

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2021

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ASBURY COMMUNITIES, INC		D Employer identification number 52-1862677
	Doing business as		E Telephone number 301-250-2100
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 34,063,911.
	5285 WESTVIEW DRIVE	200	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code FREDERICK, MD 21703		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: DOUG LEIDIG SAME AS C ABOVE		If "No," attach a list. See instructions	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.ASBURY.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1994	M State of legal domicile: MD

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: EXPLORING POSSIBILITIES TO LIVE YOUR BEST LIFE BY DOING ALL THE GOOD WE CAN WITH INTEGRITY,		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	96
	6 Total number of volunteers (estimate if necessary)	6	0
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	0.	657,935.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,018,125.	13,767,424.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	845,797.	4,134,946.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12,863,922.	18,560,305.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	13,170,381.	12,897,067.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,535,529.	5,160,301.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18,705,910.	18,057,368.	
19 Revenue less expenses. Subtract line 18 from line 12	-5,841,988.	502,937.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	47,159,908.	43,643,378.
	22 Net assets or fund balances. Subtract line 21 from line 20	71,956,276.	69,443,460.
		-24,796,368.	-25,800,082.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	ANDREW JEANNERET, TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JOHN NORMAN	JOHN NORMAN	11/11/22	<input type="checkbox"/>	P01506766
Firm's name ▶ CLIFTONLARSONALLEN LLP			Firm's EIN ▶ 41-0746749		
Firm's address ▶ 227 WEST TRADE STREET, SUITE 800 CHARLOTTE, NC 28202			Phone no. 704-998-5200		

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: OUR MISSION IS EXPLORING POSSIBILITIES TO LIVE YOUR BEST LIFE BY DOING ALL THE GOOD WE CAN WITH INTEGRITY, TRANSPARENCY AND GRACE.

CONTINUED ON SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

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

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

4a (Code:) (Expenses \$ 12,472,033. including grants of \$ 0.) (Revenue \$ 13,767,424.) ASBURY COMMUNITIES, INC. ("ASBURY") IS A TAX-EXEMPT, NOT-FOR-PROFIT, SUPPORTING ORGANIZATION PURSUANT TO 501(C)(3) AND 509(A)(3) OF THE INTERNAL REVENUE CODE. ASBURY PROVIDES DEFINED BUSINESS, ADMINISTRATIVE, AND OPERATIONAL SUPPORT TO A SYSTEM OF 501(C)(3) TAX-EXEMPT, NOT-FOR-PROFIT SUPPORTED ORGANIZATIONS THAT PROVIDE RESIDENTIAL LIVING AND HEALTH CARE SERVICES TO OLDER ADULTS. BEYOND RESIDENTIAL HOUSING FOR OLDER ADULTS, THE SUPPORTED ORGANIZATIONS ALSO PROVIDE ASSISTED LIVING, SKILLED NURSING, LONG TERM CARE, PACE (LIFE) PROGRAMMING, REHABILITATION, PHARMACY, HOME HEALTH AND HOME CARE SERVICES PURSUANT TO THEIR RESPECTIVE NOT-FOR-PROFIT MISSIONS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 12,472,033.

Part IV Checklist of Required Schedules

Table with columns for question number, Yes, and No. Contains 21 main questions and sub-questions (a-f) regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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 person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (11), 1b (0), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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, 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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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 organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DOUG LEIDIG PRESIDENT/EX-OFFICIO	40.00	X		X				1,000,871.	0.	33,370.
(2) SUE DACAMARA COO/ASST. SECRETARY- LEFT APRIL 2021	38.00 2.00			X				721,098.	0.	9,877.
(3) ANDREW JEANNERET CFO/TREASURER	35.00 5.00			X				464,910.	0.	31,692.
(4) SANDRA H. LAWSON CHIEF GROWTH OFFICER I	40.00				X			396,844.	0.	25,135.
(5) ANDREW JOSEPH GENERAL COUNSEL/SECRETARY	35.00 5.00			X				383,020.	0.	27,617.
(6) TODD ANDREWS ASST. SECRETARY	40.00			X				358,565.	0.	25,093.
(7) SHAUN SMITH ASST. SECRETARY	37.00 3.00			X				345,427.	0.	34,120.
(8) HENRY R. MOEHRING VICE PRESIDENT III	40.00					X		323,983.	0.	27,934.
(9) MICHAEL REYNOLDS DIRECTOR	40.00					X		291,604.	0.	26,925.
(10) KIMBERLY EHRENFRIED VICE PRESIDENT III	40.00					X		250,791.	0.	28,940.
(11) RHONDA TERANTO VICE PRESIDENT I	40.00					X		245,604.	0.	23,836.
(12) CLAUDE MARGOT VICE PRESIDENT III	40.00					X		246,787.	0.	21,345.
(13) MANNY OCASIO COLON ASST. SECRETARY- LEFT MARCH 2021	37.00 3.00			X				141,077.	0.	8,119.
(14) LARRY PARKS CHAIR	2.00	X		X				19,500.	0.	0.
(15) R. SCOTT COOLIDGE VICE CHAIR	2.00	X		X				15,000.	0.	0.
(16) NELLIE WARD COLE DIRECTOR	2.00 2.00	X						15,000.	0.	0.
(17) JEFFREY ERNICO DIRECTOR	2.00 2.00	X						15,000.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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 organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JULIE GILBERT DIRECTOR	2.00	X						15,000.	0.	0.
(19) C. ERIC WINZER DIRECTOR	2.00	X						15,000.	0.	0.
(20) LOUIS GRAMMES DIRECTOR	2.00 2.00	X						10,000.	0.	0.
(21) RICHARD SHUMAN DIRECTOR	2.00	X						8,000.	0.	0.
(22) MELISSA FORS DIRECTOR	2.00 2.00	X						7,803.	0.	0.
(23) EFONDA SPROLES DIRECTOR	2.00 2.00	X						7,500.	0.	0.
1b Subtotal								5,298,384.	0.	324,003.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								5,298,384.	0.	324,003.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **35**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CLIFTONLARSONALLEN, LLP PO BOX 829702, PHILADELPHIA, PA 19182-9702	ACCOUNTING/AUDIT FIRM	331,612.
RKL LLP PO BOX 8408, LANCASTER, PA 17604	ACCOUNTING/AUDIT FIRM	189,684.

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

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	657,935.				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f					
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f			657,935.			
Program Service Revenue	2 a	MANAGEMENT FEES	Business Code	541610	13,767,424.	13767424.		
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			13,767,424.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			643,192.		643,192.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	6a	(i) Real	(ii) Personal			
	b	Less: rental expenses ...	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other			
						18,995,360.		
	b	Less: cost or other basis and sales expenses	7b	15,503,606.				
c	Gain or (loss)	7c	3,491,754.					
d	Net gain or (loss)			3,491,754.		3491754.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a		Business Code					
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d						
12	Total revenue. See instructions			18,560,305.	13767424.	0.	4134946.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
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	3,403,663.	2,382,564.	1,021,099.	
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	7,568,886.	6,773,209.	795,677.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	615,743.	412,755.	202,988.	
9 Other employee benefits	692,631.	426,732.	265,899.	
10 Payroll taxes	616,144.	524,454.	91,690.	
11 Fees for services (nonemployees):				
a Management	1,473,988.		1,473,988.	
b Legal	257,952.	257,952.		
c Accounting	177,065.	177,065.		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	80,607.	63,204.	17,403.	
12 Advertising and promotion	151,232.	141,332.	9,900.	
13 Office expenses	566,108.	162,431.	403,677.	
14 Information technology	342,060.	341,882.	178.	
15 Royalties				
16 Occupancy				
17 Travel	215,119.	187,866.	27,253.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	39,443.	39,443.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	633,305.		633,305.	
23 Insurance	45,521.	45,521.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a BOARD RELATED EXPENSES	423,853.		423,853.	
b CONSULTING FEES	243,483.	119,266.	124,217.	
c RECRUITING/TRAINING	212,453.	207,864.	4,589.	
d DUES AND SUBSCRIPTIONS	189,951.	136,949.	53,002.	
e All other expenses	108,161.	71,544.	36,617.	
25 Total functional expenses. Add lines 1 through 24e	18,057,368.	12,472,033.	5,585,335.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	5,238,240.	1	14,895,027.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,342,787.	9	382,213.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,992,163.		
	b Less: accumulated depreciation	10b 3,458,331.	10c	1,533,832.
	11 Investments - publicly traded securities	32,042,576.	11	21,584,378.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	5,563,126.	15	5,247,928.
16 Total assets. Add lines 1 through 15 (must equal line 33)	47,159,908.	16	43,643,378.	
Liabilities	17 Accounts payable and accrued expenses	21,814,811.	17	23,528,381.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	657,935.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	49,483,530.	25	45,915,079.
	26 Total liabilities. Add lines 17 through 25	71,956,276.	26	69,443,460.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	-24,796,368.	27	-25,800,082.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	-24,796,368.	32	-25,800,082.
	33 Total liabilities and net assets/fund balances	47,159,908.	33	43,643,378.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,560,305.
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,057,368.
3	Revenue less expenses. Subtract line 2 from line 1	3	502,937.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-24,796,368.
5	Net unrealized gains (losses) on investments	5	-1,140,980.
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	-365,671.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	-25,800,082.

Part XII Financial Statements and Reporting

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

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

Form 990 (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization ASBURY COMMUNITIES, INC	Employer identification number 52-1862677
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
ASBURY ATLANTIC, INC.	52-0607956	10	X		0.	0.
ASBURY COMMUNITIES HCBS, INC.	45-0634490	10	X		0.	0.
ASBURY FOUNDATION, INC.	52-1862674	7	X		0.	0.
ASBURY, INC.	62-0630670	10	X		0.	0.
ALBRIGHT CARE SERVICES	23-1887138	10	X		0.	0.
Total					0.	0.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here.

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here.

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 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

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input checked="" type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described 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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>	X	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	X	

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide 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 organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021

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

SCHEDULE A, PART I, LINE 12G, COLUMN VI

ASBURY COMMUNITIES, INC. PROVIDES SPECIFIC BUSINESS AND OPERATIONAL SERVICES AS WELL AS POLICY AND GUIDANCE TO ITS SUPPORTED ORGANIZATIONS, ASBURY ATLANTIC, INC., ASBURY COMMUNITIES HCBS, INC., ASBURY FOUNDATION, INC., ASBURY, INC., ALBRIGHT CARE SERVICES, AND BETHANY DEVELOPMENT CORPORATION. ASBURY COMMUNITIES, INC. PROVIDES CLINICAL, OPERATIONAL, FINANCE, MARKETING, COMMUNICATIONS, LEGAL, HUMAN RESOURCES, COMPLIANCE, RISK MANAGEMENT, PROJECT DEVELOPMENT, AND STRATEGIC PLANNING SERVICES. ASBURY COMMUNITIES, INC. HAS A SERVICES AGREEMENT WITH ITS SUPPORTED ORGANIZATIONS THAT OUTLINES THE SERVICES PROVIDED.

FOR THE PURPOSE OF SCHEDULE A PART I LINE 12G(VI), THE AMOUNT OF OTHER SUPPORT HAS NOT BEEN ATTRIBUTED TO ANY OF THE INDIVIDUAL SUPPORTED ORGANIZATIONS. HOWEVER, THE ORGANIZATION DOES BELIEVE THE AMOUNT OF SUPPORT PROVIDED TO THESE ENTITIES IS \$18,365,427, A PORTION OF WHICH ASBURY COMMUNITIES IS REIMBURSED FOR. ALSO INCLUDED IN TOTAL EXPENSES IS \$194,878 OF SUPPORT PROVIDED TO THE ASBURY GROUP, INC. FOR WHICH ASBURY COMMUNITIES IS REIMBURSED. THE TOTAL OF THESE AMOUNTS EQUALS \$18,560,305 - TOTAL EXPENSE REPORTED IN PART IX IN THE FORM 990.

SCHEDULE A, PART IV, SECTION E, LINE 3A

THE ORGANIZATION'S BOARD OF DIRECTORS HAS RESERVED POWERS TO REMOVE AND ELECT DIRECTORS OF THE SUPPORTED ORGANIZATIONS.

SCHEDULE A, PART IV, SECTION E, LINE 3B

ASBURY COMMUNITIES, INC. PROVIDES CLINICAL, OPERATIONAL, FINANCE,

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

MARKETING, COMMUNICATIONS, LEGAL, HUMAN RESOURCES, COMPLIANCE, RISK MANAGEMENT, PROJECT DEVELOPMENT, AND STRATEGIC PLANNING SERVICES. IN THAT REGARD, THE ORGANIZATION SETS OR PROVIDES SIGNIFICANT INPUT IN THE POLICIES AND PROCEDURES THAT GOVERN THESE FUNCTIONAL AREAS AT THE SUPPORTED ORGANIZATION. ADDITIONALLY, FOR PURPOSES OF EFFICIENCY, CERTAIN ACTIVITIES ARE CENTRALIZED AT THE ORGANIZATION'S HOME OFFICE AND THEREBY GUIDED BY THE POLICIES AND PROCEDURES AS SET BY THE ORGANIZATION.

SCHEDULE A, PART IV, SECTION D, LINE 3 THE AUDIT, FINANCE AND INVESTMENT COMMITTEE MAKES RECOMMENDATIONS ON INVESTMENTS AND FINANCIAL MATTERS AND REVIEWS ALL OF THE ASBURY ENTITIES' BUDGETS PRIOR TO BEING PRESENTED TO THE BOARD OF THE SUPPORTING AND/OR SUPPORTED ORGANIZATIONS FOR ACTION. TO DATE THE RECOMMENDATIONS OF THE AUDIT, FINANCE AND INVESTMENT COMMITTEE HAVE BEEN FOLLOWED IN ALL INSTANCES.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

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

2021

Name of the organization

ASBURY COMMUNITIES, INC

Employer identification number

52-1862677

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 ▶ \$ _____

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).

Name of organization ASBURY COMMUNITIES, INC	Employer identification number 52-1862677
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>657,935.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ASBURY COMMUNITIES, INC	Employer identification number 52-1862677
--	---

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization ASBURY COMMUNITIES, INC	Employer identification number 52-1862677
--	---

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization ASBURY COMMUNITIES, INC **Employer identification number** 52-1862677

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2021

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		395,439.	119,078.	276,361.
c Leasehold improvements				
d Equipment		4,596,724.	3,339,253.	1,257,471.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 1,533,832.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DEPOSITS	868,907.
(2) INVESTMENT IN ZIEGLER	57,980.
(3) RIGHT OF USE ASSETS	3,029,425.
(4) INVESTMENT IN THE ASBURY GROUP, INC.	1,291,616.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	5,247,928.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) NET DUE TO SUPPORTED ORGANIZATIONS	42,337,026.
(3) LEASES PAYABLE	3,578,053.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	45,915,079.

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

PART X, LINE 2:

ACOMM AND AFFILIATES, EXCEPT THE ASBURY GROUP, INC. (TAG) AND IVA, INC., ARE 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. TAG AND IVA ARE ORGANIZED AS FOR-PROFIT ENTITIES AND ARE SUBJECT TO FEDERAL AND STATE INCOME TAXES. INCOME TAXES FOR TAG AND IVA ARE RECORDED AS DEFERRED TAX ASSETS AND INCLUDED IN OTHER RECEIVABLES AND PREPAID EXPENSES IN THE ACCOMPANYING CONSOLIDATED BALANCE SHEETS TO REFLECT TEMPORARY BOOK AND TAX DIFFERENCES.

THE COMPANY HAS IMPLEMENTED PROCESSES TO ENSURE COMPLIANCE WITH THE

Part XIII Supplemental Information (continued)

INTERNAL REVENUE SERVICE INTERMEDIATE SANCTIONS PROVISIONS FOR ALL ITS SUPPORTED ORGANIZATIONS, INCLUDING THE COMPANY. THIS INCLUDES AN INDEPENDENT REVIEW BY THE BOARD'S COMPENSATION COMMITTEE OF ALL COMPENSATION ARRANGEMENTS WITH DISQUALIFIED PERSONS AND OUTSIDE COMPENSATION CONSULTANTS TO PROVIDE INDEPENDENT THIRD-PARTY REVIEW AND ADVISEMENT, AND THE IMPLEMENTATION OF A DETAILED CONFLICT-OF-INTEREST POLICY AND ANNUAL DISCLOSURE PROCESS FOR ALL DISQUALIFIED PERSONS.

THE 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.

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization: **ASBURY COMMUNITIES, INC**
 Employer identification number: **52-1862677**

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DOUG LEIDIG PRESIDENT/EX-OFFICIO	(i)	567,807.	357,735.	75,329.	12,565.	20,805.	1,034,241.	56,734.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SUE DACAMARA COO/ASST. SECRETARY- LEFT APRIL 2021	(i)	118,496.	117,731.	484,871.	6,024.	3,853.	730,975.	186,161.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ANDREW JEANNERET CFO/TREASURER	(i)	359,390.	103,874.	1,646.	14,250.	17,442.	496,602.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SANDRA H. LAWSON CHIEF GROWTH OFFICER I	(i)	345,291.	50,000.	1,553.	14,250.	10,885.	421,979.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ANDREW JOSEPH GENERAL COUNSEL/SECRETARY	(i)	283,995.	98,346.	679.	12,417.	15,200.	410,637.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) TODD ANDREWS ASST. SECRETARY	(i)	285,325.	72,564.	676.	12,551.	12,542.	383,658.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) SHAUN SMITH ASST. SECRETARY	(i)	287,054.	56,000.	2,373.	14,250.	19,870.	379,547.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) HENRY R. MOEHRING VICE PRESIDENT III	(i)	266,303.	55,890.	1,790.	14,250.	13,684.	351,917.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MICHAEL REYNOLDS DIRECTOR	(i)	250,782.	37,893.	2,929.	13,721.	13,204.	318,529.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) KIMBERLY EHRENFRIED VICE PRESIDENT III	(i)	208,204.	42,126.	461.	11,001.	17,939.	279,731.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) RHONDA TERANTO VICE PRESIDENT I	(i)	205,565.	38,732.	1,307.	10,741.	13,095.	269,440.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) CLAUDE MARGOT VICE PRESIDENT III	(i)	204,631.	39,657.	2,499.	8,261.	13,084.	268,132.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 3:

THE COMPENSATION OF THE ORGANIZATION'S CEO AND ALL PERSONS DEEMED POTENTIALLY DISQUALIFIED IS REVIEWED AND RECOMMENDED TO THE BOARD OF ASBURY COMMUNITIES, INC. BY THE COMPENSATION COMMITTEE OF THE BOARD.

PART I, LINES 4A-B:

THE PRESIDENT, COO, CFO, GENERAL COUNSEL, AND CHIEF GROWTH OFFICER PARTICIPATE IN A 457(F) PLAN. THE PRESIDENT AND COO RECEIVED DISTRIBUTIONS OF \$56,734 AND \$186,161, RESPECTIVELY, IN 2021. THERE WERE NO OTHER PLAN DISTRIBUTIONS.

SUE DACAMARA, COO/ASST. SECRETARY, LEFT THE ORGANIZATION IN APRIL 2021. SHE ROUTINELY WORKED 40 HOURS PER WEEK PRIOR TO HER DEPARTURE, AND SHE RECEIVED \$297,200 SEVERANCE DURING 2021 UPON SEPARATING FROM THE ORGANIZATION.

PART I, LINE 6:

EXECUTIVE INCENTIVE COMPENSATION IS BASED IN PART UPON THE OPERATING RATIO FROM THE CONSOLIDATED ASBURY COMMUNITIES, INC. FINANCIAL STATEMENTS. THE

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.

OPERATING RATIO MEASURES WHETHER CURRENT YEAR CASH OPERATING REVENUES ARE
SUFFICIENT TO COVER CURRENT YEAR CASH OPERATING EXPENSES.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

ASBURY COMMUNITIES, INC

Employer identification number

52-1862677

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

TRANSPARENCY AND GRACE.

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

AS THE NOT-FOR-PROFIT PARENT OF THE ASBURY SYSTEM, WE GUIDE OUR
COMMUNITIES AND AFFILIATED ORGANIZATIONS IN PROVIDING THE BEST POSSIBLE
EXPERIENCE FOR THE OLDER ADULTS WE SERVE, AS WELL AS FAMILIES,
EMPLOYEES, VOLUNTEERS AND PARTNERS.

FORM 990, PART III, LINE 4

THE ASBURY COMMUNITIES SYSTEM OF SENIOR LIVING AND HEALTH SERVICE
PROVIDERS ORIGINATED WITH ASBURY METHODIST VILLAGE (GAITHERSBURG, MD),
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 FAITH-BASED HERITAGE. THESE VALUES
ARE REFLECTED IN OUR MISSION AND GUIDING PRINCIPLE OF DOING ALL THE
GOOD WE CAN WITH INTEGRITY, TRANSPARENCY, AND GRACE.

THE COMMUNITIES WITHIN THE ASBURY COMMUNITIES SYSTEM, 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.

Name of the organization ASBURY COMMUNITIES, INC	Employer identification number 52-1862677
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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, 2021 BENEVOLENT CARE);

-PROVIDING UNREIMBURSED MEDICAL SERVICES ABOVE MEDICAID CONTRACTED PAYMENT RATES FOR RESIDENTS RECEIVING SERVICES AT ASBURY'S SKILLED NURSING CENTERS (SEE BELOW, 2021 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).

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 \$500,000 IN SCHOLARSHIPS FUNDS, WITH MANY OF THOSE DOLLARS GOING TOWARD CAREER ADVANCEMENT IN THE NURSING AND HEALTHCARE FIELDS. THESE SCHOLARSHIPS HELP ADDRESS A NATIONAL SHORTAGE IN QUALIFIED APPLICANTS FOR CAREERS IN HEALTH CARE. THE SCHOLARSHIPS EASE THE FINANCIAL BURDEN WORKING INDIVIDUALS FACE IN SPECIALIZED DEGREES OFTEN WHILE SUPPORTING FAMILIES. SCHOLARSHIPS ARE ALSO AWARDED TO ASSOCIATES PURSUING CAREERS OUTSIDE OF HEALTH CARE.

SECTION I: BENEVOLENT CARE - 2021

Name of the organization ASBURY COMMUNITIES, INC	Employer identification number 52-1862677
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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 2021, MORE THAN \$2.9 MILLION IN ANNUAL FUNDS AND UNRESTRICTED GIFTS WERE CONTRIBUTED TO HELP MEET IMMEDIATE BENEVOLENT CARE NEEDS FOR 64 RESIDENTS OF ASBURY COMMUNITIES:

ASBURY METHODIST VILLAGE \$1,581,958

ASBURY PLACE \$50,101

ASBURY SOLOMONS \$374,120

BETHANY VILLAGE \$616,471

NORMANDIE RIDGE \$38,890

RIVERWOODS \$188,949

SPRINGHILL \$85,146

TOTAL \$2,935,635

SECTION II: UNREIMBURSED MEDICAL SERVICES

UNREIMBURSED MEDICAL SERVICES ARE THE TOTAL COST AND EXPENSES INCURRED IN THE PROVISION OF CARE TO RESIDENTS OF ASBURY'S SKILLED NURSING CENTERS THAT EXCEED THE REIMBURSEMENT PROVIDED BY CERTAIN PAYOR SOURCES, INCLUDING MEDICAID (MEDICAL ASSISTANCE).

ASBURY METHODIST VILLAGE \$4,316,076

Name of the organization ASBURY COMMUNITIES, INC	Employer identification number 52-1862677
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ASBURY PLACE \$3,796,722

ASBURY SOLOMONS \$184,223

BETHANY VILLAGE \$769,459

NORMANDIE RIDGE \$1,450,780

RIVERWOODS \$4,192,922

SPRINGHILL \$942,913

TOTAL \$15,653,095

SECTION III: COMMUNITY BENEFIT

AS A NOT-FOR-PROFIT ORGANIZATION, ASBURY COMMUNITIES, INC., IS COMMITTED TO PROVIDING BENEFIT TO THE REGIONS WHERE WE OPERATE BY PARTNERING WITH ORGANIZATIONS AND INSTITUTIONS THAT PROVIDE NEEDED SERVICES TO OTHERS OR ADDRESS UNMET NEEDS. EXAMPLES OF OUR COMMUNITIES' LOCAL 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 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 PARTNERSHIPS WITH PEER ORGANIZATIONS

-PROVIDING MEALS ON WHEELS MEALS AND PROGRAM MANAGEMENT, AS WELL AS

Name of the organization ASBURY COMMUNITIES, INC	Employer identification number 52-1862677
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VOLUNTEERING FOR MEAL DELIVERY

-DONATING SPACE AT OUR COMMUNITIES FOR LOCAL CIVIC ORGANIZATIONS

-DONATING DURABLE MEDICAL EQUIPMENT OR OTHER SUPPLIES AND FOOD AND

OTHER ITEMS THAT SUPPORT UNDERSERVED PEOPLE

-FUNDRAISING FOR AGING-RELATED ORGANIZATIONS SUCH AS ALZHEIMER'S

ASSOCIATION AS WELL AS LOCAL CHARITABLE ORGANIZATIONS SUCH AS HOMELESS

SHELTERS AND FOOD KITCHENS

-PROVIDING EDUCATIONAL PRESENTATIONS ON TOPICS BENEFICIAL TO SENIORS

AND FAMILY MEMBERS

-PROVIDING PEER-TO-PEER PRESENTATIONS ON INNOVATIONS IN SENIOR WELLNESS

AND TECHNOLOGY

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

THE EXECUTIVE COMMITTEE WILL CONSIST OF THE CHAIR, VICE CHAIR, AND PRESIDENT/CEO. 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 (1) ELECT OR REMOVE ANY MEMBER OR OFFICER OF THE BOARD OF DIRECTORS, (2) AMEND THE ARTICLES OF INCORPORATION OR BYLAWS OF THE CORPORATION, OR (3) TAKE SUCH OTHER ACTION AS RESTRICTED BY APPLICABLE LAW.

FORM 990, PART VI, SECTION A, LINE 4:

Name of the organization ASBURY COMMUNITIES, INC	Employer identification number 52-1862677
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ON FEBRUARY 4, 2021, THE CORPORATION'S BOARD OF DIRECTORS APPROVED
AMMENDMENTS TO THE BYLAWS.

ARTICLE IX COMMITTEES, SECTION 4 AUDIT AND FINANCE/INVESTMENT COMMITTEE WAS
AMENDED TO CLARIFY CERTAIN POWERS OF THE COMMITTEE AS FOLLOWS:

- (4) OVERSEE AN ANNUAL AUDIT OF THE ORGANIZATION'S FINANCIAL STATEMENTS BY
(A) SELECTING THE CERTIFIED PUBLIC ACCOUNTING FIRM, (B) MONITORING PROGRESS
OF THE AUDIT, AND (C) REVIEWING THE FINAL AUDIT RESULTS/REPORT;
- (5) EVALUATE AND MONITOR INTERNAL ACCOUNTING CONTROL PROCEDURES INCLUDING
THE ORGANIZATION'S RESPONSE TO ANY EXTERNAL OR INTERNAL REPORTS RELATING TO
INTERNAL FINANCIAL CONTROLS; AND,
- (6) EVALUATE AND MONITOR FINANCIAL AND ENTERPRISE RISKS THAT MAY MATERIALLY
IMPACT THE FINANCIAL STRENGTH AND STABILITY OF THE ORGANIZATION.

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

ASBURY COMMUNITIES, INC. IS THE SOLE MEMBER OF ASBURY FOUNDATION, INC.,
ASBURY ATLANTIC, INC., ASBURY, INC., BETHANY DEVELOPMENT CORPORATION,
ALBRIGHT CARE SERVICES, AND ASBURY COMMUNITIES HCBS, INC. ASBURY
COMMUNITIES, INC. HAS A SYSTEM-WIDE AUDIT, FINANCE, AND INVESTMENT
COMMITTEE (AFIC). THE ASBURY COMMUNITIES, INC. BOARD OF DIRECTORS HAS
DELEGATED A REVIEW OF THE FORM 990 TO THE SYSTEM AFIC WHICH PERFORMED ITS
REVIEW ON 11/02/22. THE ASBURY COMMUNITIES, ASBURY FOUNDATION, ASBURY
ATLANTIC, ASBURY COMMUNITIES HCBS, ASBURY, INC., ALBRIGHT CARE SERVICES,
AND BETHANY DEVELOPMENT CORPORATION BOARD OF DIRECTORS WERE FORWARDED A
COPY OF THEIR RESPECTIVE DRAFT FORM 990 FOR THEIR REVIEW AND PROVIDED A
LINK 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
QUESTIONS OR ASK FOR CLARIFICATION FROM STAFF AND THE AFIC.

Name of the organization ASBURY COMMUNITIES, INC	Employer identification number 52-1862677
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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 MANAGEMENT POSITIONS. EACH PERSON COMPLETES A CONFLICT OF INTEREST DISCLOSURE FORM AND IS ADVISED OF THEIR FIDUCIARY OBLIGATIONS. THE COMPLIANCE OFFICER, WHO HAD 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 GOVERNANCE AND NOMINATIONS COMMITTEE. A REPORT WAS MADE TO THE BOARD THAT THERE WERE NO CONFLICTS DURING 2021. 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 PERSONS.

IN ADDITION, THE COMPENSATION COMMITTEE REVIEWS THE ORGANIZATION'S PROGRESS

Name of the organization ASBURY COMMUNITIES, INC	Employer identification number 52-1862677
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TOWARDS KEY PERFORMANCE INDICATORS SELECTED FOR INCENTIVIZING PERFORMANCE OF DISQUALIFIED PERSONS THROUGH A PERFORMANCE BASED-COMPENSATION PROGRAM.

QUARTERLY, THE COMPENSATION COMMITTEE REVIEWS UPDATES TO THE OVERALL BENEFITS AND COMPENSATION PLAN FOR THE ORGANIZATION AS WELL AS PROGRESS ON THE ORGANIZATION'S EMPLOYER OF CHOICE STRATEGIC GOALS.

ALSO ON AN ANNUAL BASIS, THE COMPENSATION COMMITTEE SPECIFICALLY REVIEWS THE COMPENSATION AND BENEFITS OF THE CEO USING THE DATA GATHERED BY THE COMPENSATION CONSULTANT AT THE DIRECTION OF THE COMMITTEE AND PROVIDES INPUT TO THE FULL BOARD OF DIRECTORS IN ORDER TO SUPPORT THEIR DECISION MAKING PROCESS REGARDING THE CEO'S COMPENSATION.

THE COMPENSATION COMMITTEE CHARTER, THE EXECUTIVE COMPENSATION PHILOSOPHY, AND THE EXECUTIVE INCENTIVE PLAN WERE REVIEWED MOST RECENTLY IN 2021.

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

GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. AUDITED FINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC VIEWING ON OUR WEBSITE (WWW.ASBURY.ORG).

FORM 990, PART VII, SECTION A

THE COMPENSATION OF ASBURY COMMUNITIES' OFFICERS AND KEY EMPLOYEES AS SHOWN ON THE FORM 990, PART VII, SECTION A, NOT ONLY RELATES TO THEIR RESPONSIBILITIES AT ASBURY COMMUNITIES, INC. BUT ALSO REFLECTS THEIR RESPONSIBILITY TO PROVIDE EXECUTIVE MANAGEMENT FUNCTIONS, AS WELL AS POLICY AND OVERALL GUIDANCE TO ITS SUPPORTED AND RELATED ORGANIZATIONS.

Name of the organization ASBURY COMMUNITIES, INC	Employer identification number 52-1862677
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ASBURY COMMUNITIES, INC., THE SUPPORTING ORGANIZATION ALONE HAD 94 EMPLOYEES AS OF 12/31/2021. THE FORM 990, PART VII, SECTION A, HAS 35 INDIVIDUALS EARNING \$100,000 OR MORE. THESE POSITIONS ARE RESPONSIBLE FOR PROVIDING EXPERTISE AND GUIDANCE TO MULTIPLE SUPPORTED ORGANIZATIONS IN THE ASBURY SYSTEM WHICH SERVES MORE THAN 5,000 RESIDENTS AND CLIENTS AND EMPLOYS MORE THAN 2,500 EMPLOYEES.

THE 2021 CONSOLIDATED AUDITED FINANCIAL STATEMENTS FOR ASBURY COMMUNITIES, INC. HAD TOTAL REVENUES OF \$297 MILLION AND TOTAL ASSETS IN EXCESS OF \$680 MILLION.

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

TRANSFERS TO AND FROM SUPPORTED ORGANIZATIONS	-362,750.
LOSS ON DISCONTINUED OPERATIONS	-2,921.
TOTAL TO FORM 990, PART XI, LINE 9	-365,671.

FORM 990, PART XII, LINE 2C
THERE HAS BEEN NO CHANGE IN OVERSIGHT PROCESS FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **ASBURY COMMUNITIES, INC** Employer identification number **52-1862677**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ASBURY ATLANTIC, INC. - 52-0607956 5285 WESTVIEW DRIVE, #200 FREDERICK, MD 21703	HOUSING AND HEALTHCARE FOR OLDER ADULTS	MARYLAND	501(C)(3)	LINE 10	ASBURY COMMUNITIES, INC	X	
ASBURY FOUNDATION, INC. - 52-1862674 5285 WESTVIEW DRIVE, #200 FREDERICK, MD 21703	RAISING FUNDS FOR CHARITY CARE	MARYLAND	501(C)(3)	LINE 7	ASBURY COMMUNITIES, INC	X	
AFFILIATED ASSOCIATES, INC. - 51-0426078 5285 WESTVIEW DRIVE, #200 FREDERICK, MD 21703	EMPLOYEE PAYMASTER COMPANY	MARYLAND	501(C)(3)	LINE 12C, III-FI	ASBURY COMMUNITIES, INC	X	
ASBURY COMMUNITIES HCBS, INC - 45-0634490 5285 WESTVIEW DRIVE, #200 FREDERICK, MD 21703	HOME CARE FOR OLDER ADULTS	MARYLAND	501(C)(3)	LINE 10	ASBURY COMMUNITIES, INC	X	

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

Schedule R (Form 990) 2021

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
THE ASBURY GROUP, INC. - 20-5038820 5285 WESTVIEW DRIVE, #200 FREDERICK, MD 21703	TECH & SUPPORT SERVICES	DE	ASBURY COMMUNITIES, INC	C CORP			100%	X	
THRIVEWELL TECH, LLC - 26-2896175 5285 WESTVIEW DRIVE, #200 FREDERICK, MD 21703	INFO & CONSLT SVCS	DE	ASBURY COMMUNITIES, INC	C CORP			100%	X	
IVA, INC. - 56-2362361 5285 WESTVIEW DRIVE, #200 FREDERICK, MD 21703	HOLDS LIQUOR LICENSES	OK	ASBURY ATLANTIC	C CORP			100%	X	

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ASBURY COMMUNITIES HCBS INC.	D	7,528,930.	ACCRUAL BASIS
(2) ASBURY ATLANTIC, INC.	D	9,438,833.	ACCRUAL BASIS
(3) THE ASBURY GROUP, INC.	D	10,298,974.	ACCRUAL BASIS
(4) ASBURY FOUNDATION, INC.	D	18,653,268.	ACCRUAL BASIS
(5) ASBURY, INC.	E	952,985.	ACCRUAL BASIS
(6) THRIVEWELL TECH, LLC.	E	2,436,863.	ACCRUAL BASIS

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) ASBURY ATLANTIC, INC.	E	94,676,427.	ACCRUAL BASIS
(8) ASBURY ATLANTIC, INC.	L	10,150,816.	ACCRUAL BASIS
(9) ASBURY COMMUNITIES HCBS INC.	L	231,800.	ACCRUAL BASIS
(10) THE ASBURY GROUP, INC.	L	194,878.	ACCRUAL BASIS
(11) ALBRIGHT CARE SERVICES	L	3,206,079.	ACCRUAL BASIS
(12) THE ASBURY GROUP, INC.	M	6,068,001.	ACCRUAL BASIS
(13) THE ASBURY GROUP, INC.	O	91,451.	ACCRUAL BASIS
(14) ASBURY ATLANTIC, INC.	S	2,937,250.	ACCRUAL BASIS
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

