Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

A For the 2025 calendar year, or tax year beginning **and ending**

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
ASBURY COMMUNITIES, INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 5285 WESTVIEW DRIVE | Room/suite 200

City or town, state or province, country, and ZIP or foreign postal code FREDERICK, MD 21703

F Name and address of principal officer: DOUG LEIDIG
SAME AS C ABOVE

D Employer identification number 52-1862677

E Telephone number 301-250-2100

G Gross receipts $ 21,611,446.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.ASBURY.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ 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 ☐ 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	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	92
6	Total number of volunteers (estimate if necessary)	6	0
7a	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

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	0.	0.
9	Program service revenue (Part VIII, line 2g)	20,811,065.	20,007,767.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,622,466.	1,565,915.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	22,433,531.	21,573,682.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
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)	15,862,903.	15,832,591.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,886,577.	4,902,382.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	21,749,480.	20,734,973.
19	Revenue less expenses. Subtract line 18 from line 12	684,051.	838,709.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	22,027,328.	33,652,715.
21	Total liabilities (Part X, line 26)	77,180,641.	88,256,677.
22	Net assets or fund balances. Subtract line 21 from line 20	-55,153,313.	-54,603,962.

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

Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
JEFF PARKER	JEFF PARKER	11/11/26	☐	P00970069

Firm's name CLIFTONLARSONALLEN LLP — Firm's EIN 41-0746749

Firm's address 475 REGENCY PARK, SUITE 175
O'FALLON, IL 62269 — Phone no. (618) 233-1200

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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:
EXPLORING POSSIBILITIES TO LIVE YOUR BEST LIFE BY DOING ALL THE GOOD WE CAN WITH INTEGRITY, TRANSPARENCY, AND GRACE.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ..... Yes X No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses $ 15,720,064. including grants of $ 0.) (Revenue $ 20,007,767.)
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 THE AGED. BEYOND RESIDENTIAL HOUSING FOR THE AGED, THE SUPPORTED ORGANIZATIONS ALSO PROVIDE ASSISTED LIVING, SKILLED NURSING, LONG TERM CARE, PACE (LIFE) PROGRAMMING, REHABILITATION, PHARMACY, AND OTHER ANCILLARY 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 15,720,064.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? *If "Yes," complete Schedule L, Part I*	25a		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? *If "Yes," complete Schedule L, Part I*	25b		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? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	380		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 92			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 **10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders **11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**			
c	Enter the amount of reserves on hand **13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

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

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

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain on Schedule O)*

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

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

ANDREW JEANNERET - (301)250-2100

5285 WESTVIEW DRIVE, FREDERICK, MD 21703

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- 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	35.00									
PRESIDENT/EX-OFFICIO	5.00	X		X				0.	1,403,612.	44,089.
(2) ANDREW JEANNERET	32.00									
CFO/TREASURER	8.00			X				0.	753,669.	35,528.
(3) TODD ANDREWS	38.00									
CHIEF OFFICER	2.00				X			0.	540,486.	31,689.
(4) ANDREW JOSEPH	32.00									
GENERAL COUNSEL/SECRETARY	8.00			X				0.	521,920.	30,097.
(5) MICHAEL BARTOSZEK	40.00									
CHIEF OFFICER	0.00					X		0.	441,669.	12,250.
(6) SHAUN SMITH	37.00									
CHIEF OFFICER	3.00				X			0.	403,778.	42,349.
(7) BRIAN DAVENPORT	40.00									
VICE PRESIDENT	0.00					X		0.	291,099.	43,863.
(8) KIMBERLY EHRENFRIED	40.00									
VICE PRESIDENT	0.00					X		0.	288,965.	42,192.
(9) JONATHAN MORRISON	40.00									
SR. DIRECTOR	0.00					X		0.	269,106.	32,999.
(10) MICHELLE CURNOW	40.00									
SENIOR VICE PRESIDENT	0.00					X		0.	250,528.	21,358.
(11) R. SCOTT COOLIDGE	2.00									
CHAIR	0.00	X		X				16,000.	0.	0.
(12) JULIE GILBERT	2.00									
VICE CHAIR	0.00	X		X				15,000.	0.	0.
(13) MELISSA FORS SHACKELFORD	2.00									
DIRECTOR	0.00	X						15,000.	0.	0.
(14) C. ERIC WINZER	2.00									
DIRECTOR	0.00	X						15,000.	0.	0.
(15) JEAN A. MACHART	2.00									
DIRECTOR	0.00	X						15,000.	0.	0.
(16) EFONDA SPROLES	2.00									
DIRECTOR	2.00	X						13,750.	0.	0.
(17) LARRY PARKS	2.00									
DIRECTOR	0.00	X						10,000.	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) RICHARD SHUMAN	2.00									
DIRECTOR	2.00	X						7,800.	0.	0.
(19) MARINA MATUS	2.00									
DIRECTOR	2.00	X						7,500.	0.	0.
(20) CARLA ROBINSON	2.00									
DIRECTOR	0.00	X						7,500.	0.	0.
(21) VERONICA HILL-MILBOURNE	2.00									
DIRECTOR	2.00	X						7,500.	0.	0.
1b Subtotal								130,050.	5,164,832.	336,414.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								130,050.	5,164,832.	336,414.

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 41

		Yes	No
3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	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? *If "Yes," complete Schedule J for such individual*	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? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SODEXO, INC. & AFFILIATES 3181 SHORE DRIVE, VIRGINIA BEACH, VA 23451	MAINTENANCE, HOUSEKEEPING, ENERGY	18,962,212.
ARAMARK SERVICES INC. 2400 MARKET STREET, PHILADELPHIA, PA 19103	DINING	9,251,978.
STONE ARCH LTC 950 N MAIN STREET, AUSTIN, MN 55912	PHARMACEUTICAL DISTRIBUTOR	6,853,009.
WAGMAN CONSTRUCTION INC., 3290 SUSQUEHANNA TRAIL NORTH, YORK, PA 17406	CONSTRUCTION	2,690,364.
NOLT MATHIS LLC, 313 WEST LIBERTY STREET, LANCASTER, PA 17603	CONSTRUCTION	2,600,653.

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 115

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a				
	b Membership dues 1b				
	c Fundraising events 1c				
	d Related organizations 1d				
	e Government grants (contributions) 1e				
	f All other contributions, gifts, grants, and similar amounts not included above 1f				
	g Noncash contributions included in lines 1a-1f 1g $				
	h **Total.** Add lines 1a-1f				
Program Service Revenue		**Business Code**			
	2a MANAGEMENT FEES	541610	20,007,767.	20007767.	
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g **Total.** Add lines 2a-2f	20,007,767.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	395,898.			395,898.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
		(i) Real	(ii) Personal		
	6a Gross rents 6a				
	b Less: rental expenses 6b				
	c Rental income or (loss) 6c				
	d Net rental income or (loss)				
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory 7a	1,207,781.			
	b Less: cost or other basis and sales expenses 7b	37,764.			
	c Gain or (loss) 7c	1,170,017.			
	d Net gain or (loss)	1,170,017.			1170017.
	8a 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				
	9a Gross income from gaming activities. See Part IV, line 19 9a				
	b Less: direct expenses 9b				
	c Net income or (loss) from gaming activities				
	10a 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		**Business Code**			
	11a				
	b				
	c				
	d All other revenue				
	e **Total.** Add lines 11a-11d				
	12 **Total revenue.** See instructions	21,573,682.	20007767.	0.	1565915.

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	135,800.	115,430.	20,370.	
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	13,279,858.	10,972,291.	2,307,567.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	934,748.	579,945.	354,803.	
9 Other employee benefits	753,481.	497,213.	256,268.	
10 Payroll taxes	728,704.	648,336.	80,368.	
11 Fees for services (nonemployees):				
a Management	26,385.		26,385.	
b Legal	151,138.	137,018.	14,120.	
c Accounting	155,055.	155,055.		
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.)	58,939.	58,939.		
12 Advertising and promotion	267,202.	267,202.		
13 Office expenses	723,379.	135,536.	587,843.	
14 Information technology	703,268.	678,676.	24,592.	
15 Royalties				
16 Occupancy				
17 Travel	264,642.	239,315.	25,327.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	383,774.	383,774.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	783,493.		783,493.	
23 Insurance	75,503.	75,503.		
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 CONSULTING FEES	523,373.	454,670.	68,703.	
b BOARD RELATED EXPENSES	256,621.		256,621.	
c DUES AND SUBSCRIPTIONS	162,461.	158,824.	3,637.	
d TAXES	152,637.		152,637.	
e All other expenses	214,512.	162,337.	52,175.	
25 **Total functional expenses.** Add lines 1 through 24e	20,734,973.	15,720,064.	5,014,909.	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		7,690,524.	1	14,014,444.
	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		534,367.	9	791,959.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,324,531.			
	b	Less: accumulated depreciation	10b 4,415,448.	2,606,290.	10c	2,909,083.
	11	Investments - publicly traded securities		6,567,371.	11	11,657,479.
	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		4,628,776.	15	4,279,750.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		22,027,328.	16	33,652,715.
Liabilities	17	Accounts payable and accrued expenses		27,416,264.	17	29,837,640.
	18	Grants payable			18	
	19	Deferred revenue		100,460.	19	100,461.
	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			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		49,663,917.	25	58,318,576.
	26	**Total liabilities.** Add lines 17 through 25		77,180,641.	26	88,256,677.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		-55,153,313.	27	-54,603,962.
	28	Net assets with donor restrictions			28	
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		-55,153,313.	32	-54,603,962.
	33	Total liabilities and net assets/fund balances		22,027,328.	33	33,652,715.

Form **990** (2025)

532011 12-15-25

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	21,573,682.
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,734,973.
3	Revenue less expenses. Subtract line 2 from line 1	3	838,709.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-55,153,313.
5	Net unrealized gains (losses) on investments	5	794,737.
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	-1,084,095.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	-54,603,962.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ 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?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	X	

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

2025

Open to Public Inspection

Name of the organization
ASBURY COMMUNITIES, INC

Employer identification number
52-1862677

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 7
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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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.
ALBRIGHT CARE SERVICES	23-1887138	10	X		0.	0.
BETHANY DEVELOPMENT CORPORATION	23-2078064	10	X		0.	0.
Total					0.	0.

SEE PART VI FOR LINE 12G CONTINUATION

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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f)) 14 %

15 Public support percentage from 2024 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2025.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support test - 2024.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2025.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2024.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

15 Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2024** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2025.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests - 2024.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1	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)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		X
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		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)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		X
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**	6		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? *If "Yes," complete Part I of Schedule L (Form 990).*	7		X
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		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))? *If "Yes," provide detail in* **Part VI.**	9a		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? *If "Yes," provide detail in* **Part VI.**	9b		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? *If "Yes," provide detail in* **Part VI.**	9c		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)? *If "Yes," answer line 10b below.*	10a		X
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	**11a**	X
b	A family member of a person described on line 11a above?	**11b**	X
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* **Part VI.**	**11c**	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? *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.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	**2**		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**	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? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**	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? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard.*	**3**	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** ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*
- **b** ☒ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- **c** ☐ The organization supported a governmental supported organization. *Describe in* **Part VI** *how you supported a governmental supported organization (see instructions).*

		Yes	No
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 its supported organization(s)? *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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a, 3b, and 3c below.**		
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in* **Part VI.**	**3a**	X	
b	Did the organization direct the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	**3b**	X	
c	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* **Part VI.**	**3c**	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 ☐ 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 **Total annual distributions.** Add lines 1 through 5.	**6**	
7 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	**7**	
8 Distributable amount for 2025 from Section C, line 6	**8**	
9 Line 7 amount divided by line 8 amount	**9**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2025**	**(iii) Distributable Amount for 2025**
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020			
b From 2021			
c From 2022			
d From 2023			
e From 2024			
f **Total** of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6: $			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, 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 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2026.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021			
b Excess from 2022			
c Excess from 2023			
d Excess from 2024			
e Excess from 2025			

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, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; 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, ASBURY LIVING, INC., 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 $20,734,973, A PORTION OF WHICH ASBURY COMMUNITIES IS REIMBURSED FOR - TOTAL EXPENSE REPORTED IN PART IX IN THE FORM 990.

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 A, PART IV, SECTION E, LINE 3A
THE ORGANIZATION AND ITS SUPPORTED ORGANIZATIONS ARE PART OF AN INTEGRATED SYSTEM. SEE LINES 3B AND 3C FOR MORE SPECIFIC DETAILS ON HOW THE ORGANIZATION SERVES AS THE PARENT ORGANIZATION OF THAT SYSTEM.

SCHEDULE A, PART IV, SECTION E, LINE 3B
ASBURY COMMUNITIES, INC. PROVIDES CLINICAL, OPERATIONAL, FINANCE, 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 E, LINE 3C
THE ORGANIZATION'S BOARD OF DIRECTORS HAS RESERVED POWERS TO REMOVE AND ELECT DIRECTORS OF THE SUPPORTED ORGANIZATIONS.

Part VI Supplemental Information (Schedule A, Part I, Line 12g - Information regarding supported organizations (continuation))

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above)	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support	(vi) Amount of other support
ASBURY LIVING, INC.	93-3545102	10	X		0.	0.
ASBURY, INC.	62-0630670	10	X		0.	0.

SCHEDULE D (Form 990)
(Rev. December 2024)
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

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? ☐ Yes ☐ 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? ☐ Yes ☐ 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 on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, 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? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X $ _____

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

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

b Assets included in Form 990, Part X $ _____

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 in 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?	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.	281,601.	113,838.
c Leasehold improvements				
d Equipment		6,929,092.	4,133,847.	2,795,245.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				2,909,083.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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, line 13, col. (B))		

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	820,358.
(2) INVESTMENT IN PRIVATE EQUITY FUND	234,881.
(3) RIGHT OF USE ASSETS	1,370,959.
(4) INVESTMENT IN THE ASBURY GROUP, INC.	1,291,616.
(5) OTHER RECEIVABLES	561,936.
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	4,279,750.

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) DUE TO SUPPORTED ORGANIZATIONS	56,645,142.
(3) LEASES PAYABLE	1,673,434.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	58,318,576.

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

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 IS EXEMPT FROM FEDERAL INCOME TAXES PURSUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC); ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS REQUIRED AS THERE ARE NO UNRELATED TRADES OR BUSINESSES.

THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION MUST BE RECOGNIZED ONLY IF IT IS MORE-LIKELY-THAN-NOT THAT THE TAX POSITION WILL BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE RESOLUTION. THE COMPANY'S REASSESSMENT OF ITS TAX POSITIONS DID NOT HAVE A MATERIAL IMPACT ON THE COMPANY'S RESULTS OF OPERATIONS OR FINANCIAL POSITION.

Part XIII Supplemental Information *(continued)*

SCHEDULE J (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ASBURY COMMUNITIES, INC

Employer identification number

52-1862677

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (such as maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	**2**		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☒ Compensation committee	☒ Written employment contract		
	☒ Independent compensation consultant	☒ Compensation survey or study		
	☒ Form 990 of other organizations	☒ 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?	**4a**		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	**4b**	X	
c	Participate in or receive payment from an equity-based compensation arrangement?	**4c**		X
	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?	**5a**		X
b	Any related organization?	**5b**		X
	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?	**6a**		X
b	Any related organization?	**6b**		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	**7**		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT/EX-OFFICIO	(ii)	683,934.	593,238.	126,440.	10,834.	33,255.	1,447,701.	0.
(2) ANDREW JEANNERET	(i)	0.	0.	0.	0.	0.	0.	0.
CFO/TREASURER	(ii)	421,203.	234,318.	98,148.	12,250.	23,278.	789,197.	0.
(3) TODD ANDREWS	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF OFFICER	(ii)	349,475.	190,157.	854.	12,250.	19,439.	572,175.	0.
(4) ANDREW JOSEPH	(i)	0.	0.	0.	0.	0.	0.	0.
GENERAL COUNSEL/SECRETARY	(ii)	313,557.	145,561.	62,802.	9,059.	21,038.	552,017.	0.
(5) MICHAEL BARTOSZEK	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF OFFICER	(ii)	308,238.	131,360.	2,071.	12,250.	0.	453,919.	0.
(6) SHAUN SMITH	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF OFFICER	(ii)	312,186.	88,409.	3,183.	12,250.	30,099.	446,127.	0.
(7) BRIAN DAVENPORT	(i)	0.	0.	0.	0.	0.	0.	0.
VICE PRESIDENT	(ii)	238,391.	51,652.	1,056.	10,721.	33,142.	334,962.	0.
(8) KIMBERLY EHRENFRIED	(i)	0.	0.	0.	0.	0.	0.	0.
VICE PRESIDENT	(ii)	242,289.	45,615.	1,061.	8,937.	33,255.	331,157.	0.
(9) JONATHAN MORRISON	(i)	0.	0.	0.	0.	0.	0.	0.
SR. DIRECTOR	(ii)	215,520.	52,186.	1,400.	9,721.	23,278.	302,105.	0.
(10) MICHELLE CURNOW	(i)	0.	0.	0.	0.	0.	0.	0.
SENIOR VICE PRESIDENT	(ii)	217,685.	32,537.	306.	1,919.	19,439.	271,886.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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 HUMAN CAPITAL AND COMPENSATION COMMITTEE OF THE BOARD.

PART I, LINE 4B:
DOUG LEIDIG'S COMPENSATION REPORTED ON FORM 990, PART VII INCLUDED $106,764 FOR SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN; PLAN DESCRIPTION: 457(F)
ANDREW JEANNERET'S COMPENSATION REPORTED ON FORM 990, PART VII INCLUDED $95,116 FOR SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN; PLAN DESCRIPTION: 457(F)
ANDREW JOSEPH'S COMPENSATION REPORTED ON FORM 990, PART VII INCLUDED $60,359 FOR SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN; PLAN DESCRIPTION: 457(F)

FORM 990, PART VII, SECTION A
THE ORGANIZATION DOES NOT ADMINISTER ANY W-2S. ALL W-2S ARE FILED UNDER THE EIN OF AFFILIATED ASSOCIATES, INC., A RELATED PARTY 501(C)(3) ORGANIZATION CREATED TO SUPPORT THE TAX EXEMPT FUNCTIONS OF ASBURY COMMUNITIES AND AFFILIATES BY ADMINISTERING PAYROLL FUNDS. THE COMPENSATION REPORTED ON FROM 990, PART VII AND PART IX REFLECTS THE COMPENSATION PAID BY ASBURY COMMUNITIES, INC. FOR THOSE ASSOCIATES DIRECTLY ALLOCATED TO ASBURY COMMUNITIES, INC. PURSUANT TO AN EMPLOYEE LEASE AGREEMENT.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TRANSPARENCY, AND GRACE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
I. ORGANIZATION OVERVIEW
ASBURY COMMUNITIES, INC. ("ASBURY") IS A NOT-FOR-PROFIT MARYLAND CORPORATION ORGANIZED UNDER SECTIONS 501(C)(3) AND 509(A)(3) OF THE INTERNAL REVENUE CODE. ASBURY PROVIDES CENTRALIZED BUSINESS, ADMINISTRATIVE, OPERATIONAL, AND STRATEGIC SUPPORT TO A SYSTEM DEDICATED TO SERVING OLDER ADULTS BY PROVIDING HIGH QUALITY RESIDENTIAL LIVING AND HEALTH CARE SERVICES.

THE ASBURY SYSTEM INCLUDES A CONTINUUM OF SERVICES, INCLUDING INDEPENDENT LIVING, ASSISTED LIVING, MEMORY SUPPORT, SKILLED NURSING, LONG-TERM CARE, LIFE (LIVING INDEPENDENTLY FOR ELDERS, ALSO KNOWN AS PACE), PHARMACY, REHABILITATION, AND OTHER ANCILLARY PROGRAMS ALL DELIVERED IN ALIGNMENT WITH THE RESPECTIVE MISSIONS OF THE SUPPORTED ORGANIZATIONS.

ASBURY COMMUNITIES, INC. TRACES ITS ORIGINS TO THE ESTABLISHMENT OF ASBURY METHODIST VILLAGE (GAITHERSBURG, MD) IN 1926, ORIGINALLY FOUNDED AS THE METHODIST HOME FOR ORPHANS AND THE AGED. WHILE NO LONGER FORMALLY AFFILIATED WITH THE UNITED METHODIST CHURCH, ASBURY CONTINUES TO UPHOLD THE ETHICAL AND SPIRITUAL PRINCIPLES OF ITS FOUNDING. THE MISSION AND VALUES OF THE ORGANIZATION ARE EXPRESSED THROUGH ITS GUIDING PRINCIPLE: "DOING ALL THE GOOD WE CAN WITH INTEGRITY, TRANSPARENCY, AND GRACE."

II. PROGRAM SERVICES PROVIDED
SECTION A: BENEVOLENT CARE
BENEVOLENT CARE IS FINANCIAL SUPPORT PROVIDED TO ELIGIBLE RESIDENTS WHO HAVE EXHAUSTED THEIR FINANCIAL RESOURCES THROUGH NO FAULT OF THEIR OWN AND MEET THE APPROVAL CRITERIA. THIS ASSISTANCE HELPS COVER A PORTION OF THE MONTHLY SERVICE FEES, CERTAIN ANCILLARY EXPENSES, AND CERTAIN THIRD-PARTY COSTS.

IN 2025, MORE THAN $4.0 MILLION IN ANNUAL FUNDS AND UNRESTRICTED GIFTS WERE CONTRIBUTED TO SUPPORT RESIDENTS, INCLUDING THOSE WHO HAVE OUTLIVED THEIR RESOURCES. IN 2025, BENEVOLENT CARE SUPPORT WAS PROVIDED FOR 54 RESIDENTS ACROSS ASBURY'S CONTINUING CARE RETIREMENT COMMUNITIES:
-ASBURY METHODIST VILLAGE $1,321,999
-ASBURY SOLOMONS $279,483
-BETHANY VILLAGE $771,113
-NORMANDIE RIDGE $153,616
-RIVERWOODS $89,465
-SPRINGHILL $95,504
TOTAL: $2,711,180

SECTION B: UNREIMBURSED MEDICAL SERVICES
UNREIMBURSED MEDICAL SERVICES REPRESENT THE COST OF CARE DELIVERED IN SKILLED NURSING CENTERS THAT EXCEED REIMBURSEMENT PROVIDED BY MEDICAID

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AND OTHER GOVERNMENT PAYORS. THESE UNREIMBURSED COSTS REFLECT THE ORGANIZATION'S COMMITMENT TO QUALITY CARE REGARDLESS OF A RESIDENT'S ABILITY TO PAY.

UNREIMBURSED CARE COSTS FOR 2025 INCLUDE:
-ASBURY METHODIST VILLAGE $2,743,365
-ASBURY SOLOMONS $667,173
-BETHANY VILLAGE $247,318
-NORMANDIE RIDGE $958,515
-SPRINGHILL $604,044
TOTAL: $5,220,415

SECTION C: COMMUNITY BENEFIT
AS A NOT-FOR-PROFIT ORGANIZATION, ASBURY COMMUNITIES IS COMMITTED TO ENRICHING THE LIVES OF INDIVIDUALS BOTH WITHIN AND BEYOND THE WALLS OF ITS COMMUNITIES. THROUGH COLLABORATION, EDUCATION, AND OUTREACH, ASBURY EXPANDS ITS IMPACT BY ADDRESSING UNMET NEEDS AND BUILDING STRONG COMMUNITY PARTNERSHIPS. IN 2025, THESE EFFORTS INCLUDED:
-PROVIDING INTERNSHIPS, MENTORSHIPS, AND CLINICAL ROTATIONS TO PREPARE FUTURE PROFESSIONALS IN AGING SERVICES AND HEALTHCARE
-ADVANCING ENVIRONMENTAL SUSTAINABILITY THROUGH INITIATIVES THAT REDUCE ENERGY USE AND PROTECT NATURAL RESOURCES, INCLUDING THE CHESAPEAKE BAY
-SUPPORTING YOUTH AND FAMILIES THROUGH SCHOOL PARTNERSHIPS, MENTORING, AND CIVIC ENGAGEMENT
-PARTICIPATING IN OR MANAGING MEALS ON WHEELS PROGRAMS AND ENGAGING ASSOCIATES AND RESIDENTS IN DELIVERY EFFORTS
-OFFERING FREE SPACE AND FACILITIES TO LOCAL CIVIC AND NONPROFIT ORGANIZATIONS
-DONATING EQUIPMENT, SUPPLIES, AND GOODS TO COMMUNITY MEMBERS IN NEED
-FUNDRAISING FOR NATIONAL AND LOCAL CAUSES, INCLUDING THE ALZHEIMER'S ASSOCIATION, HOMELESS SHELTERS, AND FOOD BANKS
-PROVIDING WELLNESS AND EDUCATIONAL PROGRAMMING FOR SENIORS AND FAMILY CAREGIVERS
-SHARING INNOVATIVE WELLNESS MODELS AND TECHNOLOGY APPROACHES THROUGH PEER-TO-PEER AND PROFESSIONAL PRESENTATIONS

III. ASBURY FOUNDATION SUPPORT
THE ASBURY FOUNDATION, A 501(C)(3) NOT-FOR-PROFIT MARYLAND CORPORATION, RAISES AND STEWARDS PHILANTHROPIC GIFTS TO BENEFIT RESIDENTS AND ASSOCIATES ACROSS THE ASBURY SYSTEM. IN 2025, THE FOUNDATION CONTINUED ITS LONGSTANDING COMMITMENT TO BENEVOLENT CARE AND WELLNESS PROGRAMS AND PROVIDED OVER $250,000 IN SCHOLARSHIPS TO SUPPORT CAREER DEVELOPMENT, WITH A FOCUS ON NURSING AND HEALTHCARE FIELDS.

THESE SCHOLARSHIPS HELP ADDRESS THE NATIONAL SHORTAGE OF QUALIFIED HEALTHCARE WORKERS BY REMOVING FINANCIAL BARRIERS TO EDUCATION AND ENABLING CAREER ADVANCEMENTOFTEN FOR ASSOCIATES SUPPORTING FAMILIES OR RETURNING TO SCHOOL MID-CAREER. SCHOLARSHIPS ARE ALSO AWARDED TO ASSOCIATES PURSUING PROFESSIONAL DEVELOPMENT IN NON-CLINICAL FIELDS, CONTRIBUTING TO A WELL-ROUNDED AND MISSION-DRIVEN WORKFORCE.

IV. SUMMARY STATEMENT
ASBURY COMMUNITIES, INC. AND ITS SUPPORTED ORGANIZATIONS REMAIN FIRMLY COMMITTED TO ADVANCING THEIR MISSION THROUGH BENEVOLENT CARE, UNREIMBURSED SERVICES, AND COMMUNITY OUTREACH. AS A SUPPORTING ORGANIZATION, ASBURY AMPLIFIES THE CAPACITY OF THE SYSTEM TO DELIVER

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HOLISTIC, COMPASSIONATE CARE AND TO BE A TRUSTED PARTNER IN THE AGING SERVICES SECTOR.

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 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, ASBURY LIVING, INC., 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 10/28/26. THE ASBURY COMMUNITIES, ASBURY FOUNDATION, INC., ASBURY ATLANTIC, INC., ASBURY, INC., BETHANY DEVELOPMENT CORPORATION, ALBRIGHT CARE SERVICES, ASBURY LIVING, INC., AND ASBURY COMMUNITIES HCBS, INC. 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.

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 2025. 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 HUMAN CAPITAL AND COMPENSATION COMMITTEE RELIES ON STAFF FEEDBACK AND THE DATA AND RECOMMENDATIONS PROVIDED BY AN EXTERNAL COMPENSATION CONSULTANT TO ASCERTAIN THE REASONABLENESS OF COMPENSATION AND

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BENEFITS OF ALL OF THE DIRECT REPORTS OF THE CEO AND OTHER POTENTIALLY DISQUALIFIED PERSONS.

IN ADDITION, THE HUMAN CAPITAL AND COMPENSATION COMMITTEE REVIEWS THE ORGANIZATION'S PROGRESS TOWARDS KEY PERFORMANCE INDICATORS SELECTED FOR INCENTIVIZING PERFORMANCE OF DISQUALIFIED PERSONS THROUGH A PERFORMANCE BASED-COMPENSATION PROGRAM.

QUARTERLY, THE HUMAN CAPITAL AND 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 HUMAN CAPITAL AND 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 HUMAN CAPITAL AND COMPENSATION COMMITTEE CHARTER, THE EXECUTIVE COMPENSATION PHILOSOPHY, AND THE EXECUTIVE INCENTIVE PLAN WERE REVIEWED MOST RECENTLY IN 2025.

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 ORGANIZATION DOES NOT ADMINISTER ANY W-2S. ALL W-2S ARE FILED UNDER THE EIN OF AFFILIATED ASSOCIATES, INC., A RELATED PARTY 501(C)(3) ORGANIZATION CREATED TO SUPPORT THE TAX EXEMPT FUNCTIONS OF ASBURY COMMUNITIES AND AFFILIATES BY ADMINISTERING PAYROLL FUNDS. THE COMPENSATION OF ASBURY COMMUNITIES' OFFICERS, HIGHEST COMPENSATED EMPLOYEES, 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. THE COMPENSATION IS PAID BY ASBURY COMMUNITIES FOR THOSE ASSOCIATES DIRECTLY ALLOCATED TO ASBURY COMMUNITIES PURSUANT TO AN EMPLOYEE LEASE AGREEMENT.

ASBURY COMMUNITIES, INC., THE SUPPORTING ORGANIZATION, ALONE HAD APPROXIMATELY 82 EMPLOYEES AS OF 12/31/2025. THESE EMPLOYEES 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 2,000 EMPLOYEES.

THE 2025 CONSOLIDATED AUDITED FINANCIAL STATEMENTS FOR ASBURY COMMUNITIES, INC. HAD TOTAL REVENUES IN EXCESS OF $305 MILLION AND TOTAL ASSETS IN EXCESS OF $671 MILLION.

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

TRANSFERS TO AND FROM SUPPORTED ORGANIZATIONS	936,000.
LOSS ON DISCONTINUED OPERATIONS	-2,020,095.
TOTAL TO FORM 990, PART XI, LINE 9	-1,084,095.

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Employer identification number
52-1862677

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

SCHEDULE R (Form 990)
(Rev. January 2025)
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

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	(g) 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	
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	
ASBURY, INC. - 62-0630670 5285 WESTVIEW DRIVE, #200 FREDERICK, MD 21703	HOUSING AND HEALTHCARE FOR OLDER ADULTS	TENNESSEE	501(C)(3)	LINE 10	ASBURY COMMUNITIES, INC	X	

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	(g) No
BETHANY DEVELOPMENT CORPORATION - 23-2078064 335 WESLEY DRIVE MECHANICSBURG, PA 17055	HOUSING FOR OLDER ADULTS	PENNSYLVANIA	501(C)(3)	LINE 10	ASBURY COMMUNITIES, INC	X	
ALBRIGHT CARE SERVICES - 23-1887138 5285 WESTVIEW DRIVE, #200 FREDERICK, PA 21703	HOUSING, HEALTHCARE, AND AT-HOME SERVICES FOR OLDER ADULTS	PENNSYLVANIA	501(C)(3)	LINE 10	ASBURY COMMUNITIES, INC	X	
WARRIOR RUN MANOR - 23-2137458 5285 WESTVIEW DRIVE, #200 FREDERICK, MD 21703	HOUSING FOR OLDER ADULTS	PENNSYLVANIA	501(C)(3)	LINE 10	ALBRIGHT CARE SERVICES		X
FOREST RIDGE MANOR, INC. - 20-1885811 910 WILDER CHAPEL LANE MARYVILLE, TN 37804	HOUSING FOR OLDER ADULTS	TENNESSEE	501(C)(3)	LINE 12A, I	ASBURY, INC.		X
ASBURY LIVING, INC. - 93-3545102 5285 WESTVIEW DRIVE, #200 FREDERICK, MD 21703	HOUSING FOR OLDER ADULTS	PENNSYLVANIA	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	

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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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	(i) No
THE ASBURY GROUP, INC. - 20-5038820 5285 WESTVIEW DRIVE, #200 FREDERICK, MD 21703	TECH & SUPPORT SERVICES	DE	ASBURY COMMUNITIES, INC	C CORP	7,500.	747,129.	100%	X	
THRIVEWELL TECH, LLC - 26-2896175 5285 WESTVIEW DRIVE, #200 FREDERICK, MD 21703	INFO & CONSLT SVCS	DE	N/A	C CORP	N/A	N/A	N/A		X
IVA, INC. - 56-2362361 5285 WESTVIEW DRIVE, #200 FREDERICK, MD 21703	HOLDS LIQUOR LICENSES	OK	N/A	C CORP	N/A	N/A	N/A		X
5285 WESTVIEW DRIVE ONE, LLC - 88-1212545 5285 WESTVIEW DRIVE, #200 FREDERICK, MD 21703	INFO. TECH. RESELLER AND IMPLEMENTATION PARTNER	MD	N/A	C CORP	N/A	N/A	N/A		X
1569 TEELS ROAD, LLC - 87-1564257 5285 WESTVIEW DRIVE, #200 FREDERICK, MD 21703	OPERATE A PERSONAL CARE HOME AND SENIOR LIVING COMMUNITY	PA	N/A	C CORP	N/A	N/A	N/A		X

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

			Yes	No
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?				
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a			X
b Gift, grant, or capital contribution to related organization(s)	1b			X
c Gift, grant, or capital contribution from related organization(s)	1c			X
d Loans or loan guarantees to or for related organization(s)	1d		X	
e Loans or loan guarantees by related organization(s)	1e		X	
f Dividends from related organization(s)	1f			X
g Sale of assets to related organization(s)	1g			X
h Purchase of assets from related organization(s)	1h			X
i Exchange of assets with related organization(s)	1i			X
j Lease of facilities, equipment, or other assets to related organization(s)	1j			X
k Lease of facilities, equipment, or other assets from related organization(s)	1k			X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		X	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X	
o Sharing of paid employees with related organization(s)	1o		X	
p Reimbursement paid to related organization(s) for expenses	1p		X	
q Reimbursement paid by related organization(s) for expenses	1q		X	
r Other transfer of cash or property to related organization(s)	1r		X	
s Other transfer of cash or property from related organization(s)	1s		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 ATLANTIC, INC.	D	10,367,495.	ACCRUAL BASIS
(2) THE ASBURY GROUP, INC.	D	6,409,151.	ACCRUAL BASIS
(3) ASBURY FOUNDATION, INC.	D	26,587,288.	ACCRUAL BASIS
(4) ASBURY LIVING, INC.	D	9,084,144.	ACCRUAL BASIS
(5) ALBRIGHT CARE SERVICES	D	29,628,301.	ACCRUAL BASIS
(6) ASBURY GROUP INTEGRATED TECHNOLOGIES, LLC	E	8,487,740.	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	117,008,436.	ACCRUAL BASIS
(8)	ALBRIGHT CARE SERVICES	E	13,225,345.	ACCRUAL BASIS
(9)	ASBURY ATLANTIC, INC.	L	15,436,799.	ACCRUAL BASIS
(10)	ALBRIGHT CARE SERVICES	L	4,047,582.	ACCRUAL BASIS
(11)	ASBURY LIVING, INC.	L	357,272.	ACCRUAL BASIS
(12)	THE ASBURY GROUP, INC.	M	6,455,994.	ACCRUAL BASIS
(13)	THE ASBURY GROUP, INC.	O	581,091.	ACCRUAL BASIS
(14)	ASBURY ATLANTIC, INC.	S	936,000.	ACCRUAL BASIS
(15)				
(16)				
(17)				
(18)				
(19)				
(20)				
(21)				
(22)				
(23)				
(24)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) NO	(k) Percentage ownership

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

CARRYOVER DATA TO 2026

Name	Employer Identification Number
ASBURY COMMUNITIES, INC	52-1862677

Based on the information provided with this return, the following are possible carryover amounts to next year.

FEDERAL POST-2017 NET OPERATING LOSS - UNRELATED BUSINESS IN	3,250.
FEDERAL PRE-2018 NET OPERATING LOSS	8,739.

Name: ASBURY COMMUNITIES, INC FEIN: 52-1862677

Type and Entity: UNRELATED BUSINESS INC POST-2017 NO

DETAIL CARRYOVER SCHEDULE

Section 382 Annual Limitation | Section 382 Carryover

	Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2020	2,763.										
B	2021	367.										
C	2022	120.										
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												

	Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A													
B													
C													
D													
E													
F													
G													
H													
I													
J													
K													
L													
M													
N													
O													
P													
Q													
R													
S													
T													
U													
V													
W													

Name: ASBURY COMMUNITIES, INC FEIN: 52-1862677

Type and Entity: PRE-2018 NOL FED

DETAIL CARRYOVER SCHEDULE

Section 382 Annual Limitation | Section 382 Carryover

	Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 12/31/11	Amount Used for 12/31/13	Amount Used for 12/31/14	Amount Used for 12/31/15	Amount Used for 12/31/16	Amount Used for 12/31/17	Amount Used for 12/31/18	Amount Used for 12/31/19	Amount Used for _____
A	2007	1,350.	1,350.	1,350.								
B	2008	2,584.	2,584.	2,584.								
C	2009	17,744.	17,744.	12,158.	5,586.							
D	2010	2,487.	2,487.		2,487.							
E	2012	54,840.	46,101.		11,076.	5,812.	8,283.	6,304.	805.	10,815.	3,006.	
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												

	Detail Type	ESBC	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____
A													
B													
C													
D													
E													
F													
G													
H													
I													
J													
K													
L													
M													
N													
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P													
Q													
R													
S													
T													
U													
V													
W													

Name: ASBURY COMMUNITIES, INC FEIN: 52-1862677

Type and Entity: NOL MD

DETAIL CARRYOVER SCHEDULE

Section 382 Annual Limitation | Section 382 Carryover

	Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 12/31/21	Amount Used for 12/31/25	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2020	2,763.	2,763.	2,763.								
B												
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												

	Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A													
B													
C													
D													
E													
F													
G													
H													
I													
J													
K													
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S													
T													
U													
V													
W													

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2025 or other tax year beginning _____ , and ending _____ .

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSNs on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2025

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

Department of the Treasury
Internal Revenue Service

A ☐ Check box if address changed.

B Exempt under section
☒ 501(c)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a) ☐ 529A

Name of organization (☐ Check box if name changed and see instructions.)
ASBURY COMMUNITIES, INC

D Employer identification number
52-1862677

Number and street. If a P.O. box, see instructions.
5285 WESTVIEW DRIVE

Room or suite no.
200

E Group exemption number (see instructions)

City or town
FREDERICK

State or province
MD

Country

ZIP or foreign postal code
21703

C Book value of all assets at end of year ..... 33,652,715.

F ☐ Check box if an amended return.

G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust ☐ State college/university ☐ 6417(d)(1)(A) Applicable entity

H Check if filing only to claim ☐ Credit from Form 8941 ☐ Refund shown on Form 2439 ☐ Elective payment amount from Form 3800

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... ☐

J Enter the number of attached Schedules A (Form 990-T) 1

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

L The books are in care of ANDREW JEANNERET Telephone number (301)250-2100

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	0.
2	Reserved for future use	2	
3	Add lines 1 and 2	3	
4	Charitable contributions (see instructions for limitation rules)	4	0.
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6	Deduction for net operating loss. See instructions	6	0.
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8	Specific deduction (generally $1,000, but see instructions for exceptions)	8	1,000.
9	**Trusts.** Section 199A deduction. See instructions	9	
10	**Total deductions.** Add lines 8 and 9	10	1,000.
11	**Unrelated business taxable income.** Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1	**Organizations taxable as corporations.** Multiply Part I, line 11 by 21% (0.21)	1	0.
2	**Trusts taxable at trust rates.** See instructions for tax computation. Income tax on the amount on Part I, line 11, from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041)	2	
3	**Proxy tax.** See instructions	3	
4a	Amount from Form 4255, Part I , line 3, column (q)	4a	
b	Other tax amounts. See instructions	4b	
5	Alternative minimum tax	5	
6	**Tax on noncompliant facility income.** See instructions	6	
7	**Total.** Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a			
b	Other credits (see instructions)	1b			
c	General business credit. Attach Form 3800 (see instructions)	1c			
d	Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d			
e	**Total credits.** Add lines 1a through 1d			1e	
2	Subtract line 1e from Part II, line 7			2	0.
3a	Amount from Form 4255, Part I, line 3, column (r) (see instructions)	3a			
b	Amount due from Form 8611	3b			
c	Amount due from Form 8697	3c			
d	Amount due from Form 8866	3d			
e	Other amounts due (see instructions)	3e			
f	Total amounts due. Add lines 3a through 3e			3f	0.
4	**Total tax.** Add lines 2 and 3f (see instructions). ☐ Check if includes tax previously deferred under section 1294. Enter tax amount here			4	0.

Part III Tax and Payments *(continued)*

5 a	Current net 965 tax liability paid from Form 965-A, Part II, column (k)		5a	0.
b	First installment of section 1062 applicable net tax liability. Enter amount from Form 1062, line 15		5b	
6 a	Payments: Preceding year's overpayment credited to the current year	6a		
b	Current year's estimated tax payments. Check if section 643(g) election applies ☐	6b		
c	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Elective payment election amount from Form 3800	6g		
h	Payment from Form 2439	6h		
i	Credit from Form 4136	6i		
j	Other (see instructions)	6j		
k	Section 1062 applicable net tax liability. Enter amount from 1062, line 14	6k		
7	**Total payments and section 1062 applicable net tax liability.** Add lines 6a through 6k		7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐		8	
9	**Tax due.** If line 7 is smaller than the total of lines 4, 5a, 5b, and 8, enter amount owed		9	
10	**Overpayment.** If line 7 is larger than the total of lines 4, 5a, 5b, and 8, enter amount overpaid		10	
11	Enter the amount of line 10 you want: **Credited to 2026 estimated tax** _____ **Refunded**		11	
	For Refunded amount, also complete and attach Form 8050. See instructions.			

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

		Yes	No
1	At any time during the 2025 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here _____		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year $ _____		
4	Enter available pre-2018 NOL carryovers here $ 8,739. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17, for the tax year. See instructions.		

Business Activity Code	Available post-2017 NOL carryover
541610	$ 3,250.
	$
	$
	$

6 a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here

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

Signature of officer | Date | TREASURER Title

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [ ] No

Paid Preparer Use Only

Enter preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JEFF PARKER	JEFF PARKER	11/11/26		P00970069

Firm's name CLIFTONLARSONALLEN LLP | Firm's EIN 41-0746749

Firm's address 475 REGENCY PARK, SUITE 175 O'FALLON, IL 62269 | Phone no. (618) 233-1200

FORM 990-T PRE-2018 NET OPERATING LOSS DEDUCTION STATEMENT 1

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/07	1,350.	1,350.	0.	0.
12/31/08	2,584.	2,584.	0.	0.
12/31/09	17,744.	17,744.	0.	0.
12/31/10	2,487.	2,487.	0.	0.
12/31/12	54,840.	46,101.	8,739.	8,739.
NOL CARRYOVER AVAILABLE THIS YEAR			8,739.	8,739.

SCHEDULE A (Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

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

OMB No. 1545-0047

2025

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

A Name of the organization: ASBURY COMMUNITIES, INC

B Employer identification number: 52-1862677

C Unrelated business activity code (see instructions): 541610

D Sequence: 1 of 1

E Describe the unrelated trade or business: UNRELATED BUSINESS INCOME FROM PARTNERSHIP IN

Part I Unrelated Trade or Business Income

			(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances	c Balance 1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	**Total.** Combine lines 3 through 12	13	0.		

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)			1	
2	Salaries and wages			2	
3	Repairs and maintenance			3	
4	Bad debts			4	
5	Interest (attach statement). See instructions			5	
6	Taxes and licenses			6	
7	Depreciation (attach Form 4562). See instructions	7			
8	Less depreciation claimed in Part III and elsewhere on return	8a		8b	
9	Depletion			9	
10	Contributions to deferred compensation plans			10	
11	Employee benefit programs			11	
12	Excess exempt expenses (Part VIII)			12	
13	Excess readership costs (Part IX)			13	
14	Other deductions (attach statement)			14	
15	**Total deductions.** Add lines 1 through 14			15	0.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)			16	0.
17	Deduction for net operating loss. See instructions			17	0.
18	**Unrelated business taxable income.** Subtract line 17 from line 16			18	

Part III Cost of Goods Sold Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	**Total.** Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	**Cost of goods sold.** Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	☐ Yes ☐ No	

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐
B ☐
C ☐
D ☐

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				

3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) 0.

4 Deductions directly connected with the income in lines 2a and 2b (attach statement)				

5 **Total deductions.** Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) 0.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐
B ☐
C ☐
D ☐

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				

8 **Total gross income** (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) 0.

9 Allocable deductions. Multiply line 3c by line 6				

10 **Total allocable deductions.** Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) 0.

11 **Total dividends - received deductions** included in line 10 0.

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations: 3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

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

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A).			Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals	0.			0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

Enter amounts for each periodical listed above in the corresponding column.

		A	B	C	D
2	Gross advertising income				
a	Add columns A through D. Enter here and on Part I, line 11, column (A)				0.
3	Direct advertising costs by periodical				
a	Add columns A through D. Enter here and on Part I, line 11, column (B)				0.
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a	Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13				0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0.

Part XI Supplemental Information (see instructions)

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

UNRELATED BUSINESS INCOME FROM PARTNERSHIP INVESTMENT

TO FORM 990-T, SCHEDULE A, LINE E

990-T SCH A — POST-2017 NET OPERATING LOSS DEDUCTION — STATEMENT 3

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/20	2,763.	0.	2,763.	2,763.
12/31/21	367.	0.	367.	367.
12/31/22	120.	0.	120.	120.
NOL CARRYOVER AVAILABLE THIS YEAR			3,250.	3,250.