

EXTENDED TO NOVEMBER 16, 2020

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

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 for instructions and the latest information.

2019
Open to Public Inspection

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

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization ASBURY ATLANTIC, INC.		D Employer identification number 52-0607956
	Doing business as		E Telephone number 301-216-4100
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	5285 WESTVIEW DRIVE		200
City or town, state or province, country, and ZIP or foreign postal code FREDERICK, MD 21703		G Gross receipts \$ 200,474,342.	
F Name and address of principal officer: DOUG LEIDIG SAME AS C ABOVE		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527		H(b) Are all subordinates included? Yes No	
J Website: WWW.ASBURYMETHODISTVILLAGE.ORG		If "No," attach a list. (see instructions)	
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶		L Year of formation: 1945	M State of legal domicile: MD
H(c) Group exemption number ▶			

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: DOING ALL THE GOOD WE CAN BY CREATING EXCEPTIONAL LIFESTYLE OPPORTUNITIES TO THOSE WE SERVE.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	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
	7 a 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.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	1,232,054.	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.
Expenses	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.
	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.	
Net Assets or Fund Balances	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.

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

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 [X]

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 prior Form 990 or 990-EZ? [] Yes [X] No

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

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

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.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting and compliance.

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096 and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (15); 1b Enter the number of voting members included on line 1a, above, who are independent (10); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b 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 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); 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? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed 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 [X] 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	Former			
(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 GRAMMES 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	Former			
(18) ANDREW JOSEPH ASST. SECRETARY	1.00 59.00			X			0.	278,796.	24,265.	
(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.	
1b Subtotal							1,448,400.	2,095,932.	237,811.	
c Total from continuation sheets to Part VII, Section A							143,719.	0.	15,357.	
d Total (add lines 1b and 1c)							1,592,119.	2,095,932.	253,168.	

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

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 60

SEE PART VII, SECTION A CONTINUATION SHEETS

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 (check all that apply)						(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	Former			
(27) HENRI B. LIVELY B-ADMINISTRATOR HEALTH, BV	40.00					X		143,719.	0.	15,357.
Total to Part VII, Section A, line 1c								143,719.		15,357.

932201 04-01-19

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	6,369,965.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			6,369,965.			
Program Service Revenue	2 a NET RESIDENT REVENUE	Business Code	623312	110,302,024.	110,302,024.		
	b MEDICARE/MEDICAID PAYM		623312	30,743,489.	30,743,489.		
	c AMORTIZATION OF ENTRAN		623312	22,303,920.	22,303,920.		
	d OTHER OPERATING REVENU		623312	1,563,525.	1,563,525.		
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			164,912,958.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			3,633,719.		3,633,719.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	370,575.				
		(ii) Personal					
		6a					
	b Less: rental expenses	6b	107,467.				
	c Rental income or (loss)	6c	263,108.				
	d Net rental income or (loss)			263,108.		263,108.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	25,187,125.				
		(ii) Other					
		7a					
	b Less: cost or other basis and sales expenses	7b	25,845,064.	126,602.			
c Gain or (loss)	7c	-657,939.	-126,602.				
d Net gain or (loss)			-784,541.		-784,541.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. 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.	
25 Total functional expenses. Add lines 1 through 24e	159,243,785.	126,911,906.	31,776,466.	555,413.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here 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.		
	11 Investments - publicly traded securities	280,556,197.	10c	283,950,933.
	12 Investments - other securities. See Part IV, line 11	50,404,849.	11	62,262,371.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	76,436,681.	14	93,262,209.
16 Total assets. Add lines 1 through 15 (must equal line 33)	480,547,177.	15	494,519,761.	
17 Accounts payable and accrued expenses	7,898,854.	16	6,474,098.	
18 Grants payable		17		
19 Deferred revenue	164,742,366.	18	167,681,481.	
20 Tax-exempt bond liabilities	243,144,223.	19	233,962,609.	
21 Escrow or custodial account liability. Complete Part IV of Schedule D	40,162.	20	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		21		
23 Secured mortgages and notes payable to unrelated third parties		22		
24 Unsecured notes and loans payable to unrelated third parties		23		
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.	24	192,108,143.	
26 Total liabilities. Add lines 17 through 25	608,658,491.	25	600,269,213.	
27 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.	26	-139,546,832.	
28 Net assets with donor restrictions	34,477,548.	27	33,797,380.	
29 Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds		28		
30 Paid-in or capital surplus, or land, building, or equipment fund		29		
31 Retained earnings, endowment, accumulated income, or other funds		30		
32 Total net assets or fund balances	-128,111,314.	31	-105,749,452.	
33 Total liabilities and net assets/fund balances	480,547,177.	32	494,519,761.	

