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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

▶ Information about Form 990 and its instructions is at [www IRS gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2015

Open to Public Inspection

**A** For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

**B** Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

**C** Name of organization  
ASBURY ATLANTIC INC

Doing business as

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

20030 CENTURY BOULEVARD NO 300

City or town, state or province, country, and ZIP or foreign postal code  
GERMANTOWN, MD 208741112

**F** Name and address of principal officer  
DOUGLAS LEIDIG  
20030 CENTURY BOULEVARD NO 300  
GERMANTOWN, MD 208741112

**H(a)** Is this a group return for subordinates?

No

☐ Yes ☒

**H(b)** Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

**H(c)** Group exemption number ▶

**D** Employer identification number  
52-0607956

E Telephone number  
(301) 216-4100

**G** Gross receipts \$ 141,475,166

**I** Tax-exempt status

☒ 501(c)(3) ☐ 501(c) ( ) ◀(insert no ) ☐ 4947(a)(1) or ☐ 527

**J Website:** ▶ WWW.ASBURYMETHODISTVILLAGE.ORG

**K** Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

**L** Year of formation 1945

**M** State of legal domicile  
MD

Part I

Summary

Activities & Governance

**1** Briefly describe the organization's mission or most significant activities  
DOING ALL THE GOOD WE CAN BY PROVIDING EXCEPTIONAL LIFESTYLE OPPORTUNITIES TO THOSE WE SERVE

**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) . . . . .

**4** Number of independent voting members of the governing body (Part VI, line 1b) . . . . .

**5** Total number of individuals employed in calendar year 2015 (Part V, line 2a) . . . . .

**6** Total number of volunteers (estimate if necessary) . . . . .

**7a** Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .

**b** Net unrelated business taxable income from Form 990-T, line 34 . . . . .

**3**

**4**

**5**

**6**

**7a**

**7b**

12

7

1,660

2,276

25,019

0

Revenue

**8** Contributions and grants (Part VIII, line 1h) . . . . .

**9** Program service revenue (Part VIII, line 2g) . . . . .

**10** Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .

**11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

**12** Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . .

**14** Benefits paid to or for members (Part IX, column (A), line 4) . . . . .

**15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

**16a** Professional fundraising fees (Part IX, column (A), line 11e) . . . . .

**b** Total fundraising expenses (Part IX, column (D), line 25) ▶531,464

**17** Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .

**18** Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

**19** Revenue less expenses Subtract line 18 from line 12 . . . . .

Prior Year

Current Year

2,070,731

972,387

121,138,341

126,342,654

2,626,236

2,825,774

278,281

277,773

126,113,589

130,418,588

0

0

0

0

50,285,133

51,735,999

0

0

77,313,931

80,243,990

127,599,064

131,979,989

-1,485,475

-1,561,401

Net Assets or Fund Balances

**20** Total assets (Part X, line 16) . . . . .

**21** Total liabilities (Part X, line 26) . . . . .

**22** Net assets or fund balances Subtract line 21 from line 20 . . . . .

Beginning of Current Year

End of Year

412,257,530

409,208,325

530,207,270

533,771,189

-117,949,740

-124,562,864

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

2016-11-11

Date

KIM EHRENFRIED ASSISTANT TREASURER

Type or print name and title

Print/Type preparer's name  
JONATHAN T HANSEN CPA

Preparer's signature  
JONATHAN T HANSEN CPA

Date

Check ☐ if self-employed

PTIN  
P01871557

Firm's name ▶ CLIFTONLARSONALLEN LLP

Firm's EIN ▶ 41-0746749

Firm's address ▶ 1966 GREENSPRING DRIVE SUITE 300

Phone no (410) 453-0900

TIMONIUM, MD 210934161

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990(2015)

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 49,520,191 including grants of \$ ) (Revenue \$ 55,577,463 )  
SKILLED NURSING FACILITIES OPERATION OF 3 SKILLED NURSING FACILITIES (SNF'S) FOR THE AGED WITH 414 TOTAL BEDS PROVIDING 137,723 DAYS OF SERVICE IN 2015 \$16,734,469 OF CONTRACTUAL ALLOWANCES WERE PROVIDED TO RESIDENTS OF THE SNF IN 2015

**4b** (Code ) (Expenses \$ 21,657,245 including grants of \$ ) (Revenue \$ 24,306,342 )  
ASSISTED LIVING FACILITIES OPERATION OF 3 ASSISTED LIVING FACILITIES FOR THE AGED WITH 268 TOTAL SUITES PROVIDING 94,889 RESIDENT DAYS IN 2015 \$2,401,735 OF BENEVOLENT CARE AND \$108,068 CONTRACTUAL ALLOWANCES WERE PROVIDED TO THE ASSISTED LIVING RESIDENTS IN 2015
















**4c** (Code ) (Expenses \$ 41,396,361 including grants of \$ ) (Revenue \$ 46,458,852 )  
RESIDENTIAL LIVING OPERATION OF 1,385 RESIDENTIAL LIVING UNITS FOR THE AGED, PROVIDING 476,376 DAYS OF SERVICE IN 2015 \$21,649 OF BENEVOLENT CARE AND \$272,332 OF CONTRACTUAL ALLOWANCES WERE PROVIDED TO RESIDENTIAL LIVING RESIDENTS DURING 2015 ALSO SUPPLIED WELLNESS SEE SCHEDULE O FOR COMMUNITY BENEFITS INFORMATION

**4d** Other program services (Describe in Schedule O )

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

**4e** Total program service expenses ► 112,573,797

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

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		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		No
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	Yes	
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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		No
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b>			
	Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .	25a		No
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		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	31		No
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		No
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		No
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	36		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

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.	161	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
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	1,660
b	At least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	Yes
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	No
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	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
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	No
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	No
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	No
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	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
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	
9a	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? <b>Note.</b> 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	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

**Part VI Governance, Management, and Disclosure**

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

**Section A. Governing Body and Management**

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year 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 in Schedule O	12											
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent		7										
<b>2</b> 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?												No
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?												No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					Yes							
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?												No
<b>6</b> Did the organization have members or stockholders?					Yes							
<b>7a</b> 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?					Yes							
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?					Yes							
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following												
<b>a</b> The governing body?					Yes							
<b>b</b> Each committee with authority to act on behalf of the governing body?					Yes							
<b>9</b> 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 in Schedule O												No

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

	10a	10b	11a	12a	12b	12c	13	14	15a	15b	16a	16b
<b>10a</b> Did the organization have local chapters, branches, or affiliates?												No
<b>b</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?												
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			Yes									
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990												
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13		Yes										
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		Yes										
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		Yes										
<b>13</b> Did the organization have a written whistleblower policy?		Yes										
<b>14</b> Did the organization have a written document retention and destruction policy?		Yes										
<b>15</b> 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?												
<b>a</b> The organization's CEO, Executive Director, or top management official		Yes										
<b>b</b> Other officers or key employees of the organization		Yes										
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)												
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?											No	
<b>b</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?												

**Section C. Disclosure**

**17** List the States with which a copy of this Form 990 is required to be filed

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**18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website    ☐ Another's website    ☒ Upon request    ☐ Other (explain in Schedule O)

**19** Describe in 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  
 KIM EHRENFRIED ASST TREASURER 20030 CENTURY BLVD SUITE 300 GERMANTOWN, MD 20874 (301) 250-2137

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

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

[illegible]

[illegible]

**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 ► 24

## Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
SODEXO INC & AFFILIATES  PO BOX 536922 ATLANTA, GA 30353	FOOD SERVICE	12,292,491
WAGMAN CONSTRUCTION INC  3290 SUSQUEHANNA TRAIL NORTH PO BO YORK, PA 17405	CONSTRUCTION SERVICE	4,644,075
FLAGSHIP REHABILITATION SERVICES  157 BALTIMORE STREET CUMBERLAND, MD 21502	REHABILITATION SERVICE	4,020,869
THW DESIGN  2100 RIVER EDGE PKWY SUITE 900 ATLANTA, GA 30328	CONSTRUCTION SERVICE	1,848,942
OMNICARE  9036 ANNAPOLIS JUNCTION DR ANNAPOLIS JUNCTION, MD 20701	PHARMACY SERVICE	950,104

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 ▶ 48
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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	972,387			
	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 \$					
	h	Total. Add lines 1a-1f . . . . .			972,387		
Program Service Revenue	2a	NET RESIDENT REVENUE	Business Code				
			623312	84,148,512	84,148,512		
	b	MEDICARE/MEDICAID PAYMENTS	623312	25,749,751	25,749,751		
	c	AMORTIZATION OF ENTRANCE FEES	623312	15,019,872	15,019,872		
	d	OTHER OPERATING REVENUE	623312	1,424,519	1,424,519		
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .			126,342,654		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		1,994,677			1,994,677
	4	Income from investment of tax-exempt bond proceeds . .					
	5	Royalties . . . . .					
	6a	Gross rents	(i) Real 307,580	(ii) Personal			
	b	Less rental expenses	29,807				
	c	Rental income or (loss)	277,773				
	d	Net rental income or (loss) . . . . .		277,773		25,019	252,754
	7a	Gross amount from sales of assets other than inventory	(i) Securities 11,857,868	(ii) Other			
	b	Less cost or other basis and sales expenses	11,026,771				
	c	Gain or (loss)	831,097				
	d	Net gain or (loss) . . . . .		831,097			831,097
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . .	a				
	b	Less direct expenses . . . .	b				
	c	Net income or (loss) from fundraising events . .					
	9a	Gross income from gaming activities See Part IV, line 19 . . . .	a				
	b	Less direct expenses . . . .	b				
	c	Net income or (loss) from gaming activities . . .					
	10a	Gross sales of inventory, less returns and allowances . .	a				
	b	Less cost of goods sold . . .	b				
	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 . . . . .			130,418,588	126,342,654	25,019	3,078,528

**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 . . . . .	947,862		947,862	
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 . . . . .	40,991,095	37,943,075	2,561,743	486,277
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	1,314,083	1,212,888	84,086	17,109
9	Other employee benefits . . . . .	5,303,324	3,607,333	1,667,913	28,078
10	Payroll taxes . . . . .	3,179,635	2,913,550	266,085	
11	Fees for services (non-employees)				
a	Management . . . . .	6,517,102		6,517,102	
b	Legal . . . . .	60,257		60,257	
c	Accounting . . . . .	98,952		98,952	
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 Schedule O) . . . . .	8,415,955	8,017,056	398,899	
12	Advertising and promotion . . . . .	927,161	884,835	42,326	
13	Office expenses . . . . .	3,341,226	2,969,357	371,869	
14	Information technology . . . . .	3,862,190	14,604	3,847,586	
15	Royalties . . . . .				
16	Occupancy . . . . .	8,061,210	7,964,724	96,486	
17	Travel . . . . .	109,523	73,831	35,692	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .				
20	Interest . . . . .	14,484,466	14,258,378	226,088	
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	20,237,929	19,922,035	315,894	
23	Insurance . . . . .	630,985		630,985	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	FOOD	5,044,946	5,043,958	988	
b	REPAIRS & MAINTENANCE	3,462,239	3,409,887	52,352	
c	MEDICAL SUPPLIES & PHAR	2,092,522	2,092,522		
d	BAD DEBT	1,057,020	1,057,020		
e	All other expenses	1,840,307	1,188,744	651,563	
25	<b>Total functional expenses.</b> Add lines 1 through 24e	131,979,989	112,573,797	18,874,728	531,464
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> 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	
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .	1,532,665	<b>1</b>	1,562,469	
	<b>2</b>	Savings and temporary cash investments . . . . .	41,704,025	<b>2</b>	43,025,421	
	<b>3</b>	Pledges and grants receivable, net . . . . .		<b>3</b>		
	<b>4</b>	Accounts receivable, net . . . . .	4,249,330	<b>4</b>	4,819,685	
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>		
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .		<b>6</b>		
	<b>7</b>	Notes and loans receivable, net . . . . .	12,463,120	<b>7</b>	11,599,963	
	<b>8</b>	Inventories for sale or use . . . . .	166,221	<b>8</b>	151,874	
	<b>9</b>	Prepaid expenses and deferred charges . . . . .	1,259,580	<b>9</b>	1,376,247	
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	507,730,053			
	<b>b</b>	Less: accumulated depreciation . . . . .	255,061,930	251,018,634	<b>10c</b>	252,668,123
	<b>11</b>	Investments—publicly traded securities . . . . .	47,719,006	<b>11</b>	37,965,696	
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>		
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>		
	<b>14</b>	Intangible assets . . . . .		<b>14</b>		
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .	52,144,949	<b>15</b>	56,038,847	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	412,257,530	<b>16</b>	409,208,325		
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .	9,473,680	<b>17</b>	9,625,574	
	<b>18</b>	Grants payable . . . . .		<b>18</b>		
	<b>19</b>	Deferred revenue . . . . .	109,773,991	<b>19</b>	113,519,361	
	<b>20</b>	Tax-exempt bond liabilities . . . . .	223,043,633	<b>20</b>	222,033,990	
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	50,114	<b>21</b>	46,325	
	<b>22</b>	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>		
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>		
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>		
	<b>25</b>	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 . . . . .	187,865,852	<b>25</b>	188,545,939	
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	530,207,270	<b>26</b>	533,771,189	
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
<b>27</b>		Unrestricted net assets . . . . .	-145,998,747	<b>27</b>	-152,210,754	
<b>28</b>		Temporarily restricted net assets . . . . .	3,874,644	<b>28</b>	2,817,951	
<b>29</b>		Permanently restricted net assets . . . . .	24,174,363	<b>29</b>	24,829,939	
<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>						
<b>30</b>		Capital stock or trust principal, or current funds . . . . .		<b>30</b>		
<b>31</b>		Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>		
<b>32</b>		Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>		
<b>33</b>		<b>Total net assets or fund balances</b> . . . . .	-117,949,740	<b>33</b>	-124,562,864	
<b>34</b>		<b>Total liabilities and net assets/fund balances</b> . . . . .	412,257,530	<b>34</b>	409,208,325	

Part XI

Reconciliation of Net Assets

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	130,418,588
2	Total expenses (must equal Part IX, column (A), line 25)	2	131,979,989
3	Revenue less expenses Subtract line 2 from line 1	3	-1,561,401
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-117,949,740
5	Net unrealized gains (losses) on investments	5	-3,069,248
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 in Schedule O)	9	-1,982,475
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-124,562,864

Part XII

Financial Statements and Reporting

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

☐

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	Yes	
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
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 in Schedule O and describe any steps taken to undergo such audits		

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 52-0607956  
**Name:** ASBURY ATLANTIC INC

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NICK SERENYI ..... CHAIR	2 00 .....	X		X				0	0	0
DENNIS HANSEN ..... VICE CHAIR	2 00 .....	X		X				0	0	0
GUFFRIE SMITH ..... DIRECTOR	2 00 .....	X						0	0	0
LAWRENCE APPEL ..... DIRECTOR	2 00 .....	X						0	0	0
ARTHUR ELGIN ..... DIRECTOR	2 00 .....	X						0	0	0
THOMAS ETTINGER ..... DIRECTOR	2 00 .....	X						0	0	0
RICHARD FINDLEY ..... DIRECTOR	2 00 .....	X						0	0	0
SANDRA HALBRUNER ..... DIRECTOR	2 00 .....	X						0	0	0
GORDON NAUGHTON ..... DIRECTOR	2 00 .....	X						0	0	0
CAROLINE KIM ..... DIRECTOR	2 00 .....	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
DAVID LINGRELL ..... DIRECTOR	2 00 .....	X							0	0	0
PHYLLