,282,923.</b>	<b>746,200,556.</b>
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....				87,385.	152,911.	240,296.
<b>b</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.
<b>c</b> Add lines 7a and 7b .....				87,385.	152,911.	240,296.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						<b>745,960,260.</b>

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....	<b>127,315,043.</b>	<b>132,630,830.</b>	<b>155,308,525.</b>	<b>159,663,235.</b>	<b>171,282,923.</b>	<b>746,200,556.</b>
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	2,302,257.	1,923,550.	2,333,882.	4,582,700.	4,004,294.	15,146,683.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....	<b>2,302,257.</b>	<b>1,923,550.</b>	<b>2,333,882.</b>	<b>4,582,700.</b>	<b>4,004,294.</b>	<b>15,146,683.</b>
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	<b>129,617,300.</b>	<b>134,554,380.</b>	<b>157,642,407.</b>	<b>164,245,935.</b>	<b>175,287,217.</b>	<b>761,347,239.</b>
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						► <input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	97.98	%
16 Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	98.13	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	1.99	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	1.86	%

<b>19a 33 1/3% support tests - 2019.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization .....	► <input type="checkbox"/>
<b>b 33 1/3% support tests - 2018.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization .....	► <input type="checkbox"/>
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....	► <input type="checkbox"/>

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations (continued)**

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

**Section D. All Type III Supporting Organizations**

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

**Section E. Type III Functionally Integrated Supporting Organizations**

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

- a  The organization satisfied the Activities Test. Complete line 2 below.
- b  The organization is the parent of each of its supported organizations. Complete line 3 below.
- c  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer (a) and (b) below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8</b> <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d</b> <b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e</b> <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8</b> <b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6</b> <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<b>7</b> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2019

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8 Breakdown of line 7:</b>			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

## Part VI

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

**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

- Attach to Form 990, Form 990-EZ, or Form 990-PF.
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Name of the organization

ASBURY ATLANTIC, INC.

Employer identification number

52-0607956

**Organization type** (check one):**Filers of:**Form 990 or 990-EZ  501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organizationForm 990-PF  501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ► \$ \_\_\_\_\_

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

Name of organization

ASBURY ATLANTIC, INC.

Employer identification number

52-0607956

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 6,369,965.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Name of organization

**Employer identification number**

ASBURY ATLANTIC, INC.

52-0607956

**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
		\$ _____	_____
(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
		\$ _____	_____

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Name of organization

**Employer identification number**

ASBURY ATLANTIC, INC.

52-0607956

## Part III

**Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ► \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.



**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check ► if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check ► if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		<b>(a) Filing organization's totals</b>	<b>(b) Affiliated group totals</b>
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....			
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....			
<b>d</b> Other exempt purpose expenditures .....			
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....			
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....			
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....			
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....			
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<b>Yes</b>	<b>No</b>

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	<b>(a) 2016</b>	<b>(b) 2017</b>	<b>(c) 2018</b>	<b>(d) 2019</b>	<b>(e) Total</b>
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers? .....		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....		X	
c Media advertisements? .....		X	
d Mailings to members, legislators, or the public? .....		X	
e Publications, or published or broadcast statements? .....		X	
f Grants to other organizations for lobbying purposes? .....		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body? .....		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
i Other activities? .....	X		4,679.
j Total. Add lines 1c through 1i .....			4,679.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
b If "Yes," enter the amount of any tax incurred under section 4912 .....			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members? .....	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	3	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

1 Dues, assessments and similar amounts from members .....	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2	
a Current year .....	2a	
b Carryover from last year .....	2b	
c Total .....	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	4	
5 Taxable amount of lobbying and political expenditures (see instructions) .....	5	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

A PORTION OF ASBURY ATLANTIC'S DUES TO LEADINGAGE WERE FOR USED FOR

ADVOCACY ISSUES RELATED TO RESIDENTIAL AND HEALTHCARE SERVICES FOR THE

AGED.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**Open to Public  
Inspection

Name of the organization

ASBURY ATLANTIC, INC.

Employer identification number

52-0607956

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input checked="" type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements .....	<b>Held at the End of the Tax Year</b>
2a	1
2b	15.00
2c	
2d	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____	
4 Number of states where property subject to conservation easement is located ► 1	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1 .....	► \$ _____
(ii) Assets included in Form 990, Part X .....	► \$ _____
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1 .....	► \$ _____
b Assets included in Form 990, Part X .....	► \$ _____

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

Schedule D (Form 990) 2019

932051 10-02-19

13541112 131839 097-130968-00

30  
2019.05000 ASBURY ATLANTIC, INC.

097-1301

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

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

a Public exhibition  
b Scholarly research  
c Preservation for future generations

d  Loan or exchange program

e  Other \_\_\_\_\_

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

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance .....	27,416,713.	25,719,301.	24,864,870.	24,829,939.	24,174,363.
b Contributions .....					
c Net investment earnings, gains, and losses .....	809,077.	1,697,412.	854,431.	34,931.	655,576.
d Grants or scholarships .....					
e Other expenditures for facilities and programs .....					
f Administrative expenses .....					
g End of year balance .....	28,225,790.	27,416,713.	25,719,301.	24,864,870.	24,829,939.

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

a Board designated or quasi-endowment ► %  
b Permanent endowment ► 100.00 %  
c Term endowment ► %

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

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

(i) Unrelated organizations .....

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land .....		19,891,482.		19,891,482.
b Buildings .....		409,521,526.	223,940,645.	185,580,881.
c Leasehold improvements .....		23,994,568.	13,015,416.	10,979,152.
d Equipment .....		149,335,068.	91,048,322.	58,286,746.
e Other .....		9,212,672.		9,212,672.

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

283,950,933.

Schedule D (Form 990) 2019

**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, col. (B) line 12.) ►

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) INTEREST IN NET ASSETS OF FOUNDATION	26,288,527.
(2) DEFERRED MARKETING COSTS	826,344.
(3) OTHER RECEIVABLE	470,078.
(4) DUE FROM ACOMM	64,347,189.
(5) DEPOSITS AND OTHER ASSETS	42,882.
(6) RIGHT OF USE ASSETS	1,287,189.
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► 93,262,209.

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) REFUNDABLE FEES	4,143,941.
(3) OBLIGATION-DEFERRED GIVING	330,394.
(4) CONTINGENT REFUNDABLE ENTRANCE FEE LIABILITY	177,483,955.
(5) PROJECTED REFUND OF STANDARD ENTRANCE FEES	4,978,019.
(6) DEPOSITS FROM PROSPECTIVE RESIDENTS	3,817,232.
(7) VALUATION OF SWAP AGREEMENTS	67,413.
(8) LEASES PAYABLE	1,287,189.
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 192,108,143.

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 ...  X

Schedule D (Form 990) 2019

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

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

1	Total revenue, gains, and other support per audited financial statements	1	180,404,034.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	9,331,889.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-3,323,064.
e	Add lines 2a through 2d	2e	6,008,825.
3	Subtract line 2e from line 1	3	174,395,209.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	174,395,209.

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

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

1	Total expenses and losses per audited financial statements	1	156,858,172.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	107,467.
e	Add lines 2a through 2d	2e	107,467.
3	Subtract line 2e from line 1	3	156,750,705.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	2,493,080.
c	Add lines 4a and 4b	4c	2,493,080.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	159,243,785.

**Part XIII Supplemental Information.**

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

PART II, LINE 3:

ASBURY ATLANTIC, INC. HAS A 15 ACRE FOREST CONSERVATION EASEMENT WITH THE

CITY OF GAITHERSBURG, MD THAT PRESERVES TREES, TREE CANOPY AND FORESTS.

ASBURY ATLANTIC, INC. DOES NOT REPORT CONSERVATION EASEMENTS IN ITS

FINANCIAL STATEMENTS. THERE ARE NO REVENUES, EXPENSES OR ASSETS RELATED

TO THIS CONSERVATION EASEMENT.

PART IV, LINE 2B:

ASBURY ATLANTIC, INC. HOLDS AND MANAGES RESIDENT TRUST FUND ACCOUNTS THAT

ARE USED FOR PERSONAL ITEMS FOR THE RESIDENTS. ASBURY ATLANTIC, INC. IS

ACTING IN A FIDUCIARY ROLE AND IS LIABLE FOR THE FUNDS IN THE RESIDENT

TRUST FUND.

**Part XIII** **Supplemental Information** *(continued)*

PART V, LINE 4:

THE INTENDED USE OF THE ENDOWMENT FUND IS TO SUPPORT BENEVOLENT CARE.

PART X, LINE 2:

ASBURY ATLANTIC IS EXEMPT FROM FEDERAL INCOME TAXES PURSUANT TO SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE (IRC); ACCORDINGLY, NO PROVISION

FOR INCOME TAXES IS REQUIRED AS THERE ARE NO UNRELATED TRADES OR

BUSINESSES.

THE COMPANY HAS IMPLEMENTED PROCESSES TO ENSURE COMPLIANCE WITH THE

INTERNAL REVENUE SERVICE INTERMEDIATE SANCTIONS PROVISIONS FOR ALL ITS

SUPPORTED ORGANIZATIONS, INCLUDING THE COMPANY. THIS INCLUDES AN

INDEPENDENT REVIEW BY THE BOARD'S COMPENSATION COMMITTEE OF ALL

COMPENSATION ARRANGEMENTS WITH DISQUALIFIED PERSONS AND OUTSIDE

COMPENSATION CONSULTANTS TO PROVIDE INDEPENDENT THIRD-PARTY REVIEW AND

ADVISEMENT, AND THE IMPLEMENTATION OF A DETAILED CONFLICT-OF-INTEREST

POLICY AND ANNUAL DISCLOSURE PROCESS FOR ALL DISQUALIFIED PERSONS. THE

COMPENSATION COMMITTEE ALSO HIRES OUTSIDE COUNSEL TO ADVISE THE COMPANY ON

COMPLIANCE.

THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION MUST BE RECOGNIZED ONLY IF

IT IS MORE-LIKELY-THAN-NOT THAT THE TAX POSITION WILL BE SUSTAINED UPON

EXAMINATION BY THE TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF

THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM

SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A

GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE RESOLUTION.

THE COMPANY'S REASSESSMENT OF ITS TAX POSITIONS DID NOT HAVE A MATERIAL

IMPACT ON THE COMPANY'S RESULTS OF OPERATIONS OR FINANCIAL POSITION.

**Part XIII** **Supplemental Information** *(continued)*

THE COMPANY'S INCOME TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY  
 FEDERAL, STATE, AND LOCAL AUTHORITIES. THE COMPANY IS NOT AWARE OF ANY  
 ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX-EXEMPT STATUS.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

RENT EXPENSE	107,467.
VALUE CHANGES IN DERIVATIVE INSTRUMENTS	-67,413.
CHANGE IN BENEFICIAL INTEREST IN NET ASSETS OF FOUNDATION	1,427,992.
CHANGE IN VALUE OF OBLIGATIONS UNDER CHARITABLE GIFT	
ANNUITIES	-53,647.
LOSS ON RETIREMENT OF DEBT	-2,244,383.
BENEVOLENT CARE	-2,493,080.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-3,323,064.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

RENTAL EXPENSES	107,467.
-----------------	----------

**PART XII, LINE 4B - OTHER ADJUSTMENTS:**

BENEVOLENT CARE	2,493,080.
-----------------	------------



### **Part III Grants and Other Assistance to Domestic Individual**

**Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
BENEVOLENT CARE FOR ASSISTED LIVING AND RESIDENTIAL LIVING RESIDENTS	49	2,492,520.	0.		

**Part IV** **Supplemental Information** Provide the information required in Part I line 2, Part III column (b), and any other additional information

ALL RESIDENTS INQUIRING ABOUT BENEVOLENT CARE MUST COMPLETE AND SIGN THE BENEVOLENT CARE APPLICATION WHICH SHALL BE REVIEWED FOR APPROVAL BY THE COMMUNITY REPRESENTATIVE RESPONSIBLE FOR BENEVOLENT CARE. ONCE THE APPLICATION IS REVIEWED, THE EXECUTIVE DIRECTOR WILL APPROVE OR DENY

תעודת יישור מסמך/אישור מסמך רשמי

ON-GOING MANAGEMENT WILL BE MAINTAINED ON-STREAM TILL THE END OF THE

## Part IV Supplemental Information

CALENDAR YEAR IN WHICH THE RESIDENT IS NO LONGER RECEIVING ASSISTANCE FROM

BENEVOLENT CARE. THEREAFTER THE RECORDS WILL BE MAINTAINED FOR FIVE (5)

YEARS, EITHER ON-SITE OR IN STORAGE IN ACCORDANCE WITH THE RECORDS

## MANAGEMENT PROGRAM.

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

► Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

ASBURY ATLANTIC, INC.

Employer identification number

52-0607956

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

**a** Receive a severance payment or change-of-control payment? .....

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....

**c** Participate in, or receive payment from, an equity-based compensation arrangement? .....

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 5a or 5b, describe in Part III.

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

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

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

Schedule J (Form 990) 2019

**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)-(ii) 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 compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DOUGLAS LEDIG PRESIDENT/EX-OFFICIO	(i) 0.	(ii) 500,165.	(iii) 0.	0.	0.	0.	0.
(2) SUE DACAMARA ASST. SECRETARY	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
(3) ANDREW JEANNERET ASST. TREASURER	(i) 0.	(ii) 360,434.	(iii) 0.	88,425.	13,755.	10,291.	514,486.
(4) MANNY OCASIO COLON ASST. SECRETARY	(i) 0.	(ii) 265,487.	(iii) 0.	50,974.	10,714.	11,131.	338,306.
(5) ANDREW JOSEPH ASST. SECRETARY	(i) 0.	(ii) 233,701.	(iii) 0.	45,095.	12,302.	11,963.	303,061.
(6) BRIAN GRUNDUSKY EXECUTIVE DIRECTOR, BETHANY VILLAGE	(i) 185,555.	(ii) 16,342.	(iii) 36,493.	10,131.	9,794.	258,315.	0.
(7) JANE GIBSON EXECUTIVE DIRECTOR, SPRINGHILL	(i) 161,632.	(ii) 29,411.	(iii) 0.	0.	0.	0.	0.
(8) KELLY FRIEDMAN EXECUTIVE DIRECTOR, SOLOMONS	(i) 176,101.	(ii) 16,743.	(iii) 7,812.	2,581.	887.	204,124.	0.
(9) DEBORAH HEDGES ASSOC. EXECUTIVE DIRECTOR, AMV	(i) 157,136.	(ii) 7,200.	(iii) 23,074.	9,244.	10,817.	207,471.	0.
(10) SUSAN P. MAYERNICK VP DEVELOPMENT- BV	(i) 128,098.	(ii) 17,904.	(iii) 13,764.	8,194.	10,738.	178,698.	0.
(11) OMOLARA POPOOLA DIRECTOR NURSING -HCC, AMV	(i) 135,695.	(ii) 0.	(iii) 12,838.	7,892.	10,759.	167,184.	0.
(12) RACHEL S. KARISH ADMINISTRATOR, AMV	(i) 142,544.	(ii) 0.	(iii) 4,837.	7,856.	9,128.	164,365.	0.
(13) CYNTHIA R. PEREZ SR. DIRECTOR ADMISSIONS , AMV	(i) 107,191.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
(14) HENRI B. LIVELY B-ADMINISTRATOR HEALTH, BV	(i) 114,012.	(ii) 6,239.	(iii) 23,468.	5,090.	10,267.	159,076.	0.
(i)							0.
(ii)							0.
(iii)							0.

**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 3:

THE COMPENSATION OF THE ORGANIZATION'S CEO AND ALL PERSONS DEEMED

POTENTIALLY DISQUALIFIED IS REVIEWED AND RECOMMENDED TO THE BOARD OF ASBURY

COMMUNITIES, INC. BY THE COMPENSATION COMMITTEE OF THE BOARD.

PART I, LINE 4B:

THE PRESIDENT PARTICIPATES IN A 457(F) PLAN. THERE WERE NO PLAN

DISTRIBUTIONS IN 2019.

PART I, LINE 6:

THE EXECUTIVE DIRECTOR'S INCENTIVE COMPENSATION IS BASED IN PART UPON THE

OPERATING RATIO OF THE FACILITY. THE OPERATING RATIO MEASURES WHETHER

CURRENT YEAR CASH OPERATING REVENUES ARE SUFFICIENT TO COVER CURRENT YEAR

OPERATING EXPENSES.

**SCHEDULE K  
(Form 990)**  
Department of the Treasury  
Internal Revenue Service

<b>Supplemental Information on Tax-Exempt Bonds</b>	
<p>► Complete if the organization answered "yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.</p> <p>► Attach to Form 990. ► Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.</p>	
Name of the organization	ASBURY ATLANTIC, INC.
Employer identification number 52-0607956	

**Part I Bond Issues**

	<b>(a) Issuer name</b>	<b>(b) Issuer EIN</b>	<b>(c) CUSIP #</b>	<b>(d) Date issued</b>	<b>(e) Issue price</b>	<b>(f) Description of purpose</b>	<b>(g) Defeased</b>	<b>(h) On behalf of issuer</b>	<b>(i) Pooled financing</b>			
							<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>A</b> CUMBERLAND COUNTY MUNICIPAL AUTHORITY (PA.)	23-6003119	230614GK9		10/31/12	52,585,767.	CURRENT REFUNDING			X		X	X
<b>B</b> CITY OF GAITHERSBURG (MD)	52-6000792	363128CUT		10/01/18	105,744,965.	CURRENT REFUNDING			X		X	X
<b>C</b> CITY OF GAITHERSBURG	52-6000792	NONE		11/08/19	16,009,000.	CURRENT REFUNDING			X		X	X
<b>D</b> CUMBERLAND COUNTY MUNICIPAL AUTHORITY	23-6003119	230614PE3		12/31/19	63,444,415.	CURRENT REFUNDING			X		X	X

**Part II Proceeds**

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
<b>1</b> Amount of bonds retired		3,970,767.	9,649,965.	15,000.
<b>2</b> Amount of bonds legally defeased				
<b>3</b> Total proceeds of issue	52,585,767.	105,744,965.	16,009,000.	63,444,415.
<b>4</b> Gross proceeds in reserve funds	2,339,434.	8,469,375.		5,284,147.
<b>5</b> Capitalized interest from proceeds				
<b>6</b> Proceeds in refunding escrows				
<b>7</b> Issuance costs from proceeds	1,051,715.	624,780.		1,155,121.
<b>8</b> Credit enhancement from proceeds				
<b>9</b> Working capital expenditures from proceeds				
<b>10</b> Capital expenditures from proceeds		7,508,636.	5,000,000.	
<b>11</b> Other spent proceeds	49,194,618.	89,142,174.	11,009,000.	57,005,147.
<b>12</b> Other unspent proceeds				
<b>13</b> Year of substantial completion			2012	2018
				2019
<b>14</b> Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>15</b> Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X
<b>16</b> Has the final allocation of proceeds been made?	X		X	
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X	X

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

**OMB No. 1545-0047  
2019  
Open to Public  
Inspection**

Schedule K (Form 990) 2019

**Part III Private Business Use**

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6</b> Total of lines 4 and 5 .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7</b> Does the bond issue meet the private security or payment test? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Part IV Arbitrage**

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>2</b> If "No" to line 1, did the following apply?				
<b>a</b> Rebate not due yet? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Exception to rebate? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> No rebate due? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Is the bond issue a variable rate issue? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Part IV Arbitrage (continued)**

		A	B	C	D
		Yes	No	Yes	No
<b>4a</b>	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	Name of provider .....			<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b>	Term of hedge .....				<input type="checkbox"/>
<b>d</b>	Was the hedge superintegrated?				<input type="checkbox"/>
<b>e</b>	Was the hedge terminated?				<input type="checkbox"/>
<b>5a</b>	Were gross proceeds invested in a guaranteed investment contract (GIC)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b>	Name of provider .....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b>	Term of GIC .....				<input type="checkbox"/>
<b>d</b>	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?				<input type="checkbox"/>
<b>6</b>	Were any gross proceeds invested beyond an available temporary period?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7</b>	Has the organization established written procedures to monitor the requirements of section 148?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part V Procedures To Undertake Corrective Action**

	A	B	C	D
	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?				<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions

	A	B	C	D
	Yes	No	Yes	No
SCHEDULE K, PART I, ROW B				<input type="checkbox"/>
THE AMOUNT OF BONDS BENEFITTING THIS ORGANIZATION IS \$105,744,965.90 (OF WHICH \$24,713,017.75 COUNTS AGAINST THE \$150 MILLION TEST LIMITATION FOR NON-HOSPITAL BONDS).		<input type="checkbox"/>		<input type="checkbox"/>

BONDS IN THE AMOUNT OF \$33,005,000 ARE OUTSTANDING THAT BENEFIT THIS ORGANIZATION (OF WHICH \$11,086,500 COUNTS AGAINST THE \$150 MILLION LIMITATION FOR NON-HOSPITAL BONDS).
THE ISSUANCE OF THE BONDS WAS APPROVED BY THE MAYOR OF THE CITY OF GAITHERSBURG ON AUGUST 6, 2018, FOLLOWING A PUBLIC HEARING HELD BY THE ISSUER ON AUGUST 6, 2018 AND BY THE COUNTY OF COMMISSIONERS OF CALVERT COUNTY ON JULY 24, 2018, FOLLOWING A PUBLIC HEARING BY THE COUNTY COMMISSIONERS OF CALVERT COUNTY ON JULY 24, 2018.

SCHEDULE K, PART I, ROW C
THE AMOUNT OF BONDS BENEFITTING THIS ORGANIZATION IS \$16,009,000 (OF WHICH \$6,275,130 COUNTS AGAINST THE \$150 MILLION LIMITATION FOR NON-HOSPITAL BONDS).
SEE PART VI SUPPLEMENTAL INFORMATION SHEET
932123 10-18-19

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions *(continued)*

THE AMOUNT OF OTHER NON-HOSPITAL BONDS SUBJECT TO THE \$150 MILLION LIMITATION IS \$27,993,095.

THE ISSUANCE OF THE BONDS WAS APPROVED BY THE MAYOR AND CITY COUNCIL OF THE CITY OF GAITHERSBURG ON SEPTEMBER 16, 2019, FOLLOWING A PUBLIC HEARING HELD BY THE ISSUER ON SEPTEMBER 16, 2019 AND BY THE COUNTY COMMISSIONERS OF CALVERT COUNTY ON SEPTEMBER 17, 2019, FOLLOWING A PUBLIC HEARING HELD BY THE COUNTY COMMISSIONERS OF CALVERT COUNTY ON SEPTEMBER 17, 2019.

SCHEDULE K, PART I, ROW D  
THE AMOUNT OF BONDS BENEFITTING THIS ORGANIZATION IS \$63,444,415 (OF WHICH \$3,280,077 COUNTS AS PART OF THE \$150 MILLION LIMITATION FOR NON-HOSPITAL BONDS).

THE AMOUNT OF OTHER NON-HOSPITAL BONDS SUBJECT TO THE \$150 MILLION LIMITATION IS \$30,988,148.

THE ISSUANCE OF THE BONDS WAS APPROVED BY THE CUMBERLAND COUNTY MUNICIPAL AUTHORITY ON SEPTEMBER 5, 2019. NO TERRA APPROVAL WAS NECESSARY PURSUANT TO SECTION 147 (F) (2) (D) OF THE INTERNAL REVENUE CODE SINCE THE WEIGHTED AVERAGE MATURITY OF THE BONDS DID NOT EXCEED THE REMAINING WEIGHTED AVERAGE MATURITY OF THE BONDS BEING REFUNDED.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

- Attach to Form 990 or 990-EZ.
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

ASBURY ATLANTIC, INC.

Employer identification number

52-0607956

FORM 990, PART III, LINE 4

AS PART OF ASBURY COMMUNITIES, ASBURY ATLANTIC PLEDGES EACH DAY TO MAKE

A DIFFERENCE IN THE LIVES OF THOSE WE SERVE AND TO SERVE AS A PARTNER

FOR GOOD IN THE COMMUNITY AT LARGE.

WE HONOR OUR LEGACY THROUGH SUPPORTING AND PARTNERING WITH CHARITABLE

AND COMMUNITY ORGANIZATIONS, EDUCATIONAL INSTITUTIONS, AND AGING

SERVICES AND HEALTH PROVIDERS.

AT ASBURY ATLANTIC, OUR EFFORTS ARE PRIMARILY FOCUSED ON:

- SUPPORTING SENIOR WELLNESS IN THE REGIONS WHERE WE OPERATE
- TRAINING THE NEXT GENERATION OF AGING SERVICES PROFESSIONALS
- BENEVOLENT CARE

PROVIDING PEACE OF MIND FOR RESIDENTS BENEVOLENT CARE:

A CORNERSTONE OF LIVING OUR MISSION IS ENSURING THAT RESIDENTS WHO

OUTLIVE THEIR FINANCIAL RESOURCES CAN REMAIN IN THEIR HOME AT ASBURY.

THE ASBURY FOUNDATION, A 501(C)(3) NOT-FOR-PROFIT ORGANIZATION THAT

SECURES PHILANTHROPIC SUPPORT TO SUPPORT THE MISSION AND ENHANCE

QUALITY OF LIFE FOR OLDER ADULTS SERVED BY THE ASBURY SYSTEM, WAS

ESTABLISHED TO SUPPORT THESE EFFORTS. ASBURY PROVIDES FINANCIAL

SUPPORT TO RESIDENTS WHO OUTLIVE THEIR RESOURCES THROUGH NO FAULT OF

THEIR OWN.

HIGHLIGHTS OF THIS YEAR'S COMMUNITY BENEFIT ACCOMPLISHMENTS AT EACH

ASBURY ATLANTIC COMMUNITY INCLUDE THE FOLLOWING:

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

932211 09-06-19

**Schedule O (Form 990 or 990-EZ) (2019)**

Name of the organization

ASBURY ATLANTIC, INC.

Employer identification number

52-0607956

ASBURY METHODIST VILLAGE

IN THE AREA OF TRAINING FUTURE GENERATIONS OF CAREGIVERS, ASBURY

METHODIST VILLAGE (AMV) PROVIDED MENTORING AND TRAINING IN DIETETICS,

SOCIAL WORK AND PASTORAL CARE SERVICES FOR STUDENTS AT LOYOLA

UNIVERSITY OF MARYLAND AND THE UNIVERSITY OF MARYLAND BALTIMORE COUNTY.

AMV ALSO DONATED THE USE OF WILSON HEALTH CARE CENTER'S LOWER LEVEL FOR

MONTGOMERY COLLEGE TO USE FOR CNA TRAINING.

AMV DONATED MEETING SPACE FOR MORE THAN 30 NON-PROFIT, COMMUNITY

ORGANIZATIONS THROUGHOUT THE YEAR. THOUGH THE MAJORITY OF THIS GROUP'S

EFFORTS BENEFIT YOUTH, THIS RESIDENT-CREATED AND RUN COLLABORATION WITH

GAIITHERSBURG AND MONTGOMERY COUNTY (GAIITHERSBURG BELOVED COMMUNITY

INITIATIVE) DEVOTED HUNDREDS OF HOURS TO MENTORING AREA AT RISK

CHILDREN, HOSTING PARTIES AT ASBURY'S POOL AND OTHER STRUCTURED FITNESS

ACTIVITIES. THIS INTERGENERATIONAL MENTORING PROGRAM IS FOCUSED ON THE

DEVELOPMENT OF CHARACTER IN THE YOUNG PEOPLE. ASBURY METHODIST VILLAGE

HOSTED A CONVERSATIONAL ENGLISH GROUP WITH 25 LATINO MOTHERS FROM THE

GAIITHERSBURG AREA WHEREBY THEY MET WEEKLY TO STUDY THEIR ENGLISH WITH

ASBURY RESIDENTS. STUDENTS FROM GAIITHERSBURG AND SOUTHLAKE ELEMENTARY

SCHOOLS WERE TRANSPORTED TO AMV TO PARTICIPATE IN AN INTER-GENERATIONAL

MENTORING PROGRAM WHOSE FOCUS IS THE DEVELOPMENT OF CHARACTER IN THE

YOUNG PEOPLE. SUPPORTED MEALS ON WHEELS AND THE MONTGOMERY COUNTY

COALITION FOR THE HOMELESS SHELTER WITH FOOD. ASBURY METHODIST VILLAGE

OFFERS 4 PARKINSON'S EXERCISE CLASSES WEEKLY FOR PEOPLE IN THE

SURROUNDING COMMUNITY.

BETHANY VILLAGE

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization

ASBURY ATLANTIC, INC.

Employer identification number

52-0607956

IN THE AREA OF TRAINING THE NEXT GENERATION OF PROFESSIONALS, THE

FOLLOWING OCCURRED. PROVIDED TRAINING FOR CERTIFIED NURSING ASSISTANTS,

LICENSED PRACTICAL NURSES, REGISTERED NURSES STUDENTS AT BLOOMSBURG

UNIVERSITY, SHIPPENSBURG UNIVERSITY, HARRISBURG AREA COMMUNITY COLLEGE,

WELLSPAN HEALTH SYSTEM AND MESSIAH COLLEGE.

ORGANIZED AND RAISED \$4,500 FOR THE AREA CHAPTER OF THE ALZHEIMER'S

ASSOCIATION THOUGH A ROCK-A-THON AND HOSTED SUPPORT GROUPS FOR FAMILY

MEMBERS AND OTHER CAREGIVERS OF PEOPLE WITH ALZHEIMER'S DISEASE.

BETHANY VILLAGE DONATED MEETING SPACE FOR MORE THAN 26 NON-PROFIT,

COMMUNITY ORGANIZATIONS THROUGHOUT THE YEAR. IN CONJUNCTION WITH

COMMUNITY AID, BETHANY VILLAGE ASSOCIATES COLLECTED, STORED AND

ARRANGED FOR PICK-UP OF DONATED CLOTHING. THE EXECUTIVE DIRECTOR OF

BETHANY VILLAGE SERVES ON THE LEADING AGE PA BOARD OF DIRECTORS.

LEADING AGE IS A NOT-FOR-PROFIT ENTITY THAT REPRESENTS NOT-FOR-PROFIT

SENIOR LIVING PROVIDERS ACROSS THE STATE OF PA. BETHANY VILLAGE

ASSOCIATES SERVED AS VOLUNTEERS THROUGHOUT THE YEAR AT COMMUNITY BLOOD

DRIVES, ETC. THE WELLNESS DEPARTMENT PROVIDED FREE MEMBERSHIP TO

RESIDENTS OF BETHANY TOWERS FOR USE OF THE POOL, FITNESS ROOM OR

FITNESS CLASSES. PARTNERING WITH THE UNITED CELEBRAL PALSY ORGANIZATION

AND DONATED REFURBISHED EQUIPMENT TO PEOPLE IN NEED. ASSOCIATES

VOLUNTEERED DURING THE UNITED WAY DAY OF CARING AT ANOTHER LOCAL

NONPROFIT TO HELP WITH MANUAL LABOR AND ADMINISTRATIVE TASKS.

SPRINGHILL

IN THE AREA OF TRAINING THE NEXT GENERATION OF PROFESSIONALS, THE

FOLLOWING OCCURRED.

PROVIDED EDUCATION, TRAINING AND RESEARCH ASSISTANCE FOR NURSING AND

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization

ASBURY ATLANTIC, INC.

Employer identification number

52-0607956

REHABILITATIVE THERAPY STUDENTS AT GANNON AND MERCYHURST UNIVERSITIES

AS WELL AS THE ERIE COUNTY TECHNOLOGY SCHOOL, AND ERIE HIGH SCHOOL.

SPRINGHILL ASSOCIATES PARTICIPATED IN THE ADOPT-A-HIGHWAY HIGHWAY

CLEAN- UP PROJECT. SPRINGHILL ASSOCIATES WERE ALSO ACTIVE MEMBER OF THE

ALZHEIMER'S ASSOCIATION AND ALZHEIMER'S ASSOCIATION SUPPORT GROUP.

HELD MONTHLY PARKINSON'S PARTNERS SUPPORT GROUP MEETINGS THAT SUPPORT

RESIDENTS IN THE COMMUNITY AND INDIVIDUALS OUTSIDE THE COMMUNITY THAT

CARE FOR OR HAVE PARKINSON'S. SNF ADMINISTRATOR VOLUNTEERED AS A

SURVEYOR FOR A CARF/CCAC SURVEYS AT A CCRC'S IN VIRGINIA AND INDIANA.

SPRINGHILL ASSOCIATE VOLUNTEERS AT THE LOCAL FIRE DEPARTMENT PROVIDING

FIREFIGHTING, RESCUE, AND EMS RESPONSES. AN ASSOCIATE PARTICIPATED IN

THE WEST COUNTY PARAMEDIC BOARD MEETINGS AND SERVED ON THE ERIE PUBLIC

SAFETY ADVISORY COMMITTEE. SPRINGHILL ASSOCIATES WERE ALSO ACTIVE

MEMBERS OF THE HEALTHCARE VENTURES ALLIANCE. DURING 2019, SPRINGHILL

DONATED 1 WHEELCHAIR AND 5 PULMONARY WALKERS TO CHOSSEN INTERNATIONAL.

ASBURY SOLOMONS

IN THE AREA OF SUPPORTING THE LOCAL COMMUNITY AND SENIOR SERVICES,

ASBURY SOLOMON'S

PROVIDED MORE THAN 133 VOLUNTEER HOURS TO THE AREA CHAPTER OF

ALZHEIMER'S ASSOCIATION. SOLOMON'S DONATED SPACE TO VARIOUS COMMUNITY

ORGANIZATIONS FOR THEIR MEETINGS AND REHEARSALS. SEVERAL ASSOCIATES

PARTICIPATED IN MONTHLY PACCT (PARTNERS IN ACCOUNTABLE CARE

COLLABORATION &amp; TRANSITIONS) MEETINGS AT CALVERT COUNTY MEMORIAL

HOSPITAL WHEREBY PROFESSIONALS MEET TO DISCERN BEST PRACTICES AND

SEAMLESS TRANSITION OF RESIDENTS BETWEEN HOSPITAL AND HOME, DONATING

115 VOLUNTEER HOURS.

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization

ASBURY ATLANTIC, INC.

Employer identification number

52-0607956

---

IN THE AREA OF SUPPORTING THE NEXT GENERATION OF AGING SERVICES

---

PROFESSIONALS ASBURY SOLOMON'S VOLUNTEERED OVER 1000 HOURS SUPPORTING

---

THE SUPERVISION AND MENTORSHIP OF THE SALISBURY UNIVERSITY SOCIAL WORK

---

INTERNSHIP PROGRAM AND THE WESLEY SEMINARY COLLAGE PASTORAL CARE

---

INTERNSHIP PROGRAM. ASBURY SOLOMON'S ALSO PROVIDED ORIENTATION AND

---

TRAINING FOR CULINARY STUDENTS FROM CALVERT COUNTY CAREER & TECHNOLOGY

---

ACADEMY.

---

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---

---

FORM 990, PART VI, SECTION A, LINE 1:

---

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS CAN ACT IN PLACE OF THE

---

BOARD BETWEEN MEETINGS. ALL MEMBERS OF THE EXECUTIVE COMMITTEE ARE MEMBERS

---

OF THE BOARD OF DIRECTORS.

---

---

---

FORM 990, PART VI, SECTION A, LINE 6:

---

ASBURY ATLANTIC HAS ONE MEMBER. THE SOLE MEMBER IS ASBURY COMMUNITIES, INC.

---

---

FORM 990, PART VI, SECTION A, LINE 7A:

---

ASBURY COMMUNITIES, INC IS THE SOLE MEMBER OF ASBURY ATLANTIC AND ELECTS

---

THE GOVERNING BODY.

---

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---

FORM 990, PART VI, SECTION A, LINE 7B:

---

ONLY CERTAIN DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO ASBURY

---

COMMUNITY INC'S APPROVAL. THESE DECISIONS INCLUDE: (1) MANAGEMENT SERVICES

---

RELATIONSHIPS AND CONTRACTS; (2) ANY ORGANIZATIONAL CHANGE IN GENERAL,

---

INCLUDING MERGERS, SALES, LEASES, ETC, OF SUBSTANTIALLY ALL OF THE ASSETS

---

AND THE CREATION OF NEW ENTITIES; (3) AMENDMENTS TO MISSION OR VISION

---

Name of the organization

ASBURY ATLANTIC, INC.

Employer identification number

52-0607956

STATEMENTS; (4) AMENDMENTS TO THE ARTICLES OF INCORPORATION OR BYLAWS.

FORM 990, PART VI, SECTION B, LINE 11B:

ASBURY COMMUNITIES, INC. IS THE SOLE MEMBER OF ASBURY ATLANTIC, INC.,

ASBURY-SOLOMONS, INC., INVERNESS VILLAGE, AN OKLAHOMA NOT FOR PROFIT

CORPORATION, ASBURY, INC., BETHANY DEVELOPMENT CORPORATION, AND ASBURY

HCBS, INC. ASBURY COMMUNITIES, INC. HAS A SYSTEM WIDE AUDIT COMMITTEE. THE

ASBURY COMMUNITIES, INC. BOARD OF DIRECTORS HAS DELEGATED A REVIEW OF THE

FORM 990 TO THE SYSTEM AUDIT COMMITTEE WHICH PERFORMED ITS REVIEW ON

10/21/20. THE ASBURY COMMUNITIES, INC., FOUNDATION, ASBURY ATLANTIC, ASBURY

SOLOMONS, ASBURY COMMUNITIES HCBS, BETHANY DEVELOPMENT CORPORATION, AND

INVERNESS VILLAGE BOARD OF DIRECTORS WERE FORWARDED A COPY OF THEIR

RESPECTIVE DRAFT FORM 990 FOR REVIEW AND PROVIDED A LINK TO A RECORDING OF

THE AUDIT COMMITTEE MEETING IF MEMBERS CHOSE TO LISTEN TO THE MEETINGS AS

THEY REVIEWED ANY OF THE FORM 990S. ALL DIRECTORS MAY POSE QUESTIONS OR ASK

FOR CLARIFICATION FROM STAFF AND AUDIT COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ASBURY COMMUNITIES CONFLICT OF INTEREST POLICY WAS APPROVED BY THE

BOARD OF DIRECTORS. THE COMPLIANCE OFFICER IS RESPONSIBLE FOR THE POLICY

AND OVERSEES THE IMPLEMENTATION OF THE PROCESS. ALL THE ENTITIES WITHIN THE

ASBURY COMMUNITIES SYSTEM ARE SUBJECT TO THE POLICY. ANNUALLY, THE

COMPLIANCE OFFICER CONDUCTS A COMPREHENSIVE CONFLICT DISCLOSURE PROCESS

COVERING ALL MEMBERS OF THE GOVERNING BOARDS, SYSTEM WIDE COMMITTEES, AND

INDIVIDUALS IN KEY MANAGEMENT POSITIONS. EACH PERSON COMPLETES A CONFLICT

OF INTEREST DISCLOSURE FORM AND IS ADVISED OF THEIR FIDUCIARY OBLIGATIONS.

THE COMPLIANCE OFFICER, WHO HAS A DIRECT REPORTING LINE TO THE CHAIR OF THE

AUDIT AND COMPLIANCE COMMITTEE AND REPORTS QUARTERLY TO THE AUDIT AND

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization

ASBURY ATLANTIC, INC.

Employer identification number

52-0607956

COMPLIANCE COMMITTEE, ANALYZES ALL DISCLOSURE FORMS FOR POTENTIAL

CONFLICTS, AND PREPARES A REPORT FOR THE SYSTEM-WIDE AUDIT AND COMPLIANCE

COMMITTEE. A REPORT WAS MADE TO THE BOARD THAT THERE WERE NO CONFLICTS

DURING 2019. WHEN AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST ARISES

INVOLVING A BOARD OR COMMITTEE MEMBER, THE AUDIT AND COMPLIANCE COMMITTEE

IS INFORMED AND WILL FOLLOW SPECIFIC PROTOCOL OUTLINED IN THE CONFLICT OF

INTEREST POLICIES AND PROCEDURES.

FORM 990, PART VI, SECTION B, LINE 15:

ON AN ANNUAL BASIS, THE COMPENSATION AND BENEFITS COMMITTEE RELIES ON STAFF

FEEDBACK AND THE DATA AND RECOMMENDATIONS PROVIDED BY AN EXTERNAL

COMPENSATION CONSULTANT TO ASCERTAIN THE REASONABLENESS OF COMPENSATION AND

BENEFITS OF ALL OF THE DIRECT REPORTS OF THE CEO AND OTHER POTENTIALLY

DISQUALIFIED PERSONS.

IN ADDITION, THE COMPENSATION AND BENEFITS COMMITTEE REVIEWS THE

ORGANIZATION'S PROGRESS TOWARDS KEY PERFORMANCE INDICATORS SELECTED FOR

INCENTIVIZING PERFORMANCE OF DISQUALIFIED PERSONS THROUGH A PERFORMANCE

BASED-COMPENSATION PROGRAM.

QUARTERLY, THE COMPENSATION COMMITTEE REVIEWS UPDATES TO THE OVERALL

BENEFITS AND COMPENSATION PLAN FOR THE ORGANIZATION AS WELL AS PROGRESS ON

THE ORGANIZATION'S EMPLOYER OF CHOICE STRATEGIC GOALS.

ALSO ON AN ANNUAL BASIS, THE COMPENSATION AND BENEFITS COMMITTEE

SPECIFICALLY REVIEWS THE COMPENSATION AND BENEFITS OF THE CEO USING THE

DATA GATHERED BY THE COMPENSATION CONSULTANT AT THE DIRECTION OF THE

COMMITTEE AND PROVIDES INPUT TO THE FULL BOARD OF DIRECTORS IN ORDER TO

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization

ASBURY ATLANTIC, INC.

Employer identification number

52-0607956

SUPPORT THEIR DECISION MAKING PROCESS REGARDING THE CEO'S COMPENSATION.

THE COMPENSATION AND BENEFITS COMMITTEE CHARTER, THE EXECUTIVE COMPENSATION

PHILOSOPHY, AND THE EXECUTIVE INCENTIVE PLAN WERE REVIEWED MOST RECENTLY IN

2019.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL

STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART VII, SECTION A

THE OFFICERS THAT HAVE COMPENSATION FROM RELATED ORGANIZATIONS REPORTED

IN PART VII, SECTION A, COLUMN E OF THE FORM 990 PROVIDE EXECUTIVE

MANAGEMENT SUPPORT AND OVERALL GUIDANCE TO ASBURY ATLANTIC, INC. AS

WELL AS THE OTHER RELATED AND SUPPORTED ORGANIZATIONS OF ASBURY

COMMUNITIES, INC. THERE ARE OVER 2,400 TOTAL EMPLOYEES IN THE ASBURY

COMMUNITIES, INC. SYSTEM. THE 2019 CONSOLIDATED AUDITED FINANCIAL

STATEMENTS FOR ASBURY COMMUNITIES, INC. HAD TOTAL REVENUES OF \$244

MILLION AND TOTAL ASSETS IN EXCESS OF \$584 MILLION.

DURING 2019 ASBURY ATLANTIC, INC. MODIFIED ITS EMPLOYEE COMPENSATION

FOR PTO. THIS CHANGE RESULTED IN A ONE-TIME DISTRIBUTION THAT IS

REFLECTED IN THE COMPENSATION REPORTED ON THIS FORM 990.

FORM 990, PART VII, SECTION A

BEGINNING WITH YEAR 2014, FOUNDATION ASSOCIATE SALARIES AND BENEFITS,

WHICH WERE PREVIOUSLY REPORTED ON THE ASBURY FOUNDATION IRS FORM 990,

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization

ASBURY ATLANTIC, INC.

Employer identification number

52-0607956

WILL BE REPORTED BY THE ASBURY ENTITY WHERE THEY DEDICATED THEIR TIME.ASBURY FOUNDATION ASSISTS WITH THE MISSION OF THE NON PROFIT ENTITIESWITHIN THE ASBURY COMMUNITIES SYSTEM.FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:NET UNREALIZED GAIN ON CHANGE IN MARKET VALUE OF DERIVATIVEINSTRUMENTS -67,413.TRANSFER TO ACOMM -1,184,000.CHANGE IN BENEFICIAL INTEREST IN NET ASSETS OF FOUNDATION 1,427,992.CHANGE IN VALUE OF OBLIGATIONS UNDER CHARITABLE GIFTANNUITIES -53,647.LOSS ON RETIREMENT OF DEBT -2,244,383.TOTAL TO FORM 990, PART XI, LINE 9 -2,121,451.FORM 990, PART XII, LINE 2CTHERE HAS BEEN NO CHANGE IN OVERSIGHT PROCESS FROM THE PRIOR YEAR.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code Section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
Yes	No					
ASBURY COMMUNITIES, INC - 52-1862677						
5285 WESTVIEW DRIVE, #200						
FREDERICK, MD 21703	MANAGEMENT SERVICES	MARYLAND	501 (C) (3)	LINE 12C, III-FI		X
INVERNESS VILLAGE - 73-1539802						
5285 WESTVIEW DRIVE, #200		HOUSING AND HEALTHCARE FOR OLDER ADULTS	OKLAHOMA	501 (C) (3)	LINE 10	
ASBURY SOLOMONS, INC. - 52-1862675						
5285 WESTVIEW DRIVE, #200		HOUSING AND HEALTHCARE FOR OLDER ADULTS	MARYLAND	501 (C) (3)	LINE 10	X
FREDERICK, MD 21703	ASBURY FOUNDATION, INC. - 52-1862674					
5285 WESTVIEW DRIVE, #200	RAISING FUNDS FOR CHARITY CARE	MARYLAND	501 (C) (3)	LINE 7	ASBURY COMMUNITIES, INC	X
FREDERICK, MD 21703						

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

**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	(g) Section 512(b)(13) controlled organization?
Yes	No					
AFFILIATED ASSOCIATES, INC. - 51-0426078						
5285 WESTVIEW DRIVE, #200 FREDERICK, MD 21703	EMPLOYEE PAYMASTER COMPANY	MARYLAND	501(C)(3)	LINE 12C, III-FI	ASBURY COMMUNITIES, INC	X
ASBURY COMMUNITIES HCBS, INC - 45-0634490	HEALTHCARE FOR OLDER ADULTS	MARYLAND	501(C)(3)	LINE 10	ASBURY COMMUNITIES, INC	X
5285 WESTVIEW DRIVE, #200 FREDERICK, MD 21703	HOUSING AND HEALTHCARE FOR OLDER ADULTS	TENNESSEE	501(C)(3)	LINE 10	ASBURY COMMUNITIES, INC	X
ASBURY, INC. - 62-0630670						
5285 WESTVIEW DRIVE, #200 FREDERICK, MD 21703	BETHANY DEVELOPMENT CORPORATION - 23-2078064	PENNSYLVANIA	501(C)(3)	LINE 10	ASBURY COMMUNITIES, INC	X
335 WESLEY DRIVE MECHANICSBURG, PA 17055	HOUSING FOR OLDER ADULTS					

**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.

Part III

**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.

**Part V****Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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?

	<b>Yes</b>	<b>No</b>
a Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....	1a <input type="checkbox"/>	x <input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to related organization(s) .....	1b <input type="checkbox"/>	x <input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from related organization(s) .....	1c <input type="checkbox"/>	x <input checked="" type="checkbox"/>
d Loans or loan guarantees to or for related organization(s) .....	1d <input type="checkbox"/>	x <input checked="" type="checkbox"/>
e Loans or loan guarantees by related organization(s) .....	1e <input type="checkbox"/>	x <input checked="" type="checkbox"/>
f Dividends from related organization(s) .....	1f <input type="checkbox"/>	x <input checked="" type="checkbox"/>
g Sale of assets to related organization(s) .....	1g <input type="checkbox"/>	x <input checked="" type="checkbox"/>
h Purchase of assets from related organization(s) .....	1h <input type="checkbox"/>	x <input checked="" type="checkbox"/>
i Exchange of assets with related organization(s) .....	1i <input type="checkbox"/>	x <input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets to related organization(s) .....	1j <input type="checkbox"/>	x <input checked="" type="checkbox"/>
k Lease of facilities, equipment, or other assets from related organization(s) .....	1k <input type="checkbox"/>	x <input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations for related organization(s) .....	1l <input type="checkbox"/>	x <input checked="" type="checkbox"/>
m Performance of services or membership or fundraising solicitations by related organization(s) .....	1m <input type="checkbox"/>	x <input checked="" type="checkbox"/>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	1n <input type="checkbox"/>	x <input checked="" type="checkbox"/>
o Sharing of paid employees with related organization(s) .....	1o <input type="checkbox"/>	x <input checked="" type="checkbox"/>
p Reimbursement paid to related organization(s) for expenses .....	1p <input type="checkbox"/>	x <input checked="" type="checkbox"/>
q Reimbursement paid by related organization(s) for expenses .....	1q <input type="checkbox"/>	x <input checked="" type="checkbox"/>
r Other transfer of cash or property to related organization(s) .....	1r <input type="checkbox"/>	x <input checked="" type="checkbox"/>
s Other transfer of cash or property from related organization(s) .....	1s <input type="checkbox"/>	x <input checked="" type="checkbox"/>

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

	<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (as)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

**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:

IVA, INC.

DIRECT CONTROLLING ENTITY: ASBURY ATLANTIC & INVERNESS VILLAGE

Exempt Organization Business Income Tax Return  
(and proxy tax under section 6033(e))Department of the Treasury  
Internal Revenue Service

For calendar year 2019 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

► Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

2019

Open to Public Inspection for  
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)		D Employer identification number (Employees' trust, see instructions.)
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	ASBURY ATLANTIC, INC. Number, street, and room or suite no. If a P.O. box, see instructions. 5285 WESTVIEW DRIVE, NO. 200		E Unrelated business activity code (See instructions.) 561000
C Book value of all assets at end of year 494,519,761.	F Group exemption number (See instructions.) ► G Check organization type ► <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust		

H Enter the number of the organization's unrelated trades or businesses. ► 1 Describe the only (or first) unrelated trade or business here ► SEE STATEMENT 1. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ►  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ►

J The books are in care of ► ANDREW JEANNERET, CFO Telephone number ► 301-250-2100

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances	c Balance		
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit. Subtract line 2 from line 1c			
4a	Capital gain net income (attach Schedule D)			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c	Capital loss deduction for trusts			
5	Income (loss) from a partnership or an S corporation (attach statement)			
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions; attach schedule)			
13	Total. Combine lines 3 through 12	0.		

## Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

(Deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)	20	
21	Less depreciation claimed on Schedule A and elsewhere on return	21a	21b
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule)	27	
28	Total deductions. Add lines 14 through 27	28	0.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	0.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30	0.
31	Unrelated business taxable income. Subtract line 30 from line 29	31	0.

**Part III Total Unrelated Business Taxable Income**

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	32	0.
33	Amounts paid for disallowed fringes .....	33	
34	Charitable contributions (see instructions for limitation rules) .....	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) <b>STMT 3</b> .....	36	0.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35 .....	37	
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions) .....	38	1,000.
39	<b>Unrelated business taxable income.</b> Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37 .....	39	0.

**Part IV Tax Computation**

40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21) .....	40	0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:		
	<input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....	41	
42	Proxy tax. See instructions .....	42	
43	Alternative minimum tax (trusts only) .....	43	
44	Tax on Noncompliant Facility Income. See instructions .....	44	
45	<b>Total.</b> Add lines 42, 43, and 44 to line 40 or 41, whichever applies .....	45	0.

**Part V Tax and Payments**

46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....	46a		
b	Other credits (see instructions) .....	46b		
c	General business credit. Attach Form 3800 .....	46c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827) .....	46d		
e	<b>Total credits.</b> Add lines 46a through 46d .....	46e		
47	Subtract line 46e from line 45 .....	47	0.	
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) .....	48		
49	<b>Total tax.</b> Add lines 47 and 48 (see instructions) .....	49	0.	
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3 .....	50	0.	
51a	Payments: A 2018 overpayment credited to 2019 .....	51a		
b	2019 estimated tax payments .....	51b		
c	Tax deposited with Form 8868 .....	51c		
d	Foreign organizations: Tax paid or withheld at source (see instructions) .....	51d		
e	Backup withholding (see instructions) .....	51e		
f	Credit for small employer health insurance premiums (attach Form 8941) .....	51f		
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Other _____ Total ► 51g	51g		
52	<b>Total payments.</b> Add lines 51a through 51g .....	52		
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached ► <input type="checkbox"/> .....	53		
54	<b>Tax due.</b> If line 52 is less than the total of lines 49, 50, and 53, enter amount owed .....	54		
55	<b>Overpayment.</b> If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid .....	55		
56	Enter the amount of line 55 you want: <b>Credited to 2020 estimated tax</b> ► <b>Refunded</b> ►	56		

**Part VI Statements Regarding Certain Activities and Other Information** (see instructions)

57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ► .....	Yes	No
			X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....		X
	If "Yes," see instructions for other forms the organization may have to file.		
59	Enter the amount of tax-exempt interest received or accrued during the tax year ► \$ .....		