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual 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? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? _____
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 Consolidated basis 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? _____
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? _____
- 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 _____

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
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 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
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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		
Total						

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

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

Section A. Public Support

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						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

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.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						►

Section C. Computation of Public Support Percentage

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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						
6 Total. Add lines 1 through 5	127,315,043.	132,630,830.	155,308,525.	159,663,235.	171,282,923.	746,200,556.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons				87,385.	152,911.	240,296.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b				87,385.	152,911.	240,296.
8 Public support. (Subtract line 7c from line 6.)						745,960,260.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6	127,315,043.	132,630,830.	155,308,525.	159,663,235.	171,282,923.	746,200,556.
10a 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 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	2,302,257.	1,923,550.	2,333,882.	4,582,700.	4,004,294.	15,146,683.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	129,617,300.	134,554,380.	157,642,407.	164,245,935.	175,287,217.	761,347,239.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	97.98 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	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))	17	1.99 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	1.86 %

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described 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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. 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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	Check here if the current year is the organization's first as a non-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 Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 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 Part VI). 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 Total 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 Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
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.)

Multiple horizontal lines for providing supplemental information.

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 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:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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	<hr/> <hr/> <hr/>	\$ 6,369,965.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization ASBURY ATLANTIC, INC.	Employer identification number 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
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization ASBURY ATLANTIC, INC.	Employer identification number 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.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <p style="text-align: center;">ASBURY ATLANTIC, INC.</p>	Employer identification number <p style="text-align: center;">52-0607956</p>
--	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2019

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.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	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.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
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.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j 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?	Yes	No												

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)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f 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)).

	(a)		(b)
	Yes	No	Amount
For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.			
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).		
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 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).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	1
b Total acreage restricted by conservation easements	15.00
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	

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

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

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)?

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

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:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 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:
- | | Yes | No |
|--|-------------------------------------|-------------------------------------|
| (i) Unrelated organizations | | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input checked="" type="checkbox"/> | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b | <input checked="" type="checkbox"/> | |
- 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.

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 ...

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.
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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

▶ Go to 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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3** Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2019)

Part III 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.

PART I, LINE 2:

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 ELIGIBILITY.

DOCUMENTS RELATED TO BENEVOLENT CARE APPLICATION/REDETERMINATION AND ON-GOING MANAGEMENT WILL BE MAINTAINED ON-SITE UNTIL 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.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2019

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

▶ Attach to Form 990.

