Form **990**

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Depa	tment o	of the Treasury nue Service		Form990 for instructions and			Open to Public Inspection
			ar year, or tax year beginning		lending		mepeedien
Bc	heck if oplicabl	C Name o	f organization		<u> </u>	D Employer ident	ification number
	Addre	ss AGDII	RY ATLANTIC, INC.				
	chang] Nameך		· · · · · · · · · · · · · · · · · · ·			52-0607	956
]chang ∣Initial		usiness as	livered to etreet address)	Doom/ouit/		
]return Final	5285	and street (or P.O. box if mail is not de WESTVIEW DRIVE	envered to street address)	Room/suite 200	E Telephone numb 301-250	
	Jreturn, termin	-		ZID or foreign postal anda	200	G Gross receipts \$	238,021,201.
	ated Amen	ded ਦਰਦਾ ਹ	own, state or province, country, and ERICK, MD 21703	ZIP of loreign postal code			
	return Applic		nd address of principal officer: DOU			H(a) Is this a group for subordinat	
	⊥tion pendir	^{1g} SAME	AS C ABOVE			H(b) Are all subordinate	
<u> </u> T	ax-ex	empt status:) (insert no.) 🗌 4947(a)(1)	or 52	7 If "No," attach	a list. See instructions
<u>J</u> V	Vebsi		ASBURYMETHODISTVIL	LAGE.ORG		H(c) Group exempt	
				ssociation Other	L Yea	r of formation: 1945	M State of legal domicile: MI
Pa	rt I	Summary					
6			be the organization's mission or mos				
Governance		YOUR BE	ST LIFE BY DOING A	LL THE GOOD WE C	CAN WI	TH INTEGRIT	Ύ,
rna	2	Check this bo	x if the organization disco	ontinued its operations or dispo	sed of mor	e than 25% of its net a	
ove	3	Number of vo	ting members of the governing body	(Part VI, line 1a)			3 6
Ō	4	Number of inc	dependent voting members of the go	verning body (Part VI, line 1b)			4 1
s S	5	Total number	of individuals employed in calendar	year 2022 (Part V, line 2a)			5 0
/itie	6	Total number	of volunteers (estimate if necessary)				6 212
Activities &	7 a	Total unrelate	d business revenue from Part VIII, co				'a 0.
◄	b	Net unrelated	business taxable income from Form	990-T, Part I, line 11		7	νь Ο.
						Prior Year	Current Year
6	8	Contributions	and grants (Part VIII, line 1h)		9,801,226		
Revenue	9	Program servi	ice revenue (Part VIII, line 2g)		162,155,886	. 170,003,328.	
eve	10	Investment in	come (Part VIII, column (A), lines 3, 4			10,465,049	. 272,161.
Ř			e (Part VIII, column (A), lines 5, 6d, 8d			171,966	. 151,978.
			- add lines 8 through 11 (must equal			182,594,127	. 178,616,502.
			milar amounts paid (Part IX, column			2,656,788	. 3,036,269.
			to or for members (Part IX, column (A			0	. 0.
6		<u> </u>				68,125,906	. 68,777,909.
Ise	16a	Professional f	undraising fees (Part IX, column (A),	line 11e)		0	
Expenses	b	Total fundrais	r compensation, employee benefits (undraising fees (Part IX, column (A), ing expenses (Part IX, column (D), lir	ne 25) 636,0	70.		
Ě			es (Part IX, column (A), lines 11a-11d			98,391,113	. 108,112,978.
			es. Add lines 13-17 (must equal Part l			169,173,807	
		-	expenses. Subtract line 18 from line			13,420,320	
es					B	eginning of Current Yea	
ets - lanc	20	Total assets (F	Part X, line 16)			501,095,600	. 527,202,855.
Ass Ba	21	-	s (Part X. line 26)			569,841,161	
Net Assets or Fund Balances	22		fund balances. Subtract line 21 from	n line 20		-68,745,561	
Pa	rt II	Signature				, . ,	
Unde	er pena	lities of periury.	I declare that I have examined this return	, including accompanying schedule	s and staten	nents, and to the best of i	my knowledge and belief, it is
true.	correc	t and complete	. Declaration of preparer (other than offic	er) is based on all information of w	hich prepare	ar has any knowledge	
,		Í dudre		/			1/10/2023
Sigr		Signatiliere Of P				Date	
Sign Signal Styling St							
TICI V	•	Type or print n					
		Print/Type pre	 narer's name	Preparer's signature		Date Check	PTIN
Paid		JOHN NO		JOHN NORMAN		11/10/23	ployed P01506766
Prep		Firm's name	CLIFTONLARSONALLE	4			41-0746749
Use		Firm's address	1066		ົ		
000	5		TIMONIUM, MD 2109		-	Dhone no (410) 453-0900
Max	the !!						
			s return with the preparer shown abo		<u></u>		X Yes No Form 990 (2022
23200)1 12-1		For Paperwork Reduction Act Noti	ce, see the separate instruction			Form 330 (2022

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 8868	Application for Automatic Extension of Time To File an
(Rev. January 2022)	Exempt Organization Return

Department of the Treasury	
Internal Revenue Service	

File a separate application for each return.

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре о	r Name of exempt organization or other filer, see instru	Taxpayer identification number (TII						
print	ASBURY ATLANTIC, INC.	52-0607956						
File by the due date f filing your return. Se	Number, street, and room or suite no. If a P.O. box, s	ee instruct	ions.					
instruction		oreign addi	ress, see instructions.					
Enter th	ne Return Code for the return that this application is for (file	e a separa	te application for each return)			01		
Applica	ation	Return	Application			Return		
ls For		Code	Is For			Code		
Form 9	90 or Form 990-EZ	01	Form 1041-A			08		
Form 4	720 (individual)	03	Form 4720 (other than individual)			09		
Form 9	90-PF	04	Form 5227			10		
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 9	90-T (trust other than above)	06	Form 8870			12		
Form 9	90-T (corporation) ANDREW JEANNERI	07						
 If thi box 1 1 ti ti ti 	e organization does not have an office or place of business s is for a Group Return, enter the organization's four digit of If it is for part of the group, check this box ▶ request an automatic 6-month extension of time until he organization named above. The extension is for the organization named above. The extension is for the organization ramed above. The extension ramed above. The extension ramed above. The extension ramed above. The extension is for the organization ramed above. The extension ramed above. The exten	Group Exe and atta NOVE1 anization's , an	mption Number (GEN), 1 ch a list with the names and TINs of <u>MBER 15, 2023</u> , to file return for: d ending	f this is fo all memb	r the whole g ers the exten npt organizati	roup, check this sion is for.		
	this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions.	, enter the	tentative tax, less	3a	\$	0.		
	this application is for Forms 990-PF, 990-T, 4720, or 6069	enter an	refundable credits and	Ja	Ψ			
	stimated tax payments made. Include any prior year overp			Зb	\$	0.		
c B	alance due. Subtract line 3b from line 3a. Include your pa	yment witl	h this form, if required, by					
u	sing EFTPS (Electronic Federal Tax Payment System). See	e instructio	ns.	3c	\$	0.		
Cautio instruct	n: If you are going to make an electronic funds withdrawal ions.	(direct det	bit) with this Form 8868, see Form 84	153-TE and	d Form 8879	TE for payment		
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ictions.		Form 8	868 (Rev. 1-2022)		

223841 04-01-22

	ASBURY ATLANTIC, INC.	52-0607956	Page 2
'aı	rt III Statement of Program Service Accomplishments		X
	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:		A
	OUR MISSION IS EXPLORING POSSIBILITIES TO LIVE YOUR	BEST LIFE BY DOI	NG
	ALL THE GOOD WE CAN WITH INTEGRITY, TRANSPARENCY AND	GRACE.	
	Did the organization undertake any significant program services during the year which were not listed or	n the	
	prior Form 990 or 990-EZ?		XNo
	If "Yes," describe these new services on Schedule O.		
	Did the organization cease conducting, or make significant changes in how it conducts, any program se	ervices? Yes	X No
	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program serv	vices as measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations		
	revenue, if any, for each program service reported.		
) (Revenue \$ 53,488,	047.)
	SKILLED NURSING FACILITIES: OPERATION OF 4 SKILLED NURSING FACILITIES (SNF'S) FO	ס העד אמים אדתע	383
	TOTAL BEDS PROVIDING 128,209 DAYS OF SERVICE IN 2022		
	CONTRACTUAL ALLOWANCES WERE PROVIDED TO RESIDENTS OF		
	(Code:) (Expenses \$59,208,292. including grants of \$528,978.) (Revenue \$ 85,284,	362.)
	RESIDENTIAL LIVING FACILITIES:	· · · ·	
	OPERATION OF 1,676 RESIDENTIAL LIVING UNITS FOR THE		
	535,976 DAYS OF SERVICE IN 2022. \$528,978 OF BENEVO		110
	\$299,516 OF CONTRACTUAL ALLOWANCES WERE PROVIDED TO RESIDENTS DURING 2022. ALSO PROVIDED HEALTH AND WELL		
	AND SERVICE TO RESIDENTS.	INESS FROGRAMMING	r
	(Code:) (Expenses \$ 27,967,094. including grants of \$ 2,507,291.) (Revenue \$ 31,230,	010
	(Code:) (Expenses \$27,967,094. including grants of \$2,507,291. ASSISTED LIVING FACILITIES:) (Revenue \$) (Rev	919.)
	OPERATION OF 4 ASSISTED LIVING FACILITIES FOR THE AG	ED WITH 292 TOTA	L
		07,291 OF	
	BENEVOLENT CARE AND \$1,320,554 CONTRACTUAL ALLOWANC	ES WERE PROVIDED	TO TO
	THE ASSISTED LIVING RESIDENTS IN 2022.		
	Other program services (Describe on Schedule O.)	١	
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 138,872,500.)	
		Form	990 (2022)
12	2 12-13-22		. ,
	3		
l	10 131839 A421014 2022.05000 ASBURY ATI	LANTIC, INC.	A4210

2022.05000 ASBURY ATLANTIC, INC.

	990 (2022) ASBURY ATLANTIC, INC. 52-060	7956	F	age 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	. 2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	t 🗌		
	during the tax year? If "Yes," complete Schedule C, Part II		х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
· ·	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part	/ 6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	' 		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0		8		x
•	Schedule D, Part III	°		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		⊢ ^
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		x	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	. 10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	<u>11a</u>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	. <u>11b</u>		X X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	. <u>11c</u>		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX		-	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	. 11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	. 11 f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	. 12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	· · ·	1	<u></u>
10		18		x
10	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			<u> </u>
19				v
00	complete Schedule G, Part III			X X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>			
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	. 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	_ 21	000	X
232003	3 12-13-22	Form	1 990	(2022)