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	Signature of officer	Date	ASSISTANT TREASURER Title
<b>Paid Preparer Use Only</b>	Print/Type preparer's name JOHN NORMAN	Preparer's signature JOHN NORMAN	Date 11/12/20
	Firm's name ► CLIFTONLARSONALLEN LLP		Check <input type="checkbox"/> if self-employed PTIN P01506766
	1966 GREENSPRING DRIVE, SUITE 300	Firm's EIN ►	41-0746749
	Firm's address ► TIMONIUM, MD 21093-4161	Phone no.	(410) 453-0900

<b>Schedule A - Cost of Goods Sold.</b> Enter method of inventory valuation ► N/A			
1 Inventory at beginning of year .....	1	6 Inventory at end of year .....	6
2 Purchases .....	2		
3 Cost of labor .....	3		
4a Additional section 263A costs (attach schedule) .....	4a	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 .....	7
b Other costs (attach schedule) .....	4b		
5 Total. Add lines 1 through 4b .....	5	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? .....	Yes No

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

## 1. Description of property

(1)

(2)

(3)

(4) SEE STATEMENT 4

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)			
(1)				
(2)				
(3)				
(4)				
Total	0.	Total	0.	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►				0.
				(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ►

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt- financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)		5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)
			%	
			%	
			%	
			%	
Enter here and on page 1, Part I, line 7, column (A). ►				Enter here and on page 1, Part I, line 7, column (B). ►
Totals .....				0.
Total dividends-received deductions included in column 8 .....				0.

Form 990-T (2019)

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization		2. Employer identification number		Exempt Controlled Organizations			
				3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)							
(2)							
(3)							
(4)							
Nonexempt Controlled Organizations							
7. Taxable Income		8. Net unrelated income (loss) (see instructions)		9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)							
(2)							
(3)							
(4)							
Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).							
Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).							
Totals ..... ► 0. 0.							

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**

(see instructions)

1. Description of income		2. Amount of income		3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)						
(2)						
(3)						
(4)						
				Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals ..... ►				0.		0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**

(see instructions)

1. Description of exploited activity		2. Gross unrelated business income from trade or business		3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)								
(4)								
				Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 25.
Totals ..... ►				0.	0.			0.

**Schedule J - Advertising Income** (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical		2. Gross advertising income		3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)								
(4)								
Totals (carry to Part II, line (5)) ..... ►				0.	0.			0.

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> ►	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.
<b>Totals, Part II (lines 1-5)</b> ►	0.	0.				0.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14	►		0.

Form 990-T (2019)

FORM 990-T      DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY      STATEMENT 1

RENTAL OF SPACE TO RELATED FOR-PROFIT ORGANIZATION

TO FORM 990-T, PAGE 1

FORM 990-T		NET OPERATING LOSS DEDUCTION		STATEMENT 2	
TAX YEAR	LOSS SUSTAINED	LOSS	LOSS REMAINING	AVAILABLE THIS YEAR	
		PREVIOUSLY APPLIED			
12/31/18	25,837.	0.	25,837.	25,837.	
NOL CARRYOVER AVAILABLE THIS YEAR			25,837.	25,837.	

FORM 990-T		NET OPERATING LOSS DEDUCTION		STATEMENT 3	
TAX YEAR	LOSS SUSTAINED	LOSS	LOSS REMAINING	AVAILABLE THIS YEAR	
		PREVIOUSLY APPLIED			
12/31/09	54,176.	54,176.	0.	0.	
12/31/10	52,300.	17,952.	34,348.	34,348.	
12/31/15	20,296.	0.	20,296.	20,296.	
12/31/16	6,992.	0.	6,992.	6,992.	
12/31/17	8,922.	0.	8,922.	8,922.	
NOL CARRYOVER AVAILABLE THIS YEAR			70,558.	70,558.	

## FORM 990-T SCHEDULE C - RENT INCOME FROM REAL PROPERTY AND PERSONAL PROPERTY LEASED WITH REAL PROPERTY STATEMENT 4

1. DESCRIPTION OF PROPERTY	ACTIVITY NUMBER
SPACE LOCATED IN THE ADMINISTRATION BUILDING ON CAMPUS OF ASBURY METHODIST	1
2. RENT RECEIVED OR ACCRUED	
A. FROM PERSONAL PROPERTY IF % OF RENT IS > 10% BUT LESS THAN 50%	B. FROM REAL AND PERSONAL PROPERTY IF % OF RENT > 50% OR BASED ON INC.
	3. DEDUCTION DIRECTLY CONNECTED WITH INC. IN COL. 2A OR 2B

1. DESCRIPTION OF PROPERTY	ACTIVITY NUMBER
VILLAGE (AMV), COMMONLY KNOWN AS 201 RUSSELL AVE, GAITHERSBURG, MD 20877.	2
2. RENT RECEIVED OR ACCRUED	
A. FROM PERSONAL PROPERTY IF % OF RENT IS > 10% BUT LESS THAN 50%	B. FROM REAL AND PERSONAL PROPERTY IF % OF RENT > 50% OR BASED ON INC.
	3. DEDUCTION DIRECTLY CONNECTED WITH INC. IN COL. 2A OR 2B

1. DESCRIPTION OF PROPERTY	ACTIVITY NUMBER
AMV LEASES OFFICE SPACE AND SPACE FOR COMPUTER EQUIPMENT TO THE ASBURY GROUP	3
2. RENT RECEIVED OR ACCRUED	
A. FROM PERSONAL PROPERTY IF % OF RENT IS > 10% BUT LESS THAN 50%	B. FROM REAL AND PERSONAL PROPERTY IF % OF RENT > 50% OR BASED ON INC.
	3. DEDUCTION DIRECTLY CONNECTED WITH INC. IN COL. 2A OR 2B

1. DESCRIPTION OF PROPERTY	ACTIVITY NUMBER	
INC., A DELAWARE CORPORATION. ASBURY ATLANTIC, INC. AND THE OTHER AFFILIATES	4	
2. RENT RECEIVED OR ACCRUED		
A. FROM PERSONAL PROPERTY IF % OF RENT IS > 10% BUT LESS THAN 50%	B. FROM REAL AND PERSONAL PROPERTY IF % OF RENT > 50% OR BASED ON INC.	3. DEDUCTION DIRECTLY CONNECTED WITH INC. IN COL. 2A OR 2B

DESCRIPTION OF PROPERTY	ACTIVITY NUMBER	
OF ASBURY COMMUNITIES, INC. UTILIZE THE COMPUTER EQUIPMENT AND INFORMATION	5	
2. RENT RECEIVED OR ACCRUED		
A. FROM PERSONAL PROPERTY IF % OF RENT IS > 10% BUT LESS THAN 50%	B. FROM REAL AND PERSONAL PROPERTY IF % OF RENT > 50% OR BASED ON INC.	3. DEDUCTION DIRECTLY CONNECTED WITH INC. IN COL. 2A OR 2B

DESCRIPTION OF PROPERTY	ACTIVITY NUMBER
TECHNOLOGY SERVICES OF THE ASBURY GROUP, INC.	6
2. RENT RECEIVED OR ACCRUED	
A.	B.
FROM PERSONAL PROPERTY IF % OF RENT IS > 10% BUT LESS THAN 50%	FROM REAL AND PERSONAL PROPERTY IF % OF RENT > 50% OR BASED ON INC.
	3. DEDUCTION DIRECTLY CONNECTED WITH INC. IN COL. 2A OR 2B

**TOTALS** \_\_\_\_\_