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DOUGLAS LEIDIG PRESIDENT/EX-OFFICIO	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
(ii) 500,165.	0.	90,343.	14,000.	12,525.	617,033.	0.	0.
(2) SUE DACAMARA ASST. SECRETARY	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
(ii) 402,015.	0.	88,425.	13,755.	10,291.	514,486.	0.	0.
(3) ANDREW JEANNERET ASST. TREASURER	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
(ii) 360,434.	0.	59,293.	14,000.	9,922.	443,649.	0.	0.
(4) MANNY OCASIO COLON ASST. SECRETARY	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
(ii) 265,487.	0.	50,974.	10,714.	11,131.	338,306.	0.	0.
(5) ANDREW JOSEPH ASST. SECRETARY	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
(ii) 233,701.	0.	45,095.	12,302.	11,963.	303,061.	0.	0.
(6) BRIAN GRUNDUSKY EXECUTIVE DIRECTOR, BETHANY VILLAGE	(i) 185,555.	(ii) 16,342.	(iii) 36,493.	10,131.	9,794.	258,315.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(7) JANE GIBSON EXECUTIVE DIRECTOR, SPRINGHILL	(i) 161,632.	(ii) 29,411.	(iii) 28,747.	6,545.	896.	227,231.	0.
(ii) 0.	0.	0.	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.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(9) DEBORAH HEDGES ASSOC. EXECUTIVE DIRECTOR, AMV	(i) 157,136.	(ii) 7,200.	(iii) 23,074.	9,244.	10,817.	207,471.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(10) SUSAN P. MAYERNICK VP DEVELOPMENT- BV	(i) 128,098.	(ii) 17,904.	(iii) 13,764.	8,194.	10,738.	178,698.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(11) OMOLARA POPOOLA DIRECTOR NURSING -HCC, AMV	(i) 135,695.	(ii) 0.	(iii) 12,838.	7,892.	10,759.	167,184.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(12) RACHEL S. KARISH ADMINISTRATOR, AMV	(i) 142,544.	(ii) 0.	(iii) 4,837.	7,856.	9,128.	164,365.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(13) CYNTHIA R. PEREZ SR. DIRECTOR ADMISSIONS, AMV	(i) 107,191.	(ii) 0.	(iii) 39,283.	6,970.	4,776.	158,220.	0.
(ii) 0.	0.	0.	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.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							

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

Supplemental Information on Tax-Exempt Bonds
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
 ▶ Attach to Form 990. ▶ Go to 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 Bond Issues

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

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired		3,970,767.		9,649,965.		15,000.		
2 Amount of bonds legally defeased								
3 Total proceeds of issue		52,585,767.		105,744,965.		16,009,000.		63,444,415.
4 Gross proceeds in reserve funds		2,339,434.		8,469,375.				5,284,147.
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows		1,051,715.		624,780.				1,155,121.
7 Issuance costs from proceeds								
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds				7,508,636.		5,000,000.		
11 Other spent proceeds		49,194,618.		89,142,174.		11,009,000.		57,005,147.
12 Other unspent proceeds								
13 Year of substantial completion	2012		2018		2018		2019	

	2018		2019	
	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X	
15 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
16 Has the final allocation of proceeds been made?	X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule K (Form 990) 2019

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2 Are there any lease arrangements that may result in private business use of bond-financed property?	X		X		X		X	
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
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?	X		X		X		X	
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d 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?								
4 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		%		.40 %		40.00 %		%
5 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		%		%		%		%
6 Total of lines 4 and 5		%		.40 %		40.00 %		%
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a 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?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 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?		X		X		X		X

Part IV Arbitrage

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

Part IV Arbitrage (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				X
b Name of provider					SUNTRUST BANK			
c Term of hedge					4,000,000			
d Was the hedge superintegrated?						X		
e Was the hedge terminated?						X		
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		X		X		X		X
6 Were any gross proceeds invested beyond an available temporary period?								
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	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?	X		X		X		X	

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

SCHEDULE K, PART I, ROW B

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).

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).

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 TEFRA 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 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.

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

932211 09-06-19

Name of the organization ASBURY ATLANTIC, INC.	Employer identification number 52-0607956
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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

GAITHERSBURG AND MONTGOMERY COUNTY (GAITHERSBURG 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

GAITHERSBURG AREA WHEREBY THEY MET WEEKLY TO STUDY THEIR ENGLISH WITH

ASBURY RESIDENTS. STUDENTS FROM GAITHERSBURG 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

Name of the organization ASBURY ATLANTIC, INC.	Employer identification number 52-0607956
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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 THROUGH 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

Name of the organization ASBURY ATLANTIC, INC.	Employer identification number 52-0607956
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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 CHOSEN 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 & 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.

Name of the organization ASBURY ATLANTIC, INC.	Employer identification number 52-0607956
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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.

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.

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
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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

Name of the organization ASBURY ATLANTIC, INC.	Employer identification number 52-0607956
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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

Name of the organization ASBURY ATLANTIC, INC.	Employer identification number 52-0607956
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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,

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 ENTITIES

WITHIN THE ASBURY COMMUNITIES SYSTEM.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

NET UNREALIZED GAIN ON CHANGE IN MARKET VALUE OF DERIVATIVE

INSTRUMENTS -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 GIFT

ANNUITIES -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 2C

THERE HAS BEEN NO CHANGE IN OVERSIGHT PROCESS FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

ASBURY ATLANTIC, INC.

Employer identification number
52-0607956

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

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

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	ASBURY COMMUNITIES, INC		X
INVERNESS VILLAGE - 73-1539802							
5285 WESTVIEW DRIVE, #200	HOUSING AND HEALTHCARE FOR OLDER ADULTS	OKLAHOMA	501(C)(3)	LINE 10	ASBURY COMMUNITIES, INC		X
FREDERICK, MD 21703							
ASBURY SOLOMONS, INC. - 52-1862675							
5285 WESTVIEW DRIVE, #200	HOUSING AND HEALTHCARE FOR OLDER ADULTS	MARYLAND	501(C)(3)	LINE 10	ASBURY COMMUNITIES, INC		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.

Schedule R (Form 990) 2019

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?

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

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

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

Part 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))

2019

For calendar year 2019 or other tax year beginning _____, and ending _____

Go to 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).

Department of the Treasury Internal Revenue Service

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

Part I: Name of organization (ASBURY ATLANTIC, INC.), Employer identification number (52-0607956), Address (5285 WESTVIEW DRIVE, NO. 200, FREDERICK, MD 21703), Unrelated business activity code (561000)

Part II: Book value of all assets at end of year (494,519,761), Group exemption number, Check organization type (501(c) corporation)

Part III: 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)

Part IV: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? (No)

Part V: The books are in care of (ANDREW JEANNERET, CFO), Telephone number (301-250-2100)

Table with 5 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Cost of goods sold, Capital gain net income, etc.

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

Table with 5 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers, directors, and trustees, Salaries and wages, Repairs and maintenance, etc.

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) STMT 3	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	Unrelated business taxable income. 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	Total. 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	Total credits. 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	Total tax. 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"/> Form 4136 <input type="checkbox"/> Other Total	51g	
52	Total payments. Add lines 51a through 51g	52	
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpayment. 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: Credited to 2020 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	56	

Part VI Statements Regarding Certain Activities and Other Information (see instructions)		Yes	No
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		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? If "Yes," see instructions for other forms the organization may have to file.		X
59	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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.

Sign Here	Signature of officer	Date	Assistant Treasurer	Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	JOHN NORMAN		JOHN NORMAN		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JOHN NORMAN	JOHN NORMAN	11/12/20		P01506766
	Firm's name	Firm's EIN			
CLIFTONLARSONALLEN LLP	41-0746749				
1966 GREENSPRING DRIVE, SUITE 300					
Firm's address				Phone no. (410) 453-0900	
TIMONIUM, MD 21093-4161					

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ N/A							
1	Inventory at beginning of year	1	6	Inventory at end of year	6		
2	Purchases	2	7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7		
3	Cost of labor	3					
4a	Additional section 263A costs (attach schedule)	4a					
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)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ...	
0.		0.	

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)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8			0.	0.
				0.

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)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	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)		%	
Total. 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 PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
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 PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
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 STATEMENT 4
 PERSONAL PROPERTY LEASED WITH REAL PROPERTY

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	3.
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. DEDUCTION DIRECTLY CONNECTED WITH INC. IN COL. 2A OR 2B

1. DESCRIPTION OF PROPERTY	ACTIVITY NUMBER
OF ASBURY COMMUNITIES, INC. UTILIZE THE COMPUTER EQUIPMENT AND INFORMATION	5
2. RENT RECEIVED OR ACCRUED	3.
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. DEDUCTION DIRECTLY CONNECTED WITH INC. IN COL. 2A OR 2B

1. DESCRIPTION OF PROPERTY	ACTIVITY NUMBER
TECHNOLOGY SERVICES OF THE ASBURY GROUP, INC.	6
2. RENT RECEIVED OR ACCRUED	3.
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. DEDUCTION DIRECTLY CONNECTED WITH INC. IN COL. 2A OR 2B

TOTALS	_____	_____	_____
	=====	=====	=====