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Part IV Checklist of Required Schedules footbased 22 Dot the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part IX. Count MJ, Imic 21: "Yes," compares Schedule / Part I and III 22 33 Dot the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part IX. Count MJ, Imic 21: "Yes," compares Schedule / Mice Mark III. 23 34 Dot the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part IX. Count Mice Mark III. 24 35 Dot the organization report more than assistance to a for more than \$100.000 as or the Schedule / Two; more other \$2. 246 36 Dot the organization more any proceeds of tax-owner thoods beyond a temporary period secoption? 246 36 Dot the organization more any concervo accuro other than andwinding starwy time during the year? 246 37 Za Schedule / Two; more other \$2. 246 37 Za Schedule / Two; more other \$3.000.000 or grants on other sector schedule for the organization report as concervace count of the organization are need to a schedule / Two; more other \$3.000.000 or grants of the organization report as concervace count of the organization are need to any comment on than \$4.000 or grants of the organization is port sector schedule / Part II 256 26 X <td< th=""><th>Form</th><th>990 (2022) ASBURY ATLANTIC, INC. 52-0</th><th><u>5079</u></th><th>956</th><th>Р</th><th>age 4</th></td<>	Form	990 (2022) ASBURY ATLANTIC, INC. 52-0	<u>5079</u>	956	Р	age 4
22 Did the organization report more than 55.000 of grants or other assistance to or for domestic individuals on Part K, clowney K, complete Schedule / Part I and I 22 X 23 Did the organization asswer 'Yes' to Part VI, W Sector A, Line 3, 4, or 5, about compensation of the organization is current and former officer, directors, trustees, key employees, and highest componentation of the rough complete Schedule / M 'Yes, 'complete Schedule / Part I. 24 24 Did the organization instain an secrew account of the the na nutratending principal amount of more than 3100,000 as of the same theorem into 24 bit horough 24 did complete Schedule / M 'Yes, 'complete Schedule / M 'Yes, 'complete Schedule / Part I. 246 X 25 Bettie to organization and as an 'on behalt of 'Issue for bords outstanding at any time during the year? 246 X 26 Section Of 10(28), 001(-01, and for lissue for the assemble to massion with a disqualified person in a prory year, and that the transaction hand to be report any amount on Part X, line 5 or 22, for receivables form or payables to any current or former officer, director, trustee, key employee, creator or founder, subtaintial contributor, and the same and and or organization and the sequence to a same and organization and the sequence to a same and the sequence or to a difference. The assemble and the secuence or to a difference trustee, the sequence or to a difference trustee, key employee, creator or founder, subtaintial contributor, and the assemble and the assemble anding controlis and the sequence or to a difference trustee. New emp	Par	t IV Checklist of Required Schedules (continued)				
Part IX, column (A), line 2? (* "res," complete: Schedule /, parts and (*) 22 X 23 Dot the organization asserver to Part VI, Schedul Compensation of the organization sourcet 23 X 243 Dat the organization asserver to Part VI, Schedul C, Parts and VI, Par			r		Yes	No
23 Did the organization answer "Vet" to Park UN, Section A, Ims 3, 4, or 5, about compensation of the organization is current and former officers, direction, trustees, key employee, and highest compensated employees? If "Yes," complete Schedule J, If Yes," to Jin 252 243 Did the organization have a bacevents band base with an outstanding principal amount of more than \$100,000 as of the last digr of the year; that was issued after Decomber 31, 2002? If "Yes," tanser lines 240 through 244 and complete Schedule J, If Yos," to Jin 252 246 X 244 Did the organization matrixin an encore does a structure there than a returned generous at any time during the year? 246 X 245 Did the organization matrixin an encore does benefit transaction benefit to the organization and the intergaged in an excess benefit transaction with a disqualified person of the generation with a disqualified person of park with the transaction has not been reported on any of the generation is pior Forme 900 or 900-E27 // Yes," complete Schedule L, Part I 256 X 250 Did the organization approximation or part x, line 5 or 22, for receivables from or parables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or founder, substantial contributor, or 35% controlled entity or founder, substantial contributor, or approache because the schedule L, Part IV. 260 X 260 U	22					
and tormer officers, directors, trustees, key employees, and highest compensated employees? Hr*ves, * complete 2a X 24a Did the organization have a tax-exampt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the yes, that was issued after. December 31, 2002? If *Yes, * answer inse 2db through 2dd and complete 2da X 24b Did the organization invest any proceeds of tax-exampt bonds beyond a temporary puriod exception? 2da X 25b Exclusion markina an encrow account the thm a refund escow at any time during the year to defease any tax-exempt bonds? 2da X 25b Section \$01(c)(3), \$01(c)(4), and \$01(c)(2d) organizations. Dot the organization engage in an excess benefit transaction with a disqualified period in an excess benefit transaction with a disqualified period in an excess benefit transaction with a disqualified period in an excess benefit transaction with a disqualified period on any of benefor forms 900 or 900-E72 // Yes, * complete Schedule L, Part I 25b X 27 Did the organization provide a grant or the assistance to any or these period? // Yes, * complete Schedule L, Part I 26b X 28 Wast the organization provide a grant or of these assistance to any complex Schedule L, Part I 26b X 27 Did the organization provide a grant or of these assistance to any complex Schedule L, Part IV 26b X 28 Wast the organization inproved and provide provide schedule L, Part IV 26b X 28			·····	22	Х	
Schedule J 23 X 42 Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the schedule K 1 Wo, ¹ go ta line Beamber 31, 2002 // 1*Ke, ¹ ensaver lines 34b through 24d and complete 240 X 24 Did the organization meets any proceeds of tax exempt bonds beyond a temporary period exception? 240 X 240 Did the organization meets any proceeds of tax exempt bonds beyond a temporary period exception? 240 X 240 Did the organization meets any proceeds of tax exempt bonds beyond a temporary period exception? 240 X 240 Did the organization meets any proceeds of tax exempt bonds of tax exempt bonds? 240 X 241 X 246 X 240 X 243 Sector 30(LeQ), 501(4)(4)(4), and 501(260) organizations and the organization any period exception with a disqualified person in a prior year, and that the tansaction has not been reported on any of the organization prior forms 990 or 990(E27). If "res," complete Schedule L, Part I 250 X 250 Did the organization provide any of these spectands to any current or former office, director, trustee, key employse, creator or founder, substantial contributors or 35% controlled entity of taxing meetods or annity member of any of these schedule L, Part I 260 X 261 Did the organization provide angr	23					
24a Ddthe organization have a tax-exempt bond issue with an cutstanding principal amount of more than \$100,000 as of the Schedule K, If 'Wo,' go to line 25a. 24a Ddthe organization invest any proceeded of tax-exempt bonds beyond a temporary period exception? 24a Z b Ddt the organization invest any proceeded of tax-exempt bonds beyond a temporary period exception? 24a Z 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization angle in an excess benefit transaction with a disqualified perion in a prior year, and that the transaction with a disqualified perion during the year? 24a Z 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified perion in a prior year, and that the transaction with a disqualified perion in a prior year, and that the transaction with a disqualified perion in a prior year, and that the transaction with a first or 20, for eaviables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or 35% controlled entity or tanij member of any of these perions? 27 Z X 27 Did the organization specific period					v	
is at day of the year, that was issued after December 31, 2002? If "Yes," enswer lines 24b through 24d and complete 24a X b Dd the organization mixest any proceeds of tax exempt bonds beyond a temporary period exception? 24b X c Dd the organization mixest any proceeds of tax exempt bonds beyond a temporary period exception? 24d X d Dd the organization matrian an escow account other than a refunding escrew at any time during the year? 24d X 25a Section 50(16(3), 601(4)(4), and 601(c)(20) organizations. Du the organization engage in an excess benefit transaction with a disqualified person during the year? 24d X 25a Section 50(16(3), 601(c)(4), and 501(c)(20) organizations. Du the organization is prior Forms 900 or 980 E27. If "Yes," complete Schedule L, Part I 25a X 25 Dd the organization any other tax lengade nam access benefit transaction with a disqualified person during the year? 25b X 26 Dd the organization appet tax lengade nam occess benefit transaction with a disqualified person during the year? 25b X 27 Dd the organization appet tax lengade nam occess benefit transaction with a disqualified person during the year? 25b X 28 Dd the organization appet tax lengade nam occess benefit transaction with a dispuse tax lengade namo sciences transfit and year tax lengade namo year lengation sciences tax lengat	~ ~		····	23	Δ	<u> </u>
Schedule K. If 'We', 'go to kine 25a	24a					
b Del due organization minest any proceeds of tax exempt bonds beyond a temporary period exception? 246 X c Del the organization minitaria an escrow account other than a retunding escrow at any time during the year to defease any tax exempt bonds? 246 X d Del the organization acts an "on behal of" issuer for bonds outstanding at any time during the year? 246 X 25 Section 50(16)(3), 50(16)(4), and 50(16)(29) organizations. Die the organization engage in an excess benefit transaction with a disqualified person during the year? 248 X 25 Die the organization aver that it rengader in an excess benefit transaction with a disqualified person in a prior year, and that the transaction negot any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, truste, key employee, creator or tounder, substantial contributor or a 35% controlled entry or family member dany of these person? // Yes, "complete Schedule L, Part // 26 X 27 Did the organization apert bar dary of these person? // Yes, "complete Schedule L, Part // 26 X 28 Was the organization apert or barnity member dany of these person? // Yes, "complete Schedule L, Part // 28 X 29 Did the organization apert pay to abusine stratoristic resons? // Yes, "complete Schedule L, Part // 28 X 29 Did the organization necelive contributions of at, historical trausaure, or oftens enflice, organization allowerespheres chandule L, Part // 28 X				04-	v	
c Did the organization maintian an escrow account other than a refunding secrow at any time during the year to defease any tax exempt bonds? 246 X 250 Section 501c(3), 501c(14), and 501c(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 246 X 251 Section 501c(3), 501c(14), and 501c(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 1/Yes, 'complete Schedule L, Part I 258 250 Did the organization profest any amount on Part X, line 5 or 22, for reservables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity including an employee thereof, a grant solute assistance to any current or former officer, director, trustee, key employee, creator or founder, a grant solute assistance to any current or former officer, director, trustee, key employee, creator or founder, a grant solute assistance to any current or former officer, director, trustee, key employee, creator or founder, a grant solute assistance to any current or former officer, director, trustee, key employee, creator or founder, a grant solute assistance to any current or former officer, director, trustee, key employee, creator or founder, a grant solute assistance to any current or former officer, director, trustee, key employee, creator or founder, a grant solute assistance to any current or former officer, director, trustee, key employee, creator or founder, a grant solute assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? H 28	h		····		_A	x
any tax-example bonds? 24c X 4 Did the organization act as an 'on behalf of 'Issuer for bonds outstanding at surp time during the year? 24d X 25a Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 11/2 24d X 25a Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 11/2 25a X 25a Did the organization aver that the rengacit and excess benefit transaction with a disqualified person during the year? 11/2 25a X 25a Did the organization aver that the rengacit and excess benefit transaction with a disqualified person in a prior year, and that the transaction that one excess benefit transaction with one can we complete schedule L, Part I 26a X 25a Did the organization apert that the rengacit and excess benefit transaction with one of any of these persons? If 'Yes,' complete Schedule L, Part II 26a X 27 Did the organization apert that a contribution of an any and these persons? If 'Yes,' complete Schedule L, Part II 26a X 28 Was the organization regive thereof, a grant selection committe member, or to a 359k controlled and to organization securits and exceptions; 27a X 29 Mainturb the member of any of these persons? If 'Yes,' complete Schedule L, Part II <td< td=""><td></td><td></td><td>····· </td><td>240</td><td></td><td>- 23</td></td<>			·····	240		- 23
d Did the organization act as an 'on behalf of 'ssuer for bonds outstanding at any time during the year? 24d X 253 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? // 'Yes,' complete Schedule I, Part I 25a 261 bit he organization aware that it engaged in an excess benefit transaction with a disqualified person in a pior year, and that the transaction has not been reported on any of the organization's pior Forms 990 or 990-E27. // 'Yes,' complete Schedule I, Part I 25a X 261 bit he organization provide any of the enganization's pior Forms 990 or 990-E27. // 'Yes,' complete Schedule I, Part II 25a X 270 bit the organization provide agrant or other assistance to any current or form softied, for direct, trustee, key employe, creator or founder, substantial contributor? or employee thereol, a grant selection committee member, or to a 356's controlled entity (including an employee thereol, a grant selection committee member, or to a 356's controlled entity (including an employee, we pmploye, creator or founder, or substantial contributor? // 'Yes,' complete Schedule L, Part II 26 X 280 W as the organization provide thereol of anni/ we employee, creator or founder, a grant selection committee member, or to a 356's controlled entity of one or more individual described or organization receive we prophyce, creator or founder, or substantial contributor? // 'Yes,' complete Schedule L, Part II 27 281 W as the organization receive we prophyce, creator or founder, or substantial contributor? // 'Yes,' complete Schedule L, Part II 28a	U			24c		x
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that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 // *Yes, " complete Schedule I, Part I 25b X 28 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any or these persons? // *Yes,' complete Schedule L, Part II 26 X 27 Did the organization a party to a business transaction with one of the following parties (see the Schedule L, Part II) 27 X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filling thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? // 28 X 28 Did the organization receive more than \$25,000 in non-cash contributions? // *Yes,' complete Schedule L, Part IV 28 X 29 Did the organization receive more than \$25,000 in non-cash contributions? // *Yes,' complete Schedule M 20 X 30 Did the organization receive on thicks of a chanker or than 250 of an enthy disregarded as separate from the organization seavation 30 X 31 X X X X X X 32 Did the organization seave on orthole of an instructure than 250 of the aret asset? // *Yes,' complete Schedule M 20	b					
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or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV, instructions for applicable fling thresholds, conditions, and exceptions): 27 X 28 Was the organization provide described in line 28a? If "Yes," complete Schedule L, Part IV 28a X 29 Did the organization receive more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28a X 29 Did the organization receive contributions of art, historical treasures, or cualified conservation contributions? If "Yes," complete Schedule M, Part I 30 X 31 Did the organization receive contributions of art, historical treasures, or cualified conservation contributions? If "Yes," complete Schedule M, Part I 31 X 33 Did the organization receive and thy disregarded as separate from the organization receive and sub-schedule Schedule R, Part I 31 X 34 Was the organization receive of 120 kins? If "Yes," complete Schedule M, Part I 31 X 35 Did the organization receive and thy disreg	26		····			
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instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? # "Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? # 'Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? # 'Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? # 'Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? # 'Yes," complete Schedule M b A family member of any individual described in non-cash contributions? # 'Yes," complete Schedule M b Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? # 'Yes," complete Schedule M b Did the organization liquidate, terminate, or dissolve and cease operations? # 'Yes," complete Schedule N, Part I b Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? # 'Yes," complete Schedule R, Part I b H 'Yes," to line 35a, did the organization reated to any tax-exempt or taxable entity? If 'Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 b H 'Yes," to line 35a, did the organization make any transfers to an exempt non-chantable related organization? H 'Yes," complete Schedule R, Part V, line 2 b Did the organization complete Schedule R, Part V, line 2 b Did the organization complete Schedule R, Part V, line 2 b Did the organization complete Schedule R, Part V, line 2 b Did the organization complete Schedule R, Part V, line 2 b Did the organization complete Schedule R, Part V, line 2 b Did the organization complete Schedule R, Part V, line 2 b Did the organization complete Schedule R, Part V, line 2 b Did the organization complete Schedule R, Part V, line 2 b Did the organization complete Schedule R, Part V, line 2 b Did the organization		entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		27		X
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30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-29 and 301.7701-37 If "Yes," complete Schedule R, Part I 33 X 34 Was the organization nelated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 36a X 35a Did the organization bave a controlled entity within the meaning of section 512(b)(13)? 36a X 36 Section 501(C)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 37 Did the organization complete Schedule Q and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance 1 1 0 1 X 39 Did the organization compl						
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Par	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		Tes							
	filed for the calendar year ending with or within the year covered by this return	0								
b										
3a										
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	. 4 a		X						
b	If "Yes," enter the name of the foreign country	-								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
-	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	. <u>5c</u>								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	60		x						
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	. <u>6a</u>								
b	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payo	r? 7a		x						
	If "Yes," did the organization notify the donor of the value of the goods or services provided?									
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	. 7e		X						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X						
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C	? <mark>7h</mark>								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
•	sponsoring organization have excess business holdings at any time during the year?	. 8								
9	Sponsoring organizations maintaining donor advised funds.	0-								
a h	Did the sponsoring organization make any taxable distributions under section 4966?			<u> </u>						
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	90								
а	Initiation fees and capital contributions included on Part VIII, line 12 10a									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	_								
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	. 13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans	_								
	Enter the amount of reserves on hand	44-		x						
14a	Did the organization receive any payments for indoor tanning services during the tax year?									
р 15	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> " <i>No</i> ," <i>provide an explanation on Schedule O</i>	14b								
10	excess parachute payment(s) during the year?	15		x						
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x						
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities									
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	. 17								
	If "Yes," complete Form 6069.									
232005	5 12-13-22	Form	9 90	(2022)						

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Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for	a "No" r	respon	se
	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	<u></u>		X
Sec	tion A. Governing Body and Management			
		-	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	6		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			37
	taxable entity during the year?	<u>16a</u>		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
<u></u>	exempt status with respect to such arrangements?	16b		
	tion 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)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own 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, ar	id finand	cial	
	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 - (301)250-2100			
	5285 WESTVIEW DRIVE, FREDERICK, MD 21703		000	
232006	12-13-22 7	Form	9 90	(2022)
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Form 990 (2022)	ASBURY ATLANTIC, INC.	52-0607956	Page 7							
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated										
Employe	ees, and Independent Contractors									
Check if Sc	chedule O contains a response or note to any line in this Part VII		Χ							
Section A. Officers, I	Directors, Trustees, Key Employees, and Highest Compensated Empl	oyees								
	e for all persons required to be listed. Report compensation for the calenda	, .	,							
List all of the orga	anization's current officers, directors, trustees (whether individuals or org	anizations), regardless of amount of compens	ation.							

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

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	Position (do not check more than one					ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation	amount of
	week		cer an	id a di	irecto	r/trus I	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ae	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con	_	1039-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ANDREW JEANNERET	1.00									
TREASURER	39.00			х				0.	574,190.	30,915.
(2) JD SHUMAN	1.00									
FOUNDATION PRESIDENT/CEO	39.00					X		0.	394,915.	18,804.
(3) TODD ANDREWS	2.00									
PRESIDENT/EX-OFFICIO	38.00	Х		Х				0.	373,694.	26,987.
(4) ANDREW JOSEPH	1.00									
SECRETARY	39.00			Х				0.	365,377.	26,987.
(5) MICHELLE POTTER	40.00									
EXECUTIVE DIRECTOR (AMV)	0.00				X			0.	265,666.	26,116.
(6) BRIAN GRUNDUSKY	40.00									~~ ~~~
EXECUTIVE DIRECTOR (SH)	0.00				X			0.	226,536.	23,820.
(7) SUSAN MAYERNICK	40.00								010 054	0 - 111
EVP, FOUNDATION	0.00					X		0.	210,254.	25,111.
(8) KELLY FRIEDMAN	40.00								011 055	00 001
EXECUTIVE DIRECTOR (AS)	0.00				X			0.	211,855.	23,321.
(9) RACHEL KARISH	40.00							•	100 450	01 01 7
ASSOCIATE EXECUTIVE DIRECTOR	0.00					X		0.	198,458.	21,017.
(10) JEANETTE LUKULAY	40.00					37		•	100 040	11 000
NURSE, RN	0.00					X		0.	188,240.	11,226.
(11) JANE GIBSON	40.00				77			0	105 070	E 010
EXECUTIVE DIRECTOR (BV) (12) SUSAN AVITAN	0.00				Х			0.	185,879.	5,218.
SR DIRECTOR FOUNDATION	0.00					x		0.	155,728.	11,356.
(13) JEFFREY ERNICO	2.00							0.	133,720.	11,550.
CHAIR	2.00	x		х				0.	15,000.	0.
(14) MELISSA FORS SHACKLEFORD	2.00			- 23					15,000.	
DIRECTOR	2.00	x						0.	13,750.	0.
(15) EFONDA SPROLES	2.00									
VICE CHAIR	2.00	x		х				0.	10,000.	0.
(16) CHRISTINA CROLL	2.00									
DIRECTOR	2.00	x						0.	6,500.	0.
(17) BARBARA HARBISON	2.00	1								
DIRECTOR	0.00	х						0.	0.	0.
										Form 990 (2022)

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Form 990 (2022)

2022.05000 ASBURY ATLANTIC, INC.

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	990 (2022) ASBURY A								52-0607	956 Page 8
Par	VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	High	nest C	Compensated Employee	s (continued)	
	(A) Name and title	(B) Average hours per week (list any hours for related organizations	box,	not ch unles	s pers	tion nore th son is t rector/t	an one poth an industriant of the second sec	(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related
		below line)	dividua	stitutio	Officer	(ey employee	employee Former			organizations
	RICHARD FINDLEY TOR-LEFT APR 2022	2.00 0.00	ш Х	lns	Of	Ke.	en en	0.	0.	0.
c d	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c) Total number of individuals (including but n	l, Section A	· · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		·····	·····	0 . 0 . 0 . 0 . eceived more than \$100	0. 3,396,042.	0.
4 5	compensation from the organization Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i> ion B. Independent Contractors	uch individual Im of reportable 0,000? <i>If</i> "Yes, accrue compen	e co " <i>co</i> satio	mpe <i>mple</i> on fro	nsat ete S om a	ion a <i>ched</i> any u	nd ot <i>lule J</i> nrelat	her compensation from t for such individual ed organization or indivi	he organization dual for services	0 Yes No 3 X 4 X 5 X
	Complete this table for your five highest co	mpensated ind	epe	nden	it co	ntrac	tors t	hat received more than S	\$100,000 of compensa	ation from
	the organization. Report compensation for t (A) Name and business			ndin DNE		th or	withir	n the organization's tax y (B) Description of s		(C) Compensation
2	Total number of independent contractors (ii \$100,000 of compensation from the organiz	•	ot lin	nited	to t	hose 0	listec	above) who received m	ore than	Form 990 (2022)

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	1 990 i		IC, INC.			52-0607	956 Page 9
Pa	rt VII	Statement of Revenue					
		Check if Schedule O contains a response	or note to any line	<u>e in this Part VIII</u> (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c d e f f <u>g</u>	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f 1g \$ Total. Add lines 1a-1f MEDICARE/MEDICAID PAYMENTS AMORTIZATION OF ENTRANCE FEES	4,096,137. 4,092,898. Business Code 623000 623000 623000	8,189,035. 111153490. 29,386,720. 26,658,335.	111153490. 29386720. 26658335.		
an an	d	OTHER OPERATING REVENUE	623000	2,804,783.	2,804,783.		
Bag	е						
Pro	f	All other program service revenue					
	g	Total. Add lines 2a-2f		170003328.			
	3 4	Investment income (including dividends, intere- other similar amounts) Income from investment of tax-exempt bond p	st, and roceeds	2,351,531.			2351531.
	5 6 a b c	Royalties(i) RealGross rents6aLess: rental expenses6b6b62,076.Rental income or (loss)6c151,978.	(ii) Personal				
	d	Net rental income or (loss)		151,978.			151,978.
		Gross amount from sales of (i) Securities	(ii) Other				
venue		assets other than inventory Less: cost or other basis and sales expenses $7a$ $56, 629, 102.$ The basis Gain or (loss) $7b$ $59, 342, 623.$ The basis $7c$ $-2, 713, 521.$	634,151. 0. 634,151.				
		Net gain or (loss)		-2,079,370.			-2079370.
Other Re		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a					
	с	Net income or (loss) from fundraising events					
		Gross income from gaming activities. See Part IV, line 19 9a					
	0 2	Less: direct expenses9b Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns and allowances <u>10a</u>					
		Less: cost of goods sold 10k Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a		Business Code				
Misc		All other revenue					
_	е	Total. Add lines 11a-11d					
23200	12 9 12-13	Total revenue. See instructions		178616502.	170003328.	0.	424,139. Form 990 (2022)

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ASBURY ATLANTIC, INC. Form 990 (2022) Part IX Statement of Functional Expenses

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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 respor				L
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	3,036,269.	3,036,269.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	57,316,525.	47,425,575.	9,317,785.	573,165
8	Pension plan accruals and contributions (include	1 000 010	1		4.0
	section 401(k) and 403(b) employer contributions)	1,988,919.		339,636.	19,889
9	Other employee benefits	5,170,914.	3,461,744.	1,709,170.	10 010
0	Payroll taxes	4,301,551.	3,600,800.	657,735.	43,016
1	Fees for services (nonemployees):	14 000 100		14 999 100	
а	Management	14,777,180.		14,777,180.	
b	Legal	414,421.		414,421.	
С	Accounting	135,402.		135,402.	
d	, , , , , , , , , , , , , , , , , , , ,				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g		11,197,295.	10,961,568.	235,727.	
~	column (A), amount, list line 11g expenses on Sch O.)	821,612.	10,901,500.	821,612.	
2	Advertising and promotion	4,690,848.	2,864,706.	1,826,142.	
3 4	Office expenses	3,228,156.	51,077.	3,177,079.	
4 5	Information technology Royalties	5,220,150.	51,077.	5,17,075.	
6	Occupancy	6,223,555.	6,223,555.		
7	Travel	144,173.	70,708.	73,465.	
8	Payments of travel or entertainment expenses	/_/			
Ŭ	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest	9,613,615.	9,604,045.	9,570.	
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	27,999,120.	27,889,140.	109,980.	
3	Insurance	1,818,156.		1,818,156.	
4	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 0.)				
а	FOUNDATION ALLOCATION	6,415,470.	6,415,470.		
b	FOOD	6,055,992.	6,053,304.	2,688.	
č	REPAIRS & MAINTENANCE	6,034,312.	5,901,215.	133,097.	
d	TAXES(PROPERTY & OTHER)	4,151,967.	7,564.	4,144,403.	
	All other expenses	4,391,704.	3,676,366.	715,338.	
5		179,927,156.		40,418,586.	636,070
6	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)				

11

2022.05000 ASBURY ATLANTIC, INC.

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(B)
End of year
,090,313.
,228,224.
<u> </u>
,134,419.
· · ·
,913,898.
270,268.
,319,278.
,173,003.
,408,396.
,665,056.
,202,855.
,032,855.
,500,566.
,179,033.
42,552.
,398,814.
,153,820.
,155,020.
,359,189.
,408,224.
,
,950,965.
,202,855.

Form 990 (2022)

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Form	ASBURY ATLANTIC, INC.	52-	0607	956	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	178			
2	Total expenses (must equal Part IX, column (A), line 25)	2	179			
3	Revenue less expenses. Subtract line 2 from line 1	3		,31		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-68	<u>,74</u>	5,5	61.
5	Net unrealized gains (losses) on investments	5	-12	<u>,73</u>	4,9	55.
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	5	,84	0,2	05.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	-76	,95	0,9	65.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis X Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	it			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form 990 (2022)

232012 12-13-22

SCHEDULE A (Form 990)				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.						OMB No. 1545-0047 2022 Open to Public
Internal Revenue Service				Go to www.irs.gov/	Form990 for instructior	ns and the	latest inf	ormation.		Inspection
		the organization	ASBU	RY ATLANTI					5	identification number 2-0607956
Pa	rt I	Reason	or Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The	organ	ization is not a	private founda	ation because it is: (F	For lines 1 through 12, cl	heck only o	one box.)			
1		A church, cor	vention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2		A school dese	cribed in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)				
3		A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical res	earch organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state								
5					lege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in
6		-		Complete Part II.)	antal unit described in	nantion 17	70/h)/1)/A)	6.0		
7	H		· -	-	nental unit described in a ntial part of its support fr				ne deneral r	oublic described in
•		-		omplete Part II.)		onna gove			ie general j	
8		-			(1)(A)(vi). (Complete Par	t II.)				
9		An agricultura	al research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university of	or a non-land-g	rant college of agric	ulture (see instructions).	Enter the 1	name, city	, and state of	the college	or
		university:								
10	X				than 33 1/3% of its supp					
					t to certain exceptions; a					-
				mplete Part III.)	(less section 511 tax) fro		ses acqui	red by the org	janization a	inter Julie 30, 1975.
11					vely to test for public sat	fetv. See	section 50)9(a)(4).		
12		-	-	-	vely for the benefit of, to	•			rry out the	purposes of one or
		-	-	-	d in section 509(a)(1) o	-			•	
		lines 12a thro	ugh 12d that o	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
а		Type I. A su	upporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	pically by	giving
			-		gularly appoint or elect a	majority o	f the direc	tors or truste	es of the su	ipporting
		¬ ~		complete Part IV, Se						
b				•	or controlled in connect anization vested in the sa		• •	0		•
			0	t complete Part IV,		ame perso	ns that co		ye ine supp	Joned
с			. ,	•	g organization operated	in connect	ion with. a	and functional	lv integrate	d with.
). You must complete I				, 0	,
d		Type III no	n-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	zation(s)
					ation generally must sat				an attentiv	/eness
		-	-		nplete Part IV, Sections					
е			•		written determination from			Туре I, Туре	II, Type III	
f	Ente	er the number of			nally integrated supporti					
				about the supporte	d organization(s)					
		(i) Name of suppo		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount or	fmonetary	(vi) Amount of other
		organization			(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
<u>Tota</u>	ıl									

Sch	edule A (Form 990) 2022 A	SBURY ATL	ANTIC, IN	с.		52-060	7956 Page 2
	IT II Support Schedule for				(b)(1)(A)(iv) and	d 170(b)(1)(A)(vi)
	(Complete only if you checked	d the box on line 5	, 7, or 8 of Part I o	r if the organizatio	on failed to qualify	under Part III. If the	organization
	fails to qualify under the tests	listed below, plea	se complete Part I	II.)			
See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
-	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						
10	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part VI.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities,	etc. (see instruction				12	l
13	First 5 years. If the Form 990 is for th	•	,	fourth or fifth tax			
10	organization, check this box and stop						
Se	ction C. Computation of Publi						·····
	Public support percentage for 2022 (I			column (f))		14	%
15	Public support percentage from 2021						%
	33 1/3% support test - 2022. If the o						
	stop here. The organization qualifies					, ,	
b	33 1/3% support test - 2021. If the o		-				
	and stop here. The organization qual					·	
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not o				
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-	-	
b	0 10% -facts-and-circumstances test	-				17a, and line 15 is ⁻	10% or
	more, and if the organization meets th	-					
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	y supported organ	ization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a	and see instructions	

Schedule A (Form 990) 2022

232022 12-09-22

Schedule A (Form 990) 2022 ASBURY ATLANTIC, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1232054.	6369965.	13001834.	9801226.	8189035.	38594114.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	158431181	164912958	164996830	162155886	170003328	820500183
3	Gross receipts from activities that						
-	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
-							
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	159663235	171282923	177998664	171957112	<u>178192363</u>	859094297
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	87,385.	152,911.	9,746.	257,803.	17,644.	525,489.
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.
с	Add lines 7a and 7b	87,385.	152,911.	9,746.	257,803.	17,644.	525,489.
	Public support. (Subtract line 7c from line 6.)						858568808
Sec	tion B. Total Support			•			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	159663235	171282923		171957112	178192363	859094297
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4582700.	4004294.	3507913.	1968534.	2565585.	16629026.
h	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	4500500	1001001	2505010	1000004	0565505	1
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	4582700.	4004294.	3507913.	1968534.	2565585.	16629026.
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.)	164245935	175287217	181506577	173925646	180757948	875723323
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	ic Support Per	centage				
15	Public support percentage for 2022 (I	ine 8, column (f), d	ivided by line 13, o	column (f))		15	98.04 %
16	Public support percentage from 2021	Schedule A, Part	III, line 15			16	98.02 %
Sec	ction D. Computation of Invest	stment Income	Percentage				
17	Investment income percentage for 20)22 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	<u> 1.90 %</u>
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18	<u> 1.92 %</u>
19a	33 1/3% support tests - 2022. If the	organization did n	ot check the box	on line 14, and line	15 is more than 3	3 1/3%, and line 1	
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	upported organiza	tion	X
b	33 1/3% support tests - 2021. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	
20	Private foundation. If the organization	on did not check a l	box on line 14, 19	a, or 19b, check th	is box and see ins	tructions	
23202	3 12-09-22					Schedule A	(Form 990) 2022

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ASBURY ATLANTIC, INC.

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3a

Yes No

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

Section A. All Supporting Organizations

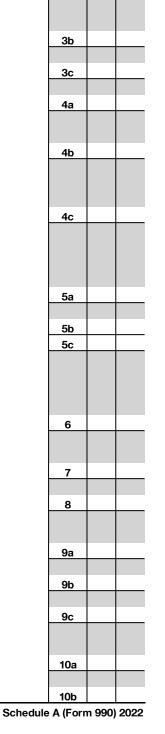
Part IV Supporting Organizations

Schedule A (Form 990) 2022

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

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Par	t IV Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of on	ie or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office	cers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one suppo	orted		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among t			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
			Vr -	NI
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
1	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
-	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	uctions).		
а	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>	,		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	y (see instructic	n <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	<u>2a</u>		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
232025		Schedule A (For	m 990	2022

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Schedule A (Form 990) 2022

	All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.	
Sectio	on 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			
I	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		
Sectio	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
i	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		
С	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
:	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sectio	on C - Distributable Amount			Current Year
1 /	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
	Enter greater of line 2 or line 3.	4		
	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

ASBURY ATLANTIC, INC.

instructions).

Schedule A (Form 990) 2022

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	dule A (Form 990) 2022 ASBURY ATLANT				2-0607956	Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continue	<u>ed)</u>		
Secti	on D - Distributions				Current Ye	ar
1	Amounts paid to supported organizations to accomplish exer	npt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	;	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
_7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	5	(iii) Distributab Amount for 2	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
a	From 2017					
b	From 2018					
с	From 2019					
d	From 2020					
e	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
c	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
<u>a</u>	Excess from 2018					
	Excess from 2019					
C	Excess from 2020					
d	Excess from 2021					
e	Excess from 2022					

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	ASBURY ATLA			52-0607956	Page 8
Part VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section	Drmation. Provide the e 5 1, 2, 3b, 3c, 4b, 4c, 5a, 6 D, lines 2 and 3; Part IV, Se	xplanations required 9a, 9b, 9c, 11a, 11b ection E, lines 1c, 2a,	by Part II, line 10; Part II, line , and 11c; Part IV, Section B, 2b, 3a, and 3b; Part V, line 1, 2b, can be to the part for any c	17a or 17b; Part III, line 12; lines 1 and 2; Part IV, Sectior Part V, Section B, line 1e; Pa	n C,
	Section D, lines 5, 6, ar (See instructions.)	iu o; and Part V, Section E	, iines 2, 5, and 6. Al	so complete this part for any a	uuitional information.	
32028 12-09-2	2				Schedule A (Form	990) 202
			21			
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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

52-0607	956
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ASBURY	ATLANTIC,	INC

Organization type (check or	ne):
Filers of:	Section:
Form 990 or 990-EZ	\fbox 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

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

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

Schedule B (Form 990) (2022)

_

Name of organization

Employer identification number

ASBURY ATLANTIC, INC.

52-0607956

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 1</u>		\$ <u>4,092,898.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>4,096,137.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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Schedule B (Form 990) (2022)	Page 3
Name of organization	Employer identification number
ASBURY ATLANTIC, INC.	52-0607956
Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed	d.

No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	

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Schedule B (Name of orga	Form 990) (2022)				Page • Employer identification number
Name of orga					
	ATLANTIC, INC.				52-0607956
	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, co Use duplicate copies of Part III if additional s	through (e) and the followin charitable, etc., contributions of \$	a line entry. For or	ganizations	· · · ·
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Desc	cription of how gift is held
		(e) Transf	er of gift		
-	Transferee's name, address, a	nd ZIP + 4	R(elationship of tra	nsferor to transferee
(a) No. from	(h) Dumpers of sift				
Part I	(b) Purpose of gift	(c) Use of g	μπ	(d) Desc	ription of how gift is held
	Transferee's name, address, a	(e) Transf		elationship of tra	nsferor to transferee
-					
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Desc	cription of how gift is held
-					
	Transferee's name, address, a	(e) Transf	-	elationship of tra	nsferor to transferee
-					
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Desc	ription of how gift is held
-					
		(e) Transf	er of gift		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee
-					
223454 11-15-22	2				Schedule B (Form 990) (2022

15121110 131839 A421014

25 2022.05000 ASBURY ATLANTIC, INC. A4210141

SCHEDULE C	Po	litical Campaign	and Lobbyin	ng Activities	OMB No. 1545-0047
(Form 990)	For Orga	anizations Exempt From Incon	ne Tax Under section	501(c) and section 527	2022
Department of the Treasury nternal Revenue Service	Complete i	f the organization is described to www.irs.gov/Form990 for	below. Attach to F	Form 990 or Form 990-I	
the organization answ	vered "Yes," on	Form 990, Part IV, line 3, or F	orm 990-EZ, Part V, li	ne 46 (Political Campai	gn Activities), then
		plete Parts I-A and B. Do not co	•		_
		1(c)(3)) organizations: Complete	Parts I-A and C below	. Do not complete Part I-	В.
 Section 527 organization 	•	Form 990, Part IV, line 4, or F	orm 990-E7 Dart VI I	ine 47 (Lobbying Activit	tios) then
		ave filed Form 5768 (election u			
		ave NOT filed Form 5768 (elect			
the organization answ	vered "Yes," on	Form 990, Part IV, line 5 (Pro>	xy Tax) (See separate	instructions) or Form 9	90-EZ, Part V, line 35c (Proxy
ax) (See separate instr	••				
• Section 501(c)(4), (5)	, or (6) organizati	ons: Complete Part III.			
lame of organization				E	mployer identification number
Part I-A Comple		ATLANTIC, INC. anization is exempt und	r section $501(c)$	or is a section 527	52-0607956
					organization.
1 Provide a descriptio	n of the organiz	ation's direct and indirect politic	al campaign activities	in Part IV	
 Political campaign a 					\$
		n activities			
Part I-B Comple	ete if the org	anization is exempt und	er section 501(c)(3).	
1 Enter the amount of	fany excise tax i	ncurred by the organization und	ler section 4955		\$
		ncurred by organization manage			
		1 4955 tax, did it file Form 4720			
b If "Yes," describe in Part I-C Comple		anization is exempt und	or contion 501(a)	avaant coation 50	1(0)(3)
		by the filing organization for se zation's funds contributed to ot			\$\$
exempt function act			8		\$
•		Add lines 1 and 2. Enter here a			Ψ
line 17b				,	\$
		1120-POL for this year?			
		ployer identification number (El			
		ion listed, enter the amount pai			
	-	mptly and directly delivered to a			arate segregated fund or a
•	. ,	dditional space is needed, prov	1		
(a) Name		(b) Address	(c) EIN	(d) Amount paid fro filing organization' funds. If none, enter	s contributions received an

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

Schedule C (Form 990) 2022

232041 11-08-22

Schedule C (Form 990) 2022	ASBUR	Y ATLA	NTIC, INC.		52-0)607956 Page 2
Part II-A Complete if the orga	anizatio	on is exen	npt under section	n 501(c)(3) and file	d Form 5768 (el	ection under
section 501(h)).						
				n Part IV each affiliated	group member's nam	ie, address, EIN,
B Check if the filing organizat		, ,	nd "limited control" pro	ovisions apply		
B Check if the filing organizat				ovisions apply.	(a) Filing	(b) Affiliated group
		bying Expen neans amou	nditures Ints paid or incurred.)	organization's totals	totals
1a Total lobbying expenditures to influ	ence pub	lic opinion (grassroots lobbying)			
b Total lobbying expenditures to influ	ience a le	gislative boo	ly (direct lobbying)			
c Total lobbying expenditures (add lir						
d Other exempt purpose expenditure						
e Total exempt purpose expenditures			,			
f Lobbying nontaxable amount. Ente	•					
If the amount on line 1e, column (a) or			bying nontaxable am			
Not over \$500,000	(-)		the amount on line 1e			
Over \$500,000 but not over \$1,000	000		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,50			00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,0			00 plus 5% of the exce			
Over \$17,000,000	500,000	\$1,000,				
		ψ1,000,	000.			
g Grassroots nontaxable amount (ent	or 25% of	fling 1f)				
h Subtract line 1g from line 1a. If zero		,				
j If there is an amount other than zer			ling 1; did the organiz			
reporting section 4911 tax for this						Yes No
			eraging Period Under	Soction 501(b)		
(Some organizations th	at made			• •	f the five columns h	elow
			ate instructions for li			
	Lob	bvina Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a)	2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount						-
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Crassroots postsychia amagint						
d Grassroots nontaxable amount						
 Grassroots ceiling amount (150% of line 2d, column (e)) 						
f Grassroots lobbying expenditures						

Schedule C (Form 990) 2022

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Schedule C (Form 990) 2022	ASBURY	ATLANTIC,	INC.

Schedule C (Form 990) 2022 ASBURY ATLANTIC, INC. 52-000/9 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(8	a)	(b)
	e lobbying activity.	Yes	No	Amo	ount
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:				
а	Volunteers?		Х		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х		
	Media advertisements?		Х		
	Mailings to members, legislators, or the public?		Х		
	Publications, or published or broadcast statements?		Х		
	Grants to other organizations for lobbying purposes?		Х		
q	Direct contact with legislators, their staffs, government officials, or a legislative body?		Х		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
	Other activities?	Х		5	,943.
	Total. Add lines 1c through 1i				,943.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		х	-	1
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5). or sec	tion	
	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	Did the organization agree to carry over lobbying and political campaign activity expenditures from th				
	t III-B Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), or sec	tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				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).				
а	Current year		2a		
b	Carryover from last year				
с					
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions				
Par					
	de 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.	Δ lines 1 a	nd 2 (See	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.	113t), i art ii	A, 11103 T a		
	RT II-B, LINE 1, LOBBYING ACTIVITIES:				
- 11	TIE, EIGEL, EODDIEGO ACITVILLO.				
AE	ORTION OF ASBURY ATLANTIC'S DUES TO LEADINGAGE WERE	FOR U	JSED F	OR	
AD۱	OCACY ISSUES RELATED TO RESIDENTIAL AND HEALTHCARE	SERVIC	CES FO	R THE	
AGE					

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Schedule C (Form 990) 2022

232043 11-08-22

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Form 990)	Complete if the org Part IV, line 6, 7, 8, 9, 1	al Financial Statements anization answered "Yes" on Form 990, 0, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		OMB No. 1545-0047
Department of the Treasury nternal Revenue Service		Attach to Form 990. 90 for instructions and the latest information	on.	Inspection
Name of the organizat				er identification number
Part I Organiz	ASBURY ATLANTIC, I	ed Funds or Other Similar Funds or		52-0607956
	on answered "Yes" on Form 990, Part IV, li		Accounts.	Complete li the
		(a) Donor advised funds	(b) Funds a	nd other accounts
1 Total number at e	end of year			
	of contributions to (during year)			
	of grants from (during year)			
	at end of year			
5 Did the organizat	ion inform all donors and donor advisors in	writing that the assets held in donor advised	funds	
are the organizat	ion's property, subject to the organization's	s exclusive legal control?		🗌 Yes 📃 No
•	C	advisors in writing that grant funds can be us		
	•	or donor advisor, or for any other purpose co	0	
impermissible pri	vate benefit?		·····	. Yes No
		rganization answered "Yes" on Form 990, Pa	rt IV, line 7.	
	nservation easements held by the organizat		historically income	
	on of land for public use (for example, recreation of natural habitat		, ,	
	on of open space	Preservation of a	centilied historic	structure
		lified conservation contribution in the form of	a conservation	easement on the last
day of the tax yea				d at the End of the Tax Yea
a Total number of c	conservation easements		2a	
c Number of conse		ructure included in (a)		
d Number of conse	ervation easements included in (c) acquired	after July 25,2006, and not on a		
historic structure	listed in the National Register		2d	
	ervation easements modified, transferred, re			na the tax
		eleased, extinguished, or terminated by the or	ganization duni	ig the tax
year		eleased, extinguished, or terminated by the or	rganization duni	
year 4 Number of states	s where property subject to conservation ea	asement is located1_	ganization duni	
year 4 Number of states 5 Does the organiz	s where property subject to conservation ea ation have a written policy regarding the pe	asement is located1_ eriodic monitoring, inspection, handling of	ganization duni	
 year Number of states Does the organiz violations, and er 	where property subject to conservation ea ation have a written policy regarding the pe nforcement of the conservation easements	asement is located1_ eriodic monitoring, inspection, handling of it holds?		🗌 Yes 🛛 🗴 No
 year Number of states Does the organiz violations, and er 	where property subject to conservation ea ation have a written policy regarding the pe nforcement of the conservation easements	asement is located1		🗌 Yes 🛛 🗴 No
 year Number of states Does the organiz violations, and er Staff and volunte 	where property subject to conservation ea ation have a written policy regarding the pen inforcement of the conservation easements eer hours devoted to monitoring, inspecting	asement is located <u>1</u> eriodic monitoring, inspection, handling of it holds? , handling of violations, and enforcing conser	vation easemen	Yes X No
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Sche	dule D (Form 990) 2022 ASBURY	ATLANTIC, I	INC.			5	52-06	07956	Pa	<u>.ge</u> 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or (Other S	imilar	Assets	(continu	ued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that n	nake signi	ificant us	se of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	hange program	า					
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization	's exempt	purpos	e in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	sures, or other	similar as	sets				
	to be sold to raise funds rather than to be ma	aintained as part of th	e organization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Comple	te if the organizatio	n answered "Y	es" on Fo	rm 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contributions	s or other asse	ts not incl	uded				
	on Form 990, Part X?						🗆	Yes	X	No
b	If "Yes," explain the arrangement in Part XIII									
								Amount		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f		7		
	Did the organization include an amount on Fo				•	·····	<u>X</u>	Yes		No
	If "Yes," explain the arrangement in Part XIII.								X	
Par	t V Endowment Funds. Complete i	, , , , , , , , , , , , , , , , , , ,				Thropy	ara baak	(a) Four	voorok	
		(a) Current year	(b) Prior year	(c) Two years 28,225,				(e) Four		
1a	Beginning of year balance	31,778,226.	28,013,051.	20,223,	/90.	27,41	.6,713.	25,	719,3	
b	Contributions	1 726 920	2 765 175	212	720		0 077	1	607 /	110
C	Net investment earnings, gains, and losses	1,736,830.	3,765,175.	-212,	739.	80	9,077.	<u> </u>	697,4	112.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses		21 550 226	00.010	0.5.1		F 700	07	410 5	71 2
g	End of year balance	33,515,056.	31,778,226.		051.	28,22	25,790.	27,	416,7	13.
2	Provide the estimated percentage of the curr	-)) held as:						
a	Board designated or quasi-endowment	.0000	_%							
b	Permanent endowment 100	%								
С		%								
-	The percentages on lines 2a, 2b, and 2c show									
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	nd administered	d for the			Г	Yes	
	organization by:								res	No X
	(i) Unrelated organizations							3a(i)	v	<u> </u>
	(ii) Related organizations							3a(ii)	X X	
D	If "Yes" on line 3a(ii), are the related organiza							3b	A	
Par	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		vment funds.							
	Complete if the organization answered		. Part IV. line 11a. S	ee Form 990. F	Part X. line	e 10.				
	Description of property	(a) Cost or of		or other	(c) Accı		4	(d) Book	value	
	Description of property	basis (investm	• • •	(other)		ciation		(u) Book	vulue	
- 1a	Land			2,123.			1	9,902	,12	3.
b	Buildings			7,696.2	73.57	5.49				
	Leasehold improvements				16,09			1,443		
d	Equipment		165,53		97,59			7,938		
	Other			6,757.	7 - 2	-,_•			,75	
	. Add lines 1a through 1e. (Column (d) must e							5,173		
		<u></u>						D (Form		

Schedule D (Form 990) 2022 ASBURY ATLAN Part VII Investments - Other Securities.	TIC, INC.	52	2-0607956 Page
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E) (F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n 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 er	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7) (8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) D	Description		(b) Book value
(1) INTEREST IN NET ASSETS OF	FOUNDATION		33,001,348
(2) DEFERRED MARKETING COSTS			450,960
(3) OTHER RECEIVABLE			267,718
(4) DUE FROM ACOMM			76,455,376
(5) DEPOSITS AND OTHER ASSETS			42,570
(6) RIGHT OF USE ASSETS			1,919,458
(7) VALUATION OF DERIVATIVE IN	STRUMENTS		2,527,626
(8)			
(9) otal. (Column (b) must equal Form 990, Part X, col. (B) line	15)		114,665,056
Part X Other Liabilities.	15.)		114,005,050
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	5.
(a) Description of liability	, , , ,	, , , , , <u>-</u>	(b) Book value
(1) Federal income taxes			
(2) REFUNDABLE FEES			7,971,187

(2) REFUNDABLE FEES	7,971,187.
(3) OBLIGATION-DEFERRED GIVING	222,627.
(4) CONTINGENT REFUNDABLE ENTRANCE FEE	153,326,114.
(5) RESIDENT DEPOSITS	3,990,871.
(6) LEASES PAYABLE	1,888,015.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	167,398,814.

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

Schedule D (Form 990) 2022

	dule D (Form 990) 2022 ASBURY ATLANTIC, INC. t XI Reconciliation of Revenue per Audited Financial Stateme		th Revenue per Re		0607956	Page 4
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	•				400
1				1	164,651,	,422.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1				
а	Net unrealized gains (losses) on investments		-12,734,955.	<u>_</u>		
b	Donated services and use of facilities			_		
С	Recoveries of prior year grants			_		
d	Other (Describe in Part XIII.)	2d	2,803,936.	,		
е	Add lines 2a through 2d			2e	-9,931,	
3	Subtract line 2e from line 1			3	174,582,	,441.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a				
b	Other (Describe in Part XIII.)	4b	4,034,061.	,		
с	Add lines 4a and 4b			4c	4,034,	<u>,061.</u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	178,616,	<u>,502.</u>
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents W	ith Expenses per	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			_	•	
1	Total expenses and losses per audited financial statements			1	172,856,	<u>,826.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
с	Other losses					
d	Other (Describe in Part XIII.)		-4,034,061.	,		
е	Add lines 2a through 2d			2e	-4,034,	,061.
3	Subtract line 2e from line 1			3	176,890,	,887.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b	3,036,269.			
с	Add lines 4a and 4b			4c	3,036,	,269.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	179,927,	.156.
	Total expenses. Add lines 3 and 40. (This must equal Form 990. Part I. line 18.)	<u></u>		•	/ /	

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.

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52-0607956 Page 5 ASBURY ATLANTIC, INC. Schedule D (Form 990) 2022 Part XIII Supplemental Information (continued)

PART V, LINE 4:

THE PRIMARY 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 IRC 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 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.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 ASBURY ATLANTIC, INC. Part XIII Supplemental Information (continued)	52-0607956 Page 5
THE COMPANY'S INCOME TAX RETURNS ARE SUBJECT TO REVIEW AND	EXAMINATION BY
FEDERAL, STATE, AND LOCAL AUTHORITIES. THE COMPANY IS NOT A	WARE OF ANY
ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX-EXEMPT STATUS.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
NET UNREALIZED GAINS ON CHANGE IN MARKET VALUE OF	
DERIVATIVE INSTRUMENTS	2,828,867.
CHANGE IN VALUE OF OBLIGATIONS UNDER CHARITABLE GIFT	
ANNUITIES	-16,966.
BENEVOLENT CARE	-3,036,269.
CHANGE IN BENEFICIAL INTEREST IN NET ASSETS OF FOUNDATION	3,423,554.
TRANSFERS TO ACOMM	-395,250.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	2,803,936.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
RENT EXPENSES	-62,076.
FOUNDATION ALLOCATION REVENUE NETTED WITH EXPENSES ON FS	4,096,137.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	4,034,061.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RENTAL EXPENSES	62,076.
	-4,096,137.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
BENEVOLENT CARE	3,036,269.
	Schedule D (Form 990) 2022

SCHEDU (Form 990	0)	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. rnal Revenue Service Go to www.irs.gov/Form990 for the latest information.							Open to Public Inspection	
Name of t	he organization ASBURY AT	LANTIC, I	NC.					Employer identification number 52-0607956	
Part I	General Information on Grants a								
crite	es the organization maintain records eria used to award the grants or assi	stance?	-			-			
2 Des Part II	Grants and Other Assistance to recipient that received more than	Domestic Organiz	ations and Domestic	Governments.	Complete if the org	anization answered "Y	′es" on Form 990, Parl	t IV, line 21, for any	
1 (a)	Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash 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) 2022

Schedule I (Form 990) 2022 ASBURY ATLANT	IC, INC.				52-0607956	Page
Part III Grants and Other Assistance to Domestic Individu Part III can be duplicated if additional space is neede	als. Complete if the	e organization answe	ered "Yes" on Form 9	90, Part IV, line 22.		
(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	60	3,036,269.	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 SEEKING BENEVOLENT CARE FINANCIAL SUPPORT MUST COMPLETE AN

APPLICATION WHICH SHALL BE REVIEWED IN ACCORDANCE WITH BENEVOLENT CARE

POLICIES AND PROCEDURES, WHICH MAY BE REVISED FROM TIME TO TIME.

BENEVOLENT CARE SUPPORT IS DEPENDENT UPON MEETING SPECIFIC REQUIREMENTS AND

THE ORGANIZATION'S ABILITY TO PROVIDE FINANCIAL AID.

DOCUMENTS RELATED TO BENEVOLENT CARE APPLICATION/REDETERMINATION AND

ON-GOING MANAGEMENT WILL BE MAINTAINED ON-SITE UNTIL THE END OF THE

Schedule I (Form 990) ASBURY ATLANTIC, INC.	52-0607956 Page 2
Part IV Supplemental Information	
CALENDAR YEAR IN WHICH THE RESIDENT IS NO LONGER RECEIVING	ASSISTANCE FROM
BENEVOLENT CARE. THEREAFTER THE RECORDS WILL BE MAINTAINED	FOR FIVE (5)
YEARS, EITHER ON-SITE OR IN STORAGE IN ACCORDANCE WITH THE	RECORDS
MANAGEMENT PROGRAM.	
	Schedule I (Form 990)
232291 04-01-22	

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(Form 990) For catala Officers, Directors, Trustees, Key Employees, and Highest Composite of Employee (and Highest Composite of Employee) of Early, line 23. Attach to Form 990. And to to form 990. Barl IV, line 23. Attach to Form 990. The ASBURY ATLANTC, INC. Employer identification number 52 - 06 07 95 6 Part I Questions Regarding Compensation Employer identification number 52 - 06 07 95 6 Imployer identification number 52 - 06 07 95 6 Part VII, Saction A, line 1a. Complete Part III to provide any of the following to or for a personal test on Form 990. Part VII, Saction A, line 1a. Complete Part III to provide any relevant information regarding these tares. Imployer identification number 52 - 06 07 95 6 I and memilication and grossup payments Health or social cub dues or infinition fees Imployer identification number 52 - 06 07 95 6 I any of the boxes on line 1a are checked, did the organization policy regarding payment or reinfoursement or provision of all of the expenses described above? If No.' complete Part III to explain number to provision on all of the expenses described above? If No.' complete Part III to explain number 52 - 06 07 95 6 3 Indicate which, if any, of the following the organization negure substantiation prior to reinbursing or allowing expenses incurred by all directors, trustees, and offices, inclusing the crassing above? If No.' complete Part III to explain negative assertantiation prior to reinbursing or allowing expenses incurred by all directors,	SCHEDULE J	Compensation Information		OMB No. 1	545-004	47
Description Complete if the organization answered "Yes" on Form 990, Part IV, line 23. <u>Action to rear 900.</u> Co to www.ins.gov/Form990 for instructions and the latest information. Depart IV, line 23. <u>Inspection</u> Name of the organization ASBURY ATLANTIC, INC. Employer identification number 52–0507956 Part I Questions Regarding Compensation Check the appropriate box(se) if the organization provided any relevant information regarding these items. <u>First class</u> or charter travel Tax indemnification and gross-up payments <u>Discretionary sponding account</u> <u>Payments for boxiness use of personal uses <u>Payments for boxiness use of personal uses</u> <u>Discretionary sponding account</u> <u>Payments for boxiness use of personal residence <u>Tax indemnification and gross-up payments</u> <u>Payments for boxiness use of personal residence <u>Tax indemnification and gross-up payments</u> <u>Payments for boxiness use of personal residence <u>Tax indemnification and gross-up payments</u> <u>Payments for boxiness use of personal residence <u>Tax indemnification and gross-up payments</u> <u>Payments for boxiness use of personal residence <u>Tax indemnification and gross-up payments</u> <u>Payments for boxiness use of personal residence <u>Tax indemnification requires used and account</u> <u>Payments for boxines grows in the taxes</u> <u>Did the organization provide awy referses incurred by all directors, trustees, and officars, including the CEOFExecutive Director, the explain Part III. <u>Xi compensation or the CEOFExecutive Director, but explain Part III.</u> <u>Xi Approval by the b</u></u></u></u></u></u></u></u></u>	(Form 990)			20	22)
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Part I Questions Regarding Compensation Yes No ************************************	Name of the organizat					mber
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1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. — First-Liss or charter travel — Travel for companions — First-Liss or charter travel — Travel for companions — Payments for business use of personal use — Travel for companions — Payments for business use of personal use — Travel for companions — Payments for business use of personal use — Travel for companions — Payments for business use of personal use — Discretionary spending account — Personal services (such as maid, chauffeur, cheft) 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 10					N.	
Part VII, Section A, Ine 1a. Complete Part III to provide any relevant information regarding these items. Image: Comparison of Comparison	to Chack the approx	priote bey(ac) if the examination provided any of the following to ar far a person listed on Ferm	000		Yes	NO
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a Receive a severance payment or change-of-control payment? 4a X b Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X c Participate in or receive payment from an equity-based compensation arrangement? 4c X lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c X 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: 5a X a The organization? 5a X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 5b X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X 5b X b Any related organization? 6a X 5b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 5c 7 X b Any related organization? 6a X 5c 7 X<	4 During the year, o	lid any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
b Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X c Participate in or receive payment from an equity-based compensation arrangement? 4c X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c X 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: 5a X a The organization? 5a X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 6a X 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: 5b X a The organization? 6a X 6b X if "Yes" on line 6a or 6b, describe in Part III. 7 X 8 X 7 Exercise in Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VI	organization or a	related organization:				
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. 4c X 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: 5a X a The organization? If "Yes" on line 5a or 5b, describe in Part III. 5b X 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: 5b X a The organization? 5b X if "Yes" on line 6a or 6b, describe in Part III. 6a X 6 Ax 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 X X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 I <td>a Receive a severa</td> <td>nce payment or change-of-control payment?</td> <td></td> <td> 4a</td> <td></td> <td></td>	a Receive a severa	nce payment or change-of-control payment?		4 a		
If "Yes" to any of lines 4a.c, list the persons and provide the applicable amounts for each item in Part III. Image: Contract Content Contend Contract Contract Contract Contract Cont	b Participate in or r	eceive payment from a supplemental nonqualified retirement plan?		4b	X	L
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? ff "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:				4c		
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: 5a X a The organization? 5b X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X contingent on the net earnings of: 6b X a The organization? 6b X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 7 X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" on line 8, did the organization also fo	If "Yes" to any of	lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
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: 5a X a The organization? 5b X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X contingent on the net earnings of: 6b X a The organization? 6b X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 7 X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" on line 8, did the organization also fo						
contingent on the revenues of: 5 5 a The organization? 5 X b Any related organization? 5 X If "Yes" on line 5a or 5b, describe in Part III. 5 X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X f "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 I						
a The organization? 5a X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 5b X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X 6b X b Any related organization? 6b X 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9			n			
b Any related organization? 5b X If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 I	•			_		v
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 7 For persons listed on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?						
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: 6 X a The organization? 6a X b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9				50		
contingent on the net earnings of: 6a X a The organization? 6b X b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9			2			
a The organization? 6a X b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 I	-		n			
b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9				60	x	
If "Yes" on line 6a or 6b, describe in Part III. 7 7 8 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?						
 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 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 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 					23	
not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9						
 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)? 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 				7		x
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9						
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	-			R		x
Regulations section 53.4958-6(c)?						
				9		
					n 990)) 2022

232111 10-18-22

Schedule J (Form 990) 2022 ASBURY ATLANTIC, INC.

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.

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ANDREW JEANNERET	(i)	0.	0.	0.	0.	0.	0.	0.
TREASURER	(ii)	393,912.	94,099.	86,179.	14,729.	16,186.	605,105.	0.
(2) JD SHUMAN	(i)	0.	0.	0.	0.	0.	0.	0.
FOUNDATION PRESIDENT/CEO	(ii)	296,614.	59,752.	38,549.	5,038.	13,766.	413,719.	0.
(3) TODD ANDREWS	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT/EX-OFFICIO	(ii)	317,651.	55,313.	730.	12,675.	14,312.	400,681.	0.
(4) ANDREW JOSEPH	(i)	0.	0.	0.	0.	0.	0.	0.
SECRETARY	(ii)	308,588.	55,444.	1,345.	10,469.	16,518.	392,364.	0.
(5) MICHELLE POTTER	(i)	0.	0.	0.	0.	0.	0.	0.
EXECUTIVE DIRECTOR (AMV)	(ii)	245,439.	19,112.	1,115.	10,359.	15,757.	291,782.	0.
(6) BRIAN GRUNDUSKY	(i)	0.	0.	0.	0.	0.	0.	0.
EXECUTIVE DIRECTOR (SH)	(ii)	201,364.	24,886.	286.	10,009.	13,811.	250,356.	0.
(7) SUSAN MAYERNICK	(i)	0.	0.	0.	0.	0.	0.	0.
EVP, FOUNDATION	(ii)	175,844.	34,165.	245.	6,587.	18,524.	235,365.	0.
(8) KELLY FRIEDMAN	(i)	0.	0.	0.	0.	0.	0.	0.
EXECUTIVE DIRECTOR (AS)	(ii)	185,539.	25,921.	395.	8,714.	14,607.	235,176.	0.
(9) RACHEL KARISH	(i)	0.	0.	0.	0.	0.	0.	0.
ASSOCIATE EXECUTIVE DIRECTOR	(ii)	189,701.	8,600.	157.	8,677.	12,340.	219,475.	0.
(10) JEANETTE LUKULAY	(i)	0.	0.	0.	0.	0.	0.	0.
NURSE, RN	(ii)	187,291.	809.	140.	0.	11,226.	199,466.	0.
(11) JANE GIBSON	(i)	0.	0.	0.	0.	0.	0.	0.
EXECUTIVE DIRECTOR (BV)	(ii)	167,298.	17,647.	934.	2,579.	2,639.	191,097.	0.
(12) SUSAN AVITAN	(i)	0.	0.	0.	0.	0.	0.	0.
SR DIRECTOR FOUNDATION	(ii)	134,267.	20,756.	705.	3,459.	7,897.	167,084.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

Page **2**

52-0607956

Schedule J (Form 990) 2022 ASBURY ATLANTIC, INC.

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

THE COMPENSATION COMMITTEE ANNUALLY REVIEWS THE COMPENSATION OF ALL

DISQUALIFIED PERSONS. TO SUPPORT ITS REVIEW, THE COMPENSATION COMMITTEE

ENGAGES AN INDEPENDENT COMPENSATION CONSULTANT AND UTILIZES INDUSTRY

COMPARABLE COMPENSATION SURVEY DATA.

PART I, LINE 4B:

THE FOUNDATION PRESIDENT, TREASURER AND SECRETARY PARTICIPATE IN A 457(F)

PLAN. THE FOUNDATION PRESIDENT AND TREASURER RECEIVED DISTRIBUTIONS OF

\$38,235 AND \$84,438, RESPECTIVELY, IN 2022. THERE WERE NO OTHER PLAN

DISTRIBUTIONS.

PART I, LINE 6:

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

OPERATING RATIO FROM THE CONSOLIDATED ASBURY COMMUNITIES, INC. FINANCIAL

STATEMENTS. THE OPERATING RATIO MEASURES WHETHER CURRENT YEAR CASH

OPERATING REVENUES ARE SUFFICIENT TO COVER CURRENT YEAR OPERATING EXPENSES.

Schedule J (Form 990) 2022 ASBURY ATLANTIC, INC.

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

FORM 990, PART VII, SECTION A

THE ORGANIZATION DOES NOT ADMINISTER ANY W-2S. ALL W-2S ARE FILED UNDER

THE EIN OF AFFILIATED ASSOCIATES, INC., A RELATED PARTY 501(C)(3)

ORGANIZATION CREATED TO SUPPORT THE TAX EXEMPT FUNCTIONS OF ASBURY

COMMUNITIES AND AFFILIATES BY ADMINISTERING PAYROLL FUNDS. THE

COMPENSATION REPORTED ON PART VII AND PART IX REFLECTS THE COMPENSATION

PAID BY ASBURY ATLANTIC, INC. FOR THOSE ASSOCIATES DIRECTLY ALLOCATED

TO ASBURY ATLANTIC, INC. PURSUANT TO AN EMPLOYEE LEASE AGREEMENT.

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 2,300 TOTAL EMPLOYEES IN THE ASBURY

COMMUNITIES, INC. SYSTEM. THE 2022 CONSOLIDATED AUDITED FINANCIAL

STATEMENTS FOR ASBURY COMMUNITIES, INC. HAD TOTAL REVENUES IN EXCESS OF

OF \$249 MILLION AND TOTAL ASSETS IN EXCESS OF \$673 MILLION.

SCHEDULE K (Form 990) Department of the Treasury Internal Revenue Service		Complete if the organi	xplanations, and	"Yes" on Form 9 any additional in	90, Part IV, I formation in	ine 24a. P Part VI.	Provide descrip	tions,	1		C	DMB No. 20 Open to Ispect	22 Publ	
Name of the organization		LANTIC, INC.									identif 607		n num	ber
Part I Bond Issue		DANIIC, INC.								2-0	007.	9.00		
	suer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issu	le price	(f) Descrip	tion of purpose	(q) De	efeased	(h) On	behalf	(i) Po	boled
						•			(0)		of is		finan	
									Yes	No	Yes	No	Yes	No
CITY OF GA	ITHERSBURG													
A (MD)		52-6000792	363128CUI	10/01/18	10574	4965.	CURRENT	REFUNDIN	G	X		X		X
BCITY OF GA	ITHERSBURG	52-6000792	NONEAVAIL	11/08/19	1600	9000.	CURRENT	REFUNDIN	G	x		x		x
CUMBERLAND				• • -										[
c MUNICIPAL	AUTHORITY	23-6003119	230614PE3	12/31/19	6344	4415.	CURRENT	REFUNDIN	G	x		x		х
CUMBERLAND														
D MUNICIPAL	AUTHORITY	23-6003119	230614RK7	10/04/21	. 4870	0468.	CURRENT	REFUNDIN	G	x		x		х
Part II Proceeds							•							
				4			В	С				D		
1 Amount of bonds	retired			. 11,33	34,965.	12,	012,000.	8,474	,415	•	2	,21),40	68.
2 Amount of bonds	legally defeased													
3 Total proceeds of	fissue				4,965.	16,	009,000.				48	,70),4(68.
4 Gross proceeds i	n reserve funds			8,46	59,375.			5,284	,147	•				
5 Capitalized intere	st from proceeds													
6 Proceeds in refur	nding escrows													
7 Issuance costs fr	om proceeds			62	24,780.			1,155	<u>,121</u>	•		83	2,91	15.
8 Credit enhancem	ent from proceeds													
9 Working capital e	expenditures from proceed	ls												
10 Capital expenditu	ires from proceeds				8,636.		000,000.							
11 Other spent proc	eeds			. 89,14	2,174.	11,	009,000.	57,005	<u>,147</u>	•	47	,86	7,5	<u>53.</u>
12 Other unspent pr	oceeds													
13 Year of substantia	al completion				018		2019	20				2()21	
				Yes	No	Yes	No	Yes	No		Yes		No	
	ssued as part of a refunding	•		I		<u></u>								
	2018, a current refunding	/		Х		X		X			Х			
	ssued as part of a refunding	•	s (or, if											37
	18, an advance refunding				Х		X		X		37	_		<u>X</u>
	cation of proceeds been m			X		X		X			Х	_		
•	ation maintain adequate b	ooks and records to sup	port the	v							v			
final allocation of	proceeds?			X		X		X			X dule K			

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

SCHEDULE K (Form 990) Department of the Treasury Internal Revenue Service		Complete if the organi	zation answered explanations, and	any additional inf	0, Part IV, li ormation in	ne 24a. Pro Part VI.	ovide descripti		2		O	1B No. 18 202 Den to spectio	22 Publie	
Name of the organization		LANTIC, INC.								-	identifio 6079		numb	er
Part I Bond Issue		· · · ·												
(a) Is	ssuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issu	e price	(f) Descriptio	on of purpose	(g) De	efeased	(h) On b of iss		(i) Poo financ	
									Yes	No	Yes	No	Yes	No
CUMBERLANI A MUNICIPAL		23-6003119	NONEAVAIL	07/26/22	1800	-	CAPITAL	ENTS		x		x		x
	AITHERSBURG,	52-6000792				C	CAPITAL			x		x		x
B WAKI DAND		52-0000792	303120013	03/10/22	5191	1.6600	LMFKOVEM	6119				^		<u> </u>
_C														
<u>D</u>														
Part II Proceeds														
1 Amount of bonds	s retired			A			В	С				D		
2 Amount of bonds	s legally defeased													
3 Total proceeds o	f issue			18,00	0,000.	37,9	970,099.							
4 Gross proceeds i	in reserve funds													
5 Capitalized intere	est from proceeds													
6 Proceeds in refur	nding escrows													
7 Issuance costs fr	rom proceeds			24	9,504.	7	750,562.							
8 Credit enhancem	ent from proceeds													
9 Working capital e	expenditures from proceed	s												
10 Capital expenditu	ures from proceeds			2,91	4,924.	14,3	356,383.							
11 Other spent proc	eeds													
12 Other unspent pr					5,572.	22,8	363,154.							
13 Year of substanti	ial completion							r						
				Yes	No	Yes	No	Yes	No		Yes	_	No	
	issued as part of a refundir	•												
if issued prior to	2018, a current refunding i	ssue)?			X		X							
	issued as part of a refundir	•												
issued prior to 20	018, an advance refunding	issue)?			X		X							
16 Has the final allo	cation of proceeds been m	ade?			Х		X					_		
17 Does the organiz final allocation of	ation maintain adequate b	ooks and records to sup	port the	x		х								
	Reduction Act Notice, see	the Instructions for F	ormo 000	1			- I			Caha	dulo K		000) 0	

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

ENTITY 1

chedule K (Form 990) 2022 ASBURY ATLANTIC, INC.			54-	0607956				Pa
art III Private Busiliess Use		Α		в	(c	C)
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
which owned property financed by tax-exempt bonds?		X		X		X		Х
2 Are there any lease arrangements that may result in private business use of								
bond-financed property?	Х		Х		Х			Х
3a Are there any management or service contracts that may result in private								
business use of bond-financed property?	Х		Х		Х			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?	Х		Х		Х			
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?								
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		.00 %		.00 %		%		
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		Σ
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?		Х		X		x		2
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								
nongualified bonds of the issue are remediated in accordance with the								
requirements under Regulations sections 1.141-12 and 1.145-2?	Х		Х		Х		Х	
art IV Arbitrage		•		• •				
		Α		в	(0	C)
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?		X		X		X		Σ
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	Х			X	Х		Х	
b Exception to rebate?		X		X		X		Σ
c No rebate due?	Х		Х			X		Σ
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	Х			X	X	

Schedule K (Form 990) 2022

ASBURY ATLANTIC, INC.

ENTITY 2

52-0607956

Page 2

Part III Private Business Use		-		_		-		
		A		B)
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	No X	Yes	No X	Yes	No	Yes	No
which owned property financed by tax-exempt bonds?		A		A				
2 Are there any lease arrangements that may result in private business use of		v		v				ł
bond-financed property?		X		X				
3a Are there any management or service contracts that may result in private				<u></u>				ł
business use of bond-financed property?		X		X				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								l
counsel to review any management or service contracts relating to the financed property?								l
c Are there any research agreements that may result in private business use of								l
bond-financed property?		X		X				<u> </u>
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other								l
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		%		%		%		0
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		%		%		%		C
7 Does the bond issue meet the private security or payment test?		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a non-								í
governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				l
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or		•		•		•		
disposed of		%		%		%		c
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations		, <u>,</u>		,,,		, <u>,</u>		
sections 1.141-12 and 1.145-2?								l
 9 Has the organization established written procedures to ensure that all 								
nonqualified bonds of the issue are remediated in accordance with the								l
requirements under Regulations sections 1.141-12 and 1.145-2?	х		Х					l
Part IV Arbitrage		1 1		1 1		1 1		
Aiblidige		Δ		в		c		
Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?	162	X	162	X	169		162	
		21		21				
2 If "No" to line 1, did the following apply?	X		X	1				
a Rebate not due yet?	Δ	X	Δ	X				[
b Exception to rebate?		X X		X				1
c No rebate due?		A				I		
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed	37	1						
3 Is the bond issue a variable rate issue?	Х			X				·

ENTITY 1

Schedule K (Form 990) 2022 ASBURY ATLANTIC, INC.			52-	0607956				Page 3
Part IV Arbitrage (continued)								
		A		B	(ç)
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		X	X			X		X
b Name of provider			SUNTRUST				TRUIST BAN	
c Term of hedge		_	3.	0000000			10.6	700000
d Was the hedge superintegrated?				X				Х
e Was the hedge terminated?				X				Х
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		X		X		Х
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the								
requirements of section 148?	X		х			x		Х
Part V Procedures To Undertake Corrective Action								
		A		В	(C	C	,
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
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		х		Х		X	
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedule	e K. See inst	ructions.	· · · · · ·				

ENTITY 2

Schedule K (Form 990) 2022 ASBURY ATLANTIC, INC.			52-0	607956				Pa
Part IV Arbitrage (continued)			-					
		A	E		() Vac			
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	Yes X	No	Yes	No X	Yes	No	Yes	No
b Name of provider	TRUIST BAN	IK.		23				L
c Term of hedge	14.	5000000						
d Was the hedge superintegrated?		X						
e Was the hedge terminated?		X						
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		Х				
b Name of provider		•						
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		Х		Х				
 7 Has the organization established written procedures to monitor the 								
requirements of section 148?	x		х					
Part V Procedures To Undertake Corrective Action		•			•		•	
		4	E	3		;)
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
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		Х					
Part VI Supplemental Information. Provide additional information for responses to question	ns on Schedule	K. See instru	uctions.	-				
SCHEDULE K, PART I, ROW B								
THE AMOUNT OF BONDS BENEFITING THIS ORGANIZATION	IS \$10	5,744,9	65.90 (OF				
WHICH \$24,713,017.75 COUNTS AGAINST THE \$150 MIL	LION TE	ST LIMI	TATION					
FOR NON-HOSPITAL BONDS).								
·								
BONDS IN THE AMOUNT OF \$33,005,000 ARE OUTSTANDI	NG THAT	BENEFI	T THIS					
RGANIZATION (OF WHICH \$11,086,500 COUNTS AGAINS								
IMITATION FOR NON-HOSPITAL BONDS).	•							
THE ISSUANCE OF THE BONDS WAS APPROVED BY THE CI	TY COUN	CIL OF	THE CIT	Ϋ́Υ				
OF GAITHERSBURG ON AUGUST 6, 2018, FOLLOWING A P								
THE ISSUER ON AUGUST 6, 2018 AND BY THE COUNTY O								
CALVERT COUNTY ON JULY 24, 2018, FOLLOWING A PUB								
COUNTY COMMISSIONERS OF CALVERT COUNTY ON JULY 2								
	_, _, _,	-						
SCHEDULE K, PART I, ROW C								
THE AMOUNT OF BONDS BENEFITTING THIS ORGANIZATIO	N TS S1	6.009 0	TO) (OF					
WHICH \$6,275,130 COUNTS AGAINST THE \$150 MILLION		<u> </u>						
NON-HOSPITAL BONDS).								

	ASBURY ATLANTIC, INC.	52-0607956	Page 4
	ion. Provide additional information for responses to question		
	R NON-HOSPITAL BONDS SUBJECT T	O THE \$150 MILLION	
LIMITATION IS \$27,	993,095.		
THE ISSUANCE OF TH			
	SEPTEMBER 16, 2019, FOLLOWING		
	SEPTEMBER 16, 2019 AND BY THE CO		
CALVERT COUNTY ON		A PUBLIC HEARING HELD	
BY THE COUNTY COMM	IISSIONERS OF CALVERT COUNTY ON	SEPTEMBER 17, 2019.	
SCHEDULE K, PART I			
	S BENEFITTING THIS ORGANIZATIO		
<u>WHICH \$3,280,077 C</u>	OUNTS AS PART OF THE \$150 MILL	ION LIMITATION FOR	
NON-HOSPITAL BONDS	· · ·		
THE AMOUNT OF OTHE	R NON-HOSPITAL BONDS SUBJECT TO	O THE \$150 MILLION	
LIMITATION IS \$30,	988,148.		
THE ISSUANCE OF TH	E BONDS WAS APPROVED BY THE CU	MBERLAND COUNTY	
MUNICIPAL AUTHORIT		RA APPROVAL WAS	
NECESSARY PURSUANI	TO SECTION 147(F)(2)(D) OF TH	E INTERNAL REVENUE CODE	
SINCE THE WEIGHTED	AVERAGE MATURITY OF THE BONDS	DID NOT EXCEED THE	
REMAINING WEIGHTED	AVERAGE MATURITY OF THE BONDS	BEING REFUNDED.	

OMB No. 1545-0047 Supplemental Information to Form 990 or 990-EZ SCHEDULE O (Form 990) Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Open to Public Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Inspection Internal Revenue Service Employer identification number Name of the organization ASBURY ATLANTIC, 52-0607956 INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TRANSPARENCY AND GRACE.

FORM 990, PART III, LINE 4

ASBURY ATLANTIC, INC., IS THE NOT-FOR-PROFIT OWNER AND OPERATOR OF

ASBURY METHODIST VILLAGE (GAITHERSBURG, MD), ASBURY SOLOMONS (SOLOMONS,

MD); BETHANY VILLAGE (MECHANICSBURG, PA), AND SPRINGHILL (ERIE, PA).

ASBURY ATLANTIC IS THE LEGAL ENTITY RESPONSIBLE FOR PROVIDING SERVICES

TO THE RESIDENTS OF THESE COMMUNITIES. ASBURY COMMUNITIES, INC., A

NOT-FOR-PROFIT SUPPORTING ORGANIZATION OF A SYSTEM OF SENIOR LIVING AND

HEALTH SERVICE PROVIDERS, IS THE SOLE MEMBER OF ASBURY ATLANTIC.

THE ASBURY COMMUNITIES SYSTEM OF SENIOR LIVING AND HEALTH SERVICE

PROVIDERS ORIGINATED WITH ASBURY METHODIST VILLAGE, WHICH WAS

ORIGINALLY ESTABLISHED IN 1926 AS THE METHODIST HOME FOR ORPHANS AND

THE AGED. ALTHOUGH NO LONGER FORMALLY AFFILIATED WITH THE UNITED

METHODIST CHURCH, ASBURY COMMUNITIES REMAINS COMMITTED TO THE ETHICAL

PRINCIPLES AND SPIRIT OF ITS HISTORICAL ROOTS. WE CARRY THOSE VALUES

FORWARD IN OUR MISSION AND OUR GUIDING PRINCIPLE OF DOING ALL THE GOOD

WE CAN WITH INTEGRITY, TRANSPARENCY, AND GRACE.

THE COMMUNITIES WITHIN ASBURY ATLANTIC, ARE COMMITTED TO FULFILLING ASBURY'S MISSION FOR THOSE WE SERVE AND TO BE A VALUED PARTNER IN THE REGIONS WHERE THEY OPERATE. EACH YEAR, OUR LEADERS AND ASSOCIATES WORK WITH SERVICE ORGANIZATIONS, HEALTH PROVIDERS AND FOUNDATIONS THAT

ADDRESS THE NEEDS OF THE GREATER COMMUNITY.

Schedule O (Form 990) 2022	Page 2
Name of the organization	Employer identification number
ASBURY ATLANTIC, INC.	52-0607956

WE ACCOMPLISH THIS IN THREE PRIMARY WAYS:

-PROVIDING A BENEVOLENT CARE PROGRAM FOR ELIGIBLE RESIDENTS WHO OUTLIVE

THEIR RESOURCES THROUGH NO FAULT OF THEIR OWN (SEE BELOW, 2022

BENEVOLENT CARE);

-PROVIDING UNREIMBURSED MEDICAL SERVICES ABOVE MEDICAID CONTRACTED

PAYMENT RATES FOR RESIDENTS RECEIVING SERVICES AT ASBURY'S SKILLED

NURSING CENTERS (SEE BELOW, 2022 UNREIMBURSED SERVICES); AND,

-SUPPORTING AND PARTNERING WITH NUMEROUS CHARITABLE AND COMMUNITY

ORGANIZATIONS AND PROVIDING INTERNSHIP AND PROFESSIONAL DEVELOPMENT

OPPORTUNITIES FOR A WIDE RANGE EDUCATIONAL INSTITUTIONS AND AGING

SERVICES AND HEALTH PROVIDERS, (SEE SECTION, COMMUNITY BENEFIT).

IN ADDITION, BETHANY VILLAGE, WHICH IS PART OF ASBURY ATLANTIC, AND

LOCATED IN MECHANICSBURG, PA, IS HOME TO BETHANY TOWERS, A HUD

AFFORDABLE SENIOR HOUSING COMPLEX WITH 149 APARTMENTS, AND IN 2022,

BETHANY VILLAGE PROVIDED FREE ACCESS FOR TOWER RESIDENTS TO ITS FITNESS

CENTER, CLASSES, AND POOL.

ASBURY FOUNDATION

THE ASBURY FOUNDATION, A NOT-FOR-PROFIT ORGANIZATION, SECURES

PHILANTHROPIC GIFTS TO SUPPORT AND ENHANCE QUALITY OF LIFE FOR OLDER

ADULTS SERVED BY THE ASBURY SYSTEM, THROUGH BENEVOLENT CARE, NEW

PROGRAMS AND SERVICES THAT PROMOTE RESIDENTS' WELL-BEING, AND

SCHOLARSHIPS FOR ASBURY ASSOCIATES. TO DATE, ASBURY FOUNDATION HAS

SECURED MORE THAN \$800,000 IN SCHOLARSHIPS FUNDS, WITH MANY OF THOSE

DOLLARS GOING TOWARD CAREER ADVANCEMENT IN THE NURSING AND HEALTHCARE

50

FIELDS.

Schedule (O (Form	990) 2022

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lame of the	organization	

ASBURY ATLANTIC, INC.

52-0607956

SECTION I: BENEVOLENT CARE - 2022

BENEVOLENT CARE IS THE PAYMENT BY THE ORGANIZATION OF RESIDENTS' FEES,

INCLUDING MONTHLY, AND ANCILLARY FEES, AND CERTAIN THIRD-PARTY

EXPENSES, FOR RESIDENTS WHO HAVE EXHAUSTED THEIR ASSETS AND MEET

ELIGIBILITY REQUIREMENTS FOR THE PROGRAM. BENEVOLENT CARE IS AT THE

HEART OF ASBURY'S GUIDING PRINCIPLE TO DO ALL THE GOOD WE CAN WITH

INTEGRITY, TRANSPARENCY, AND GRACE.

IN 2022, MORE THAN \$1.7 MILLION IN ANNUAL FUNDS AND UNRESTRICTED GIFTS

WERE CONTRIBUTED TO HELP MEET IMMEDIATE BENEVOLENT CARE NEEDS FOR 77

COMMUNITY LIVING RESIDENTS:

ASBURY METHODIST VILLAGE \$2,114,549

ASBURY PLACE KINGSPORT \$43,905

ASBURY PLACE MARYVILLE \$32,388

ASBURY SOLOMONS \$370,816

BETHANY VILLAGE \$344,011

NORMANDIE RIDGE \$462,321

RIVERWOODS \$199,139

SPRINGHILL \$206,893

TOTAL \$3,774,022

SECTION II: UNREIMBURSED MEDICAL SERVICES

UNREIMBURSED MEDICAL SERVICES ARE THE TOTAL COST AND EXPENSES INCURRED

51

IN	THE	PROVISION	OF	CARE	то	RESIDENTS	OF	ASBURY'S	S	SKILLED	NURSING	
----	-----	-----------	----	------	----	-----------	----	----------	---	---------	---------	--

232212 10-28-22

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization ASBURY ATLANTIC, INC.	Employer identification number 52-0607956
CENTERS THAT EXCEED THE REIMBURSEMENT PROVIDED BY CERTA	AIN PAYOR
SOURCES, INCLUDING MEDICAID (MEDICAL ASSISTANCE).	
ASBURY METHODIST VILLAGE \$4,587,608	
ASBURY PLACE KINGSPORT \$0.00	
ASBURY PLACE MARYVILLE \$6,571,350	
ASBURY SOLOMONS \$424,922	
BETHANY VILLAGE \$1,110,887	
NORMANDIE RIDGE \$1,186,627	
RIVERWOODS \$4,002,305	
SPRINGHILL \$999,097	
TOTAL \$18,882,796	
SECTION III: COMMUNITY BENEFIT	
AS A NOT-FOR-PROFIT ORGANIZATION, ASBURY ATLANTIC, IS C	COMMITTED TO
PROVIDING BENEFIT TO THE REGIONS WHERE WE OPERATE BY PA	ARTNERING WITH
ORGANIZATIONS AND INSTITUTIONS THAT PROVIDE NEEDED SERV	VICES TO OTHERS
OR ADDRESS UNMET NEEDS. EXAMPLES OF OUR COMMUNITIES' LC	OCAL PRESENCE ARE
WIDE RANGING. SOME CATEGORIES INCLUDE:	

-TRAINING THE NEXT GENERATION OF CAREGIVERS AND AGING SERVICES

PROFESSIONALS AND LEADERS THROUGH INTERNSHIPS AND PROFESSIONAL

DEVELOPMENT PROGRAMS

-FOSTERING ENVIRONMENTAL SUSTAINABILITY THROUGH ENERGY-USE REDUCTION

PROGRAMS AND PROJECTS THAT HELP PROTECT THE CHESAPEAKE BAY AND LOCAL

WATERSHEDS

-SUPPORTING AT-RISK YOUTH AND FAMILIES THROUGH A MENTORING AND ADVOCACY

52

232212 10-28-22

Schedule O (Form 990) 2022

15121110 131839 A421014

2022.05000 ASBURY ATLANTIC, INC. A4210141

Schedule O (Form 990) 2022 Name of the organization	Page Employer identification numbe
ASBURY ATLANTIC, INC.	52-0607956
PROGRAM WITH LOCAL GOVERNMENT AND SCHOOLS	·
-SEEKING OPPORTUNITIES TO TAKE OUR SERVICES TO AT-RISK	SENIORS WHO DO
NOT LIVE AT OUR COMMUNITIES THROUGH GRANTS AND PARTNERS	HIPS WITH PEER
ORGANIZATIONS	
-PROVIDING MEALS ON WHEELS MEALS AND PROGRAM MANAGEMENT	, AS WELL AS
VOLUNTEERING FOR MEAL DELIVERY	
-DONATING SPACE AT OUR COMMUNITIES FOR LOCAL CIVIC ORGA	NIZATIONS
-DONATING DURABLE MEDICAL EQUIPMENT OR OTHER SUPPLIES A	ND FOOD AND
OTHER ITEMS THAT SUPPORT UNDERSERVED PEOPLE	
-FUNDRAISING FOR AGING-RELATED ORGANIZATIONS SUCH AS AL	ZHEIMER'S
ASSOCIATION AS WELL AS LOCAL CHARITABLE ORGANIZATIONS S	UCH AS HOMELESS
SHELTERS AND FOOD KITCHENS	
-PROVIDING EDUCATIONAL PRESENTATIONS ON TOPICS BENEFICI	AL TO SENIORS
AND FAMILY MEMBERS	
-PROVIDING PEER-TO-PEER PRESENTATIONS ON INNOVATIONS IN	SENIOR WELLNESS

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

THE CORPORATION MAY HAVE AN EXECUTIVE COMMITTEE AS SET FORTH HEREIN. THE

CHAIR OF THE BOARD OF DIRECTORS SHALL SERVE AS CHAIR OF THE EXECUTIVE

COMMITTEE AND MAY APPOINT TWO (2) ADDITIONAL DIRECTORS TO SERVE ON THE

EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE MAY ACT IN PLACE OF THE BOARD

WHEN THERE IS BUSINESS OF THE CORPORATION TO BE TRANSACTED BETWEEN REGULAR

MEETINGS AND CONVENING A SPECIAL MEETING WAS DEEMED BY THE CHAIR TO NOT BE

NECESSARY OR POSSIBLE. THE FULL BOARD WILL BE NOTIFIED WITHIN FIFTEEN (15)

DAYS OF ANY ACTIONS OF THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE

WILL HAVE NO POWER TO TAKE ACTION THAT IS RESTRICTED BY APPLICABLE LAW. Schedule O (Form 990) 2022 232212 10-28-22 53

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Schedule O (Form 990) 2022

Name of the organization

ASBURY ATLANTIC, INC.

Employer identification number 52-0607956

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 STATEMENTS; (4) AMENDMENTS TO THE ARTICLES OF INCORPORATION OR BYLAWS; (5) APPROVAL OF THE BUDGET OF THE CORPORATION, BOTH OPERATING AND CAPITAL; (6) AUTHORITY AND RESPONSIBILITY TO APPROVE ANY PROPOSED PROJECT FOR THE DEVELOPMENT OF A NEW PRODUCT AND/OR FACILITY BY THE CORPORATION; (7) AUTHORITY TO APPROVE EACH INCURRENCE OF INDEBTEDNESS OF THE CORPORATION WITH A REPAYMENT TERM THAT IS IN EXCESS OF FIVE (5) YEARS AND IS SECURED BY THE ASSETS OF THE CORPORATION.

FORM 990, PART VI, SECTION B, LINE 11B: ASBURY COMMUNITIES, INC., THE SOLE MEMBER OF ASBURY ATLANTIC, INC., DELEGATES REVIEW OF THE FORM 990 TO ITS AUDIT, FINANCE, AND INVESTMENT COMMITTEE (AFIC) WHICH PERFORMED ITS REVIEW ON 10/25/2023. ADDITIONALLY, THE ASBURY COMMUNITIES, INC. AND ASBURY ATLANTIC, INC. BOARD OF DIRECTORS WERE FORWARDED A COPY OF THE DRAFT 990 FOR REVIEW AND WERE PROVIDED A LINK Schedule O (Form 990) 2022 232212 10-28-22 54

15121110 131839 A421014

2022.05000 ASBURY ATLANTIC, INC. A4210141

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

TO A RECORDING OF THE AFIC MEETING IF MEMBERS CHOSE TO LISTEN TO THE

MEETINGS AS THEY REVIEWED ANY OF THE FORM 990S. ALL DIRECTORS MAY POSE

OUESTIONS OR ASK FOR CLARIFICATION FROM STAFF AND THE AFIC.

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 GOVERNANCE AND NOMINATIONS COMMITTEE AND REPORTS QUARTERLY TO THE GOVERNANCE AND NOMINATIONS COMMITTEE, ANALYZES ALL DISCLOSURE FORMS FOR POTENTIAL CONFLICTS, AND PREPARES A REPORT FOR THE SYSTEM-WIDE GOVERNANCE AND NOMINATIONS COMMITTEE. A REPORT WAS MADE TO THE BOARD THAT THERE WERE NO CONFLICTS DURING 2022. WHEN AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST ARISES INVOLVING A BOARD OR COMMITTEE MEMBER, THE GOVERNANCE AND NOMINATIONS 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 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 Schedule O (Form 990) 2022 232212 10-28-22 55 2022.05000 ASBURY ATLANTIC, INC. A4210141 DocuSign Envelope ID: 60B4968E-BAD7-4EDD-806F-270DC607D56E

Schedule O (Form 990) 2022

Name of the organization

ASBURY ATLANTIC, INC.

52-0607956

PERSONS.

IN ADDITION, THE COMPENSATION 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.

THE COMPENSATION COMMITTEE CHARTER, THE EXECUTIVE COMPENSATION PHILOSOPHY, AND THE EXECUTIVE INCENTIVE PLAN WERE REVIEWED MOST RECENTLY IN 2022.

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

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

56

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,

HAVE BEEN 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

232212 10-28-22

2,828,867.

Name of the organization ASBURY ATLANTIC, INC.	Page Employer identification number 52-0607956
CHANGE IN BENEFICIAL INTEREST IN NET ASSETS OF FOUNDATION	3,423,554.
TRANSFER TO ACOMM	-395,250.
CHANGE IN VALUE OF OBLIGATIONS UNDER CHARITABLE GIFT	
ANNUITIES	-16,966.
TOTAL TO FORM 990, PART XI, LINE 9	5,840,205.
FORM 990, PART XII, LINE 2C	
THERE HAS BEEN NO CHANGE IN OVERSIGHT PROCESS FROM THE PRI	OR YEAR.

15121110 131839 A421014

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service Name of the organizati	Go to www.irs.gov/Form990 for instructions and the latest information. Employer										
	ASBURY ATLANTI	C, INC.				52-060	956				
Part I Identificati	on of Disregarded Entities. Comple	te if the organization answered "Yes	on Form 990, Part IV, line 33	3.							
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity	(c) Legal domicile (state o foreign country)	r (d) Total inco	(e) me End-of-year	assets Direc	(f) t controllin entity	g			
		_									
		-									
		-									
	on of Related Tax-Exempt Organiza	ations. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34, k	ecause it had one o	or more related tax-ex	æmpt				
	(a) (b) Name, address, and EIN Primary activity of related organization		ctivity Legal domicile (state or foreign country)		(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	con en	(g) 512(b)(13) trolled tity?			
ASBURY COMMUNITIE	S. INC - 52-1862677				001(0)(0))		Yes	No			
5285 WESTVIEW DRI	1				LINE 12C,						
FREDERICK, MD 21	.703	SUPPORT SERVICES	MARYLAND	501(C)(3)	III-FI			Х			
ASBURY FOUNDATION	I, INC 52-1862674										
5285 WESTVIEW DRI	VE, #200	RAISING FUNDS FOR CHARITY			2	ASBURY					
FREDERICK, MD 21		CARE	MARYLAND	501(C)(3)	LINE 7 O	COMMUNITIES, INC		Х			
	ATES, INC 51-0426078	_									
EDGE WEGMUTEW DDT	TTE #200	1		1	T TNE 120	CDIDV		1			

				DIND 120,		1
FREDERICK, MD 21703	EMPLOYEE PAYMASTER COMPANY	MARYLAND	501(C)(3)	III-FI	COMMUNITIES, INC	Х
ASBURY COMMUNITIES HCBS, INC - 45-0634490						1
5285 WESTVIEW DRIVE, #200	HEALTHCARE FOR OLDER				ASBURY	ł
FREDERICK, MD 21703	ADULTS	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC	Х

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

Schedule R (Form 990) 2022

Schedule R (Form 990) ASBURY ATLANTIC, INC.

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	(g) n 512(b)(13) ontrolled anization?	
				501(c)(3))		Yes	No	
ASBURY, INC 62-0630670								
5285 WESTVIEW DRIVE, #200	HOUSING AND HEALTHCARE FOR				ASBURY			
FREDERICK, MD 21703	OLDER ADULTS	TENNESSEE	501(C)(3)	LINE 10	COMMUNITIES, INC		X	
BETHANY DEVELOPMENT CORPORATION - 23-2078064	_							
335 WESLEY DRIVE	4				ASBURY			
MECHANICSBURG, PA 17055	HOUSING FOR OLDER ADULTS	PENNSYLVANIA	501(C)(3)	LINE 10	COMMUNITIES, INC		X	
ALBRIGHT CARE SERVICES - 23-1887138	HOUSING, HEALTHCARE, AND							
5285 WESTVIEW DRIVE, #200	AT-HOME SERVICES FOR OLDER				ASBURY			
FREDERICK, MD 21703	ADULTS	PENNSYLVANIA	501(C)(3)	LINE 10	COMMUNITIES, INC		X	
WARRIOR RUN MANOR - 23-2137458	4							
5285 WESTVIEW DRIVE, #200	_				ALBRIGHT CARE		_	
FREDERICK, MD 21703	HOUSING FOR OLDER ADULTS	PENNSYLVANIA	501(C)(3)	LINE 10	SERVICES		Х	
FOREST RIDGE MANOR, INC 20-1885811								
910 WILDER CHAPEL LANE								
MARYVILLE, TN 37804	HOUSING FOR OLDER ADULTS	TENNESSEE	501(C)(3)	LINE 12A, I	ASBURY, INC.		Х	
	7							
	7							
	-							
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Schedule R (Form 990) 2022 ASBURY ATLANTIC, INC.

52-0607956 Page 2

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

	i inersnip duning the ta	· ,							1		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	l or Percentage ^{ing} ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	10
	-										
	1										
	-										
	-										
	-										
	1										
	1										

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(cont	(i) ction (b)(13) trolled tity?
		country)		or trusty		233613		Yes	No
THE ASBURY GROUP, INC 20-5038820			ASBURY						
5285 WESTVIEW DRIVE, #200	TECHNOLOGY & SUPPORT		COMMUNITIES,						
FREDERICK, MD 21703	SERVICES	DE	INC.	C CORP					X
THRIVEWELL TECH, LLC - 26-2896175			ASBURY						
5285 WESTVIEW DRIVE, #200			COMMUNITIES,						
FREDERICK, MD 21703	INFOR & CNSLT SVCS	DE	INC.	C CORP					X
IVA, INC 56-2362361									
5285 WESTVIEW DRIVE, #200			ASBURY						
FREDERICK, MD 21703	HOLDS LIQOUR LICENSES	OK	ATLANTIC	C CORP			100%	Х	
5285 WESTVIEW DRIVE ONE, LLC - 88-1212545	INFO. TECH. RESELLER								
5285 WESTVIEW DRIVE, #200	AND IMPLEMENTATION		THE ASBURY						
FREDERICK, MD 21703	PARTNER	MD	GROUP, INC.	C CORP					X
1569 TEELS ROAD, LLC - 87-1564257	OPERATE A PERSONAL								
5285 WESTVIEW DRIVE, #200	CARE HOME AND SENIOR		THE ASBURY						
FREDERICK, MD 21703	LIVING COMMUNITY	PA	GROUP, INC.	C CORP					X

Schedule R (Form 990) 2022 ASBURY ATLANTIC, INC.	52-0607956	F	Page 3
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.		Yes	No
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?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
b Gift, grant, or capital contribution to related organization(s)		X	
c Gift, grant, or capital contribution from related organization(s)	1c	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)	1f		Х
g Sale of assets to related organization(s)			Х
h Purchase of assets from related organization(s)			Х
i Exchange of assets with related organization(s)			Х
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X	
k Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
I Performance of services or membership or fundraising solicitations for related organization(s)			Х
m Performance of services or membership or fundraising solicitations by related organization(s)	4	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			Х
o Sharing of paid employees with related organization(s)			Х
p Reimbursement paid to related organization(s) for expenses	1p	X	
q Reimbursement paid by related organization(s) for expenses			X
r Other transfer of cash or property to related organization(s)	1r	X	
s Other transfer of cash or property from related organization(s)			X
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 trans			-

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

Schedule R (Form 990) 2022 ASBURY ATLANTIC, INC.

52-0607956 Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners se 501(c)(3) orgs.? Yes No	(g) Share of end-of-year assets	(h) Disproj tiona allocatio Yes I	^{por-} Co amou ns?ofSc No (Fo	(i) de V-UBI nt in box 20 chedule K-1 rm 1065)	(j) General o managing partner? Yes NO	(k) Percentage ownership

Schedule R (Form 990) 2022

Schedule R	(Form 990) 2022	ASBURY	ATLANTIC,	INC.		 52-0607956	Page 5
Part VII	Supplemental Info	rmation					
	Provide additional inform	nation for respo	nses to questions o	n Schedule R. Se	e instructions.		
232165 09-14-2	2					Schedule R (Form 9	90) 2022
				63			
21110	131839 A42101	Λ	20	22 05000	AGBIIRV	TNC.	A / 21 (

Form	990-T	E	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))	n	OMB No. 1545-0047
		For cal			2022
	ment of the Treasury I Revenue Service		endar year 2022 or other tax year beginning, and ending, 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).	·	Open to Public Inspection for 501(c)(3) Organizations Only
Α	Check box if address changed.		Name of organization (Check box if name changed and see instructions.)		over identification number
B Ex	empt under section	Print	ASBURY ATLANTIC, INC.	5	2-0607956
	501(c)(3) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 5285 WESTVIEW DRIVE, 200		p exemption number instructions)
	408A 530(a) 529(a) 529A		City or town, state or province, country, and ZIP or foreign postal code FREDERICK , MD 21703	F	Check box if
		С Во	ok value of all assets at end of year		an amended return.
GC	heck organization	type	X 501(c) corporation 501(c) trust 401(a) trust Other trust	State	college/university
H C	Check if filing only to)	Claim credit from Form 8941 Claim a refund shown on Form 2439		
I C	Check if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation		
			ed Schedules A (Form 990-T)		1
			e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? d identifying number of the parent corporation.		Yes X No
	he books are in car		ANDREW JEANNERET Telephone number	(301)250-2100
			d Business Taxable Income	(501	/250 2100
1	Total of unrelated	busine	ss taxable income computed from all unrelated trades or businesses (see		
•				1	0.
2	Reserved			2	
3	Add lines 1 and 2			3	
4	Charitable contrib		see instructions for limitation rules)	4	0.
5	Total unrelated bu	siness	taxable income before net operating losses. Subtract line 4 from line 3		
6	Deduction for net	operati	ng loss. See instructions	6	0.
7	Total of unrelated	busine	ss taxable income before specific deduction and section 199A deduction.		
	Subtract line 6 from	m line 5	5	7	
8	Specific deduction	n (genei	ally \$1,000, but see instructions for exceptions)	8	1,000.
9	Trusts. Section 19	99A deo	duction. See instructions	9	
10			nes 8 and 9	10	1,000.
11	Unrelated busine	ss taxa	ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
_	enter zero			11	0.
Par	t II Tax Com				
1			s corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2	Trusts taxable at	trust ra	ates. See instructions for tax computation. Income tax on the amount on		
	Part I, line 11 from	: L	_ Tax rate schedule or Schedule D (Form 1041)		
3	Proxy tax. See ins			3	
4	Other tax amounts	s. See ii	nstructions	4	
5	Alternative minimu				
6			cility income. See instructions		
7			h 6 to line 1 or 2, whichever applies	7	0.
LHA	For Paperwork F	Reduct	ion Act Notice, see instructions.		Form 990-T (2022)

223701 01-16-23

Form 9	90-T (2022)			Pa	age 2
Part	III Tax and Payments				
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)				
b	Other credits (see instructions) 1b				
с	General business credit. Attach Form 3800 (see instructions)				
d	Credit for prior year minimum tax (attach Form 8801 or 8827)				
е	Total credits. Add lines 1a through 1d	1e			
2	Subtract line 1e from Part II, line 7	2			0.
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866	3			
4	Total tax. Add lines 2 and 3 (see instructions).				
	section 1294. Enter tax amount here	4			0.
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5			0.
6a	Payments: A 2021 overpayment credited to 2022				
b	2022 estimated tax payments. Check if section 643(g) election applies				
с	Tax deposited with Form 8868 6				
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d				
е	Backup withholding (see instructions)				
f	Credit for small employer health insurance premiums (attach Form 8941)				
g	Other credits, adjustments, and payments: Form 2439				
0	Form 4136 Other Total 6g				
7	Total payments. Add lines 6a through 6g	7			
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8			
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9			
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10			
11	Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded	11			
Part					
1	At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority		Y	es	No
	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				х
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a				
2					х
	foreign trust?				
2					
3	Enter the amount of tax-exempt interest received or accrued during the tax year\$				
4	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part		<u> </u>	-	
-			5.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce				
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.				
	Business Activity Code Available post-2017 NOL c				
		25,8	557.		
	\$				v
6a	Did the organization change its method of accounting? (see instructions)				X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"				
	explain in Part V	<u></u>			

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	correct Darcti Signate lay	ury, I declare that I have examined Declaration of preparer (other than January 4E2				ge.	May the	e IRS discuss this return parer shown below (se	
	Print/Type prepa	arer's name	Preparer's signature		Date	Check	if F	PTIN	
Paid						self- employed			
Preparer	. JOHN NOF	RMAN	JOHN NORMAN		11/10/23			P0150676	6
Use Only		CLIFTONLARSO	NALLEN LLP			Firm's EIN		41-07467	49
		1966 GREEN	SPRING DRIVE	, SUIT	E 300				
	Firm's address	Firm's address TIMONIUM, MD 21093-4161				Phone no.	(41	0) 453-0	900
223711 01-16-	23							Form 990-	T (2022)
			66	5					

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2022.05000 ASBURY ATLANTIC, INC.

A4210141

ASBURY ATLANTIC, INC.

FORM 990-T	PRE-2	018 NET OPERATING	LOSS DEDUCTION	STATEMENT 1
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 CARRYO	VER AVAILABLE THI	S YEAR	70,558.	70,558.

1 SCHEDULE A OMB No. 1545-0047 Unrelated Business Taxable Income (Form 990-T) From an Unrelated Trade or Business Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Open to Public Inspection for Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service 501(c)(3) Organizations Only B Employer identification number Α Name of the organization ASBURY ATLANTIC, INC. 52-0607956 561000 1 D Sequence: 1 of Unrelated business activity code (see instructions) Describe the unrelated trade or business RENTAL OF SPACE TO RELATED FOR-PROFIT ORGANIZ Е Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net **1a** Gross receipts or sales **b** Less returns and allowances c Balance 1c Cost of goods sold (Part III, line 8) 2 2 Gross profit. Subtract line 2 from line 1c 3 3 4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions 4a b Net gain (loss) (Form 4797) (attach Form 4797). See instructions) 4b Capital loss deduction for trusts 4c С Income (loss) from a partnership or an S corporation (attach 5 statement) 5 Rent income (Part IV) 6 6 Unrelated debt-financed income (Part V) 7 7 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) 8 Investment income of section 501(c)(7), (9), or (17) 9 organizations (Part VII) 9 Exploited exempt activity income (Part VIII) 10 10 11 11 Advertising income (Part IX) Other income (see instructions; attach statement) 12 12 13 0. Total. Combine lines 3 through 12 13 Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income Compensation of officers, directors, and trustees (Part X) 1 1 2 2 Salaries and wages 3 3 Repairs and maintenance 4 4 Bad debts Interest (attach statement). See instructions 5 5 6 Taxes and licenses 6 7 Depreciation (attach Form 4562). See instructions 7 8a_ Less depreciation claimed in Part III and elsewhere on return 8b 8 9 Depletion _____ 9 10 Contributions to deferred compensation plans 10 Employee benefit programs 11 11 Excess exempt expenses (Part VIII) 12 12 Excess readership costs (Part IX) 13 13 Other deductions (attach statement) 14 14 0. Total deductions. Add lines 1 through 14 15 15 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, 16 Ο. column (C) 16 0. Deduction for net operating loss. See instructions 17 17 18 18 Unrelated business taxable income. Subtract line 17 from line 16

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

223741 01-16-23

JUIEU	ıle A (Form 990-T) 2022					Page
Part		hod of inventory valuati	ion			Page
1	Inventory at beginning of year				1	
2	Purchases				2	
3	Cost of labor				3	
4	Additional section 263A costs (attach statement)				4	
5	Other costs (attach statement)				5	
6	Total. Add lines 1 through 5				6	
7	Inventory at end of year				7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter				8	
9	Do the rules of section 263A (with respect to property					Yes No
Part	IV Rent Income (From Real Property and	d Personal Proper	ty Leased with Ro	eal Property	/)	
1	Description of property (property street address, city, s	state, ZIP code). Check	if a dual-use. See instr	uctions.		
	A SEE STATEMENT 4					
	B					
	c					
	D					
		A	В	С		D
2	Rent received or accrued					
а	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)					
С	Total rents received or accrued by property.					
	Add lines 2a and 2b, columns A through D					
	Deductions directly connected with the income					
4 5 art 1	in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, a	ee instructions)				0.
5 Part	in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A	ee instructions)				0.
5 Part	in lines 2(a) and 2(b) (attach statement)	ee instructions)				0.
5 Part	in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of B C C	ee instructions)				0.
5 art	in lines 2(a) and 2(b) (attach statement)	ee instructions) city, state, ZIP code). C	heck if a dual-use. See	instructions.		
<u>5</u> art 1	in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A B C D	ee instructions)				0 .
5 art	in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A B C Gross income from or allocable to debt-financed	ee instructions) city, state, ZIP code). C	heck if a dual-use. See	instructions.		
<u>5</u> art 1	in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A B C Gross income from or allocable to debt-financed property	ee instructions) city, state, ZIP code). C	heck if a dual-use. See	instructions.		
5 art 1	in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A B C Gross income from or allocable to debt-financed property Deductions directly connected with or allocable	ee instructions) city, state, ZIP code). C	heck if a dual-use. See	instructions.		
5 art 1 2 3	in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of B C C Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property	ee instructions) city, state, ZIP code). C	heck if a dual-use. See	instructions.		
5 art 1 2 3 a	in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of B C C C G Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement)	ee instructions) city, state, ZIP code). C	heck if a dual-use. See	instructions.		
5 /art 1 2 3 a b	in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of B C C C C C C C C C C C C C C C C C C	ee instructions) city, state, ZIP code). C	heck if a dual-use. See	instructions.		
5 art 1 2 3 a	in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of B C C C C C C C C C C C C C C C C C C	ee instructions) city, state, ZIP code). C	heck if a dual-use. See	instructions.		
5 art 1 2 3 a b c	in lines 2(a) and 2(b) (attach statement)	ee instructions) city, state, ZIP code). C	heck if a dual-use. See	instructions.		
5 art 1 2 3 a b	in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of A	ee instructions) city, state, ZIP code). C	heck if a dual-use. See	instructions.		
5 art 1 2 3 a b c 4	in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of B C C C C C C C C C C C C C C C C C C	ee instructions) city, state, ZIP code). C	heck if a dual-use. See	instructions.		
5 art 1 2 3 a b c	in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of B C C C D G Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-	ee instructions) city, state, ZIP code). C A	heck if a dual-use. See	instructions.		
5 art 1 2 3 a b c 4 5	in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of B C C C C C C C C C C C C C C C C C C	ee instructions) city, state, ZIP code). C A	heck if a dual-use. See	instructions.		D
5 art 1 2 3 a b c 4 5 6	in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, o B C C C C C C C C C C C C C C C C C C	ee instructions) city, state, ZIP code). C A	B B	instructions.		D
5 art 1 2 3 a b c 4 5	in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, o A B C B C C C C C C C C C C	ee instructions) city, state, ZIP code). C A	B B	instructions.	%	D
5 art 1 2 3 a b c 4 5 6 7	in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, o B C C C C C C C C C C C C C C C C C C	ee instructions) city, state, ZIP code). C A	B B	instructions.	%	D
5 art 1 2 3 a b c 4 5 6 7 8	in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, o A B C B C C C C C C C C C C	ee instructions) city, state, ZIP code). C A	B B	instructions.	%	0. D 9 0.
5 art 1 2 3 a b c 4 5 6 7 8 9	in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, of B C C C D G Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt- financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6 Total gross income (add line 7, columns A through D)	ee instructions) city, state, ZIP code). C A A . Enter here and on Par	B B % t I, line 7, column (A)	instructions.		D 9 0.
5 20 art 1 2 3 a b c 4 5 6 7 8	in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, o B C C C D G Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt- financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6 Total gross income (add line 7, columns A through D) Allocable deductions. Multiply line 3c by line 6	ee instructions) city, state, ZIP code). C A A . Enter here and on Par . Enter here and on Par	B B % t I, line 7, column (A)	instructions.		D 9 0.

2022.05000 ASBURY ATLANTIC, INC. A4210141

									1
Schedu	ule A (Form 990-T) 2022	ities, Royalties, and R	anta fran	n Control		appination	.	、	Page 3
Part	VI Interest, Annu	inties, Royalties, and Ro	ents fror	n Control		-		,	
	1. Name of controlled	d 2. Employer	3 Net	unrelated	1	al of specified	lled Organizatior 5. Part of colu		Deductions directly
	organization	identification		ne (loss)	1	nents made	that is included	in the	connected with
	Ũ	number	(see ins	structions)			controlling orgation tion's gross inc		ncome in column 5
(1)							dien e greee int		
(2)									
(3)									
(4)									
				Controlled O					
7	. Taxable Income	8. Net unrelated		otal of specif			of column 9 luded in the		eductions directly
		income (loss) (see instructions)	pa	yments mad	е	controlling	organization's		onnected with me in column 10
(1)		(000 monatonent)				gross	income		
(1) (2)									
(3)									
(4)									
			•			Add colum	ns 5 and 10.	Add o	olumns 6 and 11.
							and on Part I,		here and on Part I,
						line 8, c	column (A)		e 8, column (B)
Totals				<u></u>			0.		0.
Part		ncome of a Section 50)1(c)(7), (ee instructions)		
	1. Desc	ription of income		2. Amou incor		3. Deduction		-asides tatement)	5. Total deductions and set-asides
						(attach state	•	latomony	(add cols 3 and 4)
(1)									-
(2)									
(3)									
(4)									
				Add amou column 2					Add amounts in column 5. Enter
				here and o					here and on Part I,
				line 9, colu	-				line 9, column (B)
Totals Part		· · · · · · · · · · · · · · · · · · ·	<u></u>		0.				0.
		xempt Activity Income	, Other I	nan Adve	ertisin	g income	see instructions)	
1	Description of exploite				- Devit I	line 10 eekun	- (0)		
2 3		ess income from trade or busi nected with production of unr						2	
3								3	
4		unrelated trade or business.						\vdash	
•								4	
5	•	tivity that is not unrelated bus						5	
6		to income entered on line 5						6	
7		ses. Subtract line 5 from line 6							
	4. Enter here and on P	art II, line 12			<u></u>			7	

Schedule A (Form 990-T) 2022

Part	ule A (Form 990-T) 2022 IX Advertising Income				Page
1	Name(s) of periodical(s). Check box if reporting tw	o or more periodicals on a	consolidated basi	S.	
	A				
	B				
	D				
Enter :	amounts for each periodical listed above in the corre				
	anounts for each periodical listed above in the com		В	С	D
2	Gross advertising income			U	
2	Add columns A through D. Enter here and on Part				0.
а	Add coldmins A through D. Enter here and on r an				
3	Direct advertising costs by periodical				
a	Add columns A through D. Enter here and on Part		I		0.
a	Add coldmins A through D. Enter here and on Fan				
4	Advertising gain (loss) Subtract line 2 from line				
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5					
6	Readership costs				
7	Circulation income				
'	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8					
0	Excess readership costs allowed as a deduction. For each column showing a gain on				
	line 4, enter the lesser of line 4 or line 7				
2	Add line 8, columns A through D. Enter the greate		l tal or zoro horo ar	nd on	
а					0.
Part	Part II, line 13 X Compensation of Officers, Direct		see instructions)		•
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
	I. Name	2. The		to business	unrelated business
(1)				%	unrelated business
(1) (2)				%	
(2) (2)				%	
(3) (4)				%	
(4)				%	
Total	. Enter here and on Part II, line 1				0.
Part					0•
i ait		structions)			

223732 01-16-23

71 2022.05000 ASBURY ATLANTIC, INC. A4210141

ASBURY ATLANTIC, INC.

FORM 990-T	DESCRIPTION OF ORGANIZATION'S UNRELATED	STATEMENT 2
SCHEDULE A	BUSINESS ACTIVITY	

RENTAL OF SPACE TO RELATED FOR-PROFIT ORGANIZATION

TO FORM 990-T, SCHEDULE A, LINE E

990-T SCH A	A POST-201	7 NET OPERATING	LOSS DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	25,837.	0.	25,837.	25,837.
NOL CARRYOV	VER AVAILABLE THIS	YEAR	25,837.	25,837.

DocuSign Envelope ID: 60B4968E-BAD7-4EDD-806F-270DC607D56E

52-0607956 ASBURY ATLANTIC, INC. FORM 990-T (A) PART IV - RENT INCOME FROM REAL PROPERTY AND STATEMENT 4 PERSONAL PROPERTY LEASED WITH REAL PROPERTY 1. ACTIVITY DESCRIPTION OF PROPERTY NUMBER SPACE LOCATED IN THE ADMINISTRATION BUILDING ON 1 2. RENT RECEIVED OR ACCRUED Α. в. 3. FROM PERSONAL PROPERTY FROM REAL AND PERSONAL DEDUCTION DIRECTLY IF % OF RENT IS > 10% PROPERTY IF % OF RENT CONNECTED WITH INC. BUT LESS THAN 50% > 50% OR BASED ON INC. IN COL. 2A OR 2B 0. 0. 0. 1. ACTIVITY DESCRIPTION OF PROPERTY NUMBER 2 VILLAGE (AMV), COMMONLY KNOWN AS 201 RUSSELL AV 2. RENT RECEIVED OR ACCRUED Α. в. 3. FROM PERSONAL PROPERTY FROM REAL AND PERSONAL DEDUCTION DIRECTLY IF % OF RENT IS > 10% PROPERTY IF % OF RENT CONNECTED WITH INC. BUT LESS THAN 50% > 50% OR BASED ON INC. IN COL. 2A OR 2B 0. 0. 0. ACTIVITY 1. DESCRIPTION OF PROPERTY NUMBER 3 AMV LEASES OFFICE SPACE AND SPACE FOR COMPUTER 2. RENT RECEIVED OR ACCRUED в. 3. Α. FROM PERSONAL PROPERTY FROM REAL AND PERSONAL DEDUCTION DIRECTLY IF % OF RENT IS > 10%PROPERTY IF % OF RENT CONNECTED WITH INC. BUT LESS THAN 50% > 50% OR BASED ON INC. IN COL. 2A OR 2B 0. 0. 0. 1. ACTIVITY DESCRIPTION OF PROPERTY NUMBER 4 INC., A DELAWARE CORPORATION. ASBURY ATLANTIC, 2. RENT RECEIVED OR ACCRUED в. Α. 3. FROM REAL AND PERSONAL DEDUCTION DIRECTLY FROM PERSONAL PROPERTY IF % OF RENT IS > 10%PROPERTY IF % OF RENT CONNECTED WITH INC. BUT LESS THAN 50% > 50% OR BASED ON INC. IN COL. 2A OR 2B 0. 0. 0.

15121110 131839 A421014

73 STATEMENT(S) 4 2022.05000 ASBURY ATLANTIC, INC. A4210141 DocuSign Envelope ID: 60B4968E-BAD7-4EDD-806F-270DC607D56E

	ATLANTIC, INC.		52-0607956
DESCRIP	1. TION OF PROPERTY		TIVITY UMBER
OF ASBU	RY COMMUNITIES, INC. UTIL	IZE THE COMPUTE	5
	IF % OF RENT IS > 10%	OR ACCRUED B. FROM REAL AND PERSONAL PROPERTY IF % OF RENT > 50% OR BASED ON INC.	CONNECTED WITH INC.
	0.	0.	0.
	1. TION OF PROPERTY OGY SERVICES OF THE ASBURY	N	TIVITY UMBER 6
		OR ACCRUED B. FROM REAL AND PERSONAL PROPERTY IF % OF RENT > 50% OR BASED ON INC.	CONNECTED WITH INC.
	0.	0.	0.
TOTALS	0.	0.	0.

	MARYLAND FORM 500	CORPORATION INCOME TAX RETURN		225000005	2022 \$
(DR FISCAL YEAR BEGINNING	2022, ENDING	_		
	0607956 ederal Employer Identification Number	(9 digite)			
FEIN A	Applied for Date (MMDDYY)				
100	0145				
► Da	ate of Organization or Incorporation (M	MDDYY)			
<u>≥</u> <u>62</u>	3000 siness Activity Code No. (6 digits)				
e Bus	siness Activity Code No. (6 digits)				
Black Ink					
p	BURY ATLANTIC	INC			
528	85 WESTVIEW DRI	IVE			
E Currer	nt Mailing Address (PO Box, number, s	treet and apt. no)		Do not write in this spa	ace. Amended
200					_
	nt Mailing Address Line 2 (Apt No., Suit		01 - 0 0	ME YE	
	EDERICK	<u>MD</u>	21703 ZIP Code + 4		
Oity Oi	Town	olate			
Foreig	n Country Name		Foreign Pr	rovince/State/County	
STAPLE CHECK HERE	CHECK HERE IF:	•		st filing of the corporation	Final Return
		ginning and ending dates are different ERATING LOSS, CHECK THE APPRC	-	Carryback	Carryforward
		m for the loss year and Form 1139.			E M 0
ЗЕЕ 1а.		TIONS. ATTACH A COPY OF THE FE nter amount from Federal Form 1120 lin Check applicable_box:		TURN THROUGH SCHEDU	_E M2.
	1120 11				
		IF 1120S, FILE ON FORM 510		_ 1a	00
1b.	Special Deductions (Federa				0.0
4.		fore net operating loss deduction		1b	00
IC.		nore net operating loss deduction		► 1c	.00
MAF		O FEDERAL TAXABLE INCOME		P 10	
	entries must be positive am				
ADD	ITION ADJUSTMENTS	-			
2a.	Section 10-306.1 related pa	arty transactions	►	2a	00
2b.	Decoupling Modification A				
-		structions.)			
2c.		ljustments to Federal Taxable Income (Add lines 2a and 2b)	2c	00
SUB 3a.	TRACTION ADJUSTMENT	5 arty transactions	•	32	. 0.0
3a. 3b.		poration claiming foreign tax credits	····· •	Ja	_ • • • •
		Schedule C line 18)		3b	00



CORPORATION INCOME TAX RETURN



2022 page 2

NAME ASBURY ATLANTIC FEIN 520607956

Bc.	Dividends from related foreign corporations (Federal form 1120/1120C Schedule C line 14, 16b and 16c)	► 3c.		.00	
3d.	Decoupling Modification Subtraction adjustment				
	(Enter code letter(s) from instructions.)	► 3d.		.00	
Be.	Total Maryland Subtraction Adjustments to Federal Taxable Income	_			
	(Add lines 3a through 3d.)		Зе		00
4.	Maryland Adjusted Federal Taxable Income before NOL deduction is applied				
	(Add lines 1c and 2c, and subtract line 3e.)		4		0(
5.	Enter Adjusted Federal NOL Carry-forward available from previous tax years (including				
	FDSC Carry-forward) on a separate company basis (Enter NOL as a positive amount.)		🕨 5	963	<u>395</u> .00
З.	Maryland Adjusted Federal Taxable Income (If line 4 is less than or equal to zero,				
	enter amount from line 4.) (If line 4 is greater than zero, subtract line 5 from line 4 and				
	enter result. If result is less than zero, enter zero.)		6		0.0
MAR	YLAND ADDITION MODIFICATIONS				
All e	entries must be positive amounts.)				
7a.	State and local income tax	► 7a.		00	
7b.	Dividends and interest from another state, local or federal tax				
	exempt obligation	▶ 7b.		00	
7c.	Net operating loss modification recapture (Do not enter NOL carryover.				
	See instructions.)	▶ 7c.		00	
7d.	Domestic Production Activities Deduction	▶ 7d		00	
7e.	Deduction for Dividends paid by captive REIT	▶ 7e.		00	
7f.	Other additions (Enter code letter(s) from				
	instructions and attach schedules)	▶ 7f.		00	
7g.	Total Addition Modifications (Add lines 7a through 7f)				.0
MAR	YLAND SUBTRACTION MODIFICATIONS				
All e	entries must be positive amounts.)				
Ba.	Income from US Obligations	► 8a.		.00	
3b.	Other subtractions (Enter code letter(s) from				
	instructions and attach schedule)	▶ 8b.		.00	
	If you are claiming subtraction H, enter your state medical cannabis business license n	umber:	▶ _		_
Bc.	Total Subtraction Modifications (Add lines 8a and 8b)		8c.		.00
NET	MARYLAND MODIFICATIONS				
Э.	Total Maryland Modifications (Subtract line 8c from 7g. If less than zero,				
	enter negative amount.)				.00
10.	Maryland Modified Income (Add lines 6 and 9.)		10.		0.00
APF	PORTIONMENT OF INCOME				
	be completed by multistate corporations whose apportionment factor is less than `	1, otherwise sl	kip to line 13.)		
11.	Maryland apportionment factor (from page 4 of this form)				
	(If factor is zero, enter .000000.)		🕨 11.		
12.	Maryland apportionment income (Multiply line 10 by line 11.)				.00
13.	Maryland taxable income (from line 10 or line 12, whichever is applicable.)				0.00
14.	Tax (Multiply line 13 by 8.25%.)				0.00
	Estimated tax paid with Form 500D, Form MW506NRS and/or credited		·······		
	from 2021 overpayment	► 15a.		.00	
15b.	Tax paid with an extension request (Form 500E)	► 15b.		.00	
	Nonrefundable business income tax credits from Part AAA. (See instructions for Form s	-	You must	file this form electro	nically to
	Refundable business income tax credits from Part DDD. (See instructions for Form 500			s tax credits from F	
	The Heritage Structure Rehabilitation Tax Credit is claimed on line 1 of Part DDD on Fo	-	L		



CORPORATION INCOME TAX RETURN



2022 page 3

NAME ASBURY ATLANTIC FEIN 520607956

15f.	Nonresident tax paid on behalf of the corporation by pass-through entities				
	(Attach Maryland Schedule 510/511 K-1.)	► 15f.		.00	
15g.	If amending, total payments made with original plus additional tax paid				
	after original was filed	►15g.		.00	
15h.	Total payments and credits (add lines 15a through 15g)		15h		00
16.	Balance of tax due (If line 14 exceeds line 15h enter the difference.)		▶ 16.		00
17.	Overpayment (If line 15h exceeds line 14, enter the difference.)		▶ 17.		00
17a.	If amending prior overpayment (Total all refunds previously issued.)		17a		00
18.	Interest and/or penalty from Form 500UP or	ate payment interest			
	for original return		▶ 18.		00
19.	Total balance due (Add lines 14, 17a and 18. Subtract line 15h.)		▶ 19.		.00
20.	Amount of overpayment from original return to be applied to estimated tax	c for 2023			
	(not to exceed the net of lines 17 minus 17a and 18.)		▶ 20.		.00
21.	Amount of overpayment TO BE REFUNDED				
	(Add lines 18 and 20, and subtract the total from line 17.)				
	(If amending subtract lines 17a and 18 from line 17.)		▶ 21.		.00

DIRECT DEPOSIT OF REFUND (See Instructions.) Verify that all account information is correct and clearly legible.

If you are requesting direct deposit of your refund, complete the following.

Check here if you authorize the State of Maryland to issue your refund by direct deposit.		
Check here if this refund will go to an account outside of the United States.		
Type of account: Checking Savings		
Routing Number (9-digits):		
Account number:		
Name as it appears on the bank account:		
RMATIONAL PURPOSES ONLY (LINES 23 & 24)		
NOL generated in Current Year - Carryforward 20 years and carry back 2 years (farming loss ONLY).		
(If line 6 is less than zero, enter on line 23.)	. 23	0.00
NAM generated in Current Year - Carried Forward/Back with Loss on Line 23 per		
Section 10-205(e) (If line 6 is less than zero AND line 9 is greater than zero, enter the		
amount from line 9 on line 24.)	24	<u> </u>
	Type of account: Checking Savings Routing Number (9-digits): Account number: 	Check here if this refund will go to an account outside of the United States. Type of account: ▶ Checking Savings Routing Number (9-digits): ▶ Account number: ▶ Name as it appears on the bank account: RMATIONAL PURPOSES ONLY (LINES 23 & 24) NOL generated in Current Year - Carryforward 20 years and carry back 2 years (farming loss ONLY). (If line 6 is less than zero, enter on line 23.) NAM generated in Current Year - Carried Forward/Back with Loss on Line 23 per Section 10-205(e) (If line 6 is less than zero AND line 9 is greater than zero, enter the

FOR USE IF AMENDING THE RETURN

Explanation of Changes to Income, Modifications, Apportionment Factor and Credits. Show the computation in detail and attach schedules as necessary. Check the box or boxes that reflect the reason for filing this amended return and explain in the space provided below the checkboxes. If more space is needed, you may attach additional pages.

	1.	Amended to claim a Net Operating Loss Deduction
	2.	Amended to report a federal adjustment or an RAR (Revenue Agent Report)
	3.	Amended to claim Business Tax Credit.
	4.	Amended to claim nonresident PTE Tax Credit
	5.	Amended to report income omitted on previous filing
	6.	Amended to change apportionment factor
	7.	Amended for another reason

Explanation of Changes:

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CORPORATION INCOME TAX RETURN



2022 page 4

NAME ASBURY ATLANTIC FEIN 520607956

NOTE: Rental/leasing companies, financial institutions, transportation companies, and worldwide headquartered companies see instructions on Special Apportionment.		Column 1 TOTALS WITHIN MARYLAND	Column 2 TOTALS WITHIN AND WITHOUT MARYLAND	Column 3 DECIMAL FACTOR (Column 1 ÷ Column 2 rounded to six places
I. Receipts	a. Gross receipts or sales less returns and	0.0	0.0	
	allowances	.00	• .00	
	b. Dividends	.00	.00	
	c. Interest	.00	.00	
	d. Gross rents	.00	.00	
	e. Gross royalties	.00	.00	
	f. Capital gain net income	.00	.00	
	g. Other income (Attach schedule.)	.00	.00	
	 h. Total receipts (Add lines 1(a) through 1(g), for Columns 1 and 2.) 	.00	.00	
-	tor on line 4 unless you use a special formula or alternative apportionment formula.			
. Property	a. Inventory	.00	.00	
	b. Machinery and equipment	.00	.00	
	c. Buildings	.00	.00	
	d. Land	.00	.00	
	e. Other tangible assets (Attach schedule.)	.00	.00	
	f. Rent expense capitalized (multiply by eight)	.00	.00	
	g. Total property (Add lines 2a through 2f, for Columns 1 and 2.)►	.00	.00	
. Payroll	a. Compensation of officers	.00	.00	
	b. Other salaries and wages	.00	.00	
	c. Total payroll (Add lines 3a and 3b, for	.00	.00	

Check here if special apportionment or alternative apportionment formula is used.

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CORPORATION INCOME TAX RETURN



2022 page 5

NAME ASBURY ATLANTIC FEIN 520607956

SCH	HEDULE B - ADDITIONAL INFORMATION REQUIRED (Attach a separate schedule if more space is necessary.)	
1.	Telephone number of corporation tax department: <u>3012502100</u>	
2.	Address of principal place of business in Maryland (if other than indicated on page 1):	
З.	Brief description of operations in Maryland:	
4.	Has the Internal Revenue Service made adjustments (for a tax year in which a Maryland return was required) that were not previously reported to the Maryland Revenue Administration Division? If "yes", indicate tax year(s) here:	X No
	adjustment report(s) under separate cover.	
5.	Did the corporation file employer withholding tax returns/forms with the Maryland Revenue Administration Division for the last calendar year? Yes	X No
6.	Is this entity part of the federal consolidated filing?	X No
	If a multistate operation, provide the following:	
7.	Is this entity a multistate corporation that is a member of a unitary group?	X No
8.	Is this entity a multistate manufacturer with more than 25 employees?	X No

SCHEDULE C - ADDITIONAL INFORMATION REQUIRED (Attach a separate schedule if more space is necessary.)

1. Subtraction for donations of certain disposable diapers, certain hygiene products, and certain monetary gifts. List the name(s) of the qualified charitable entity on the lines below.



CORPORATION INCOME TAX RETURN



2022 page 6

SIGNATURE AND VERIFICATION

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. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

Date

Check here **X** if you authorize your preparer to discuss this return with us.

DocuSigned by: <u>Andrew Jeannert</u> Officesiss.sign.storester... Date

ANDREW JEANNERET, TREASURER

Officer's Name and Title

JOHN NORMAN

Preparer's signature (Required by Law)

CLIFTONLARSONALLEN LLP

Printed name of the Preparer / or Firm's name

1966 GREENSPRING DRIVE SUITE 300

Street address of preparer or Firm's address

TIMONIUM MD 210934161

City, State, ZIP Code + 4

4104530900

Telephone number of preparer

▶ P01506766

Preparer's PTIN (Required by Law)

CODE NUMBERS (3 digits per line)

INCLUDE ALL REQUIRED PAGES OF FORM 500

Make checks payable to and mail to:

Comptroller Of Maryland Revenue Administration Division 110 Carroll Street Annapolis, Maryland 21411-0001 (Write Your FEIN On Check Using Blue Or Black Ink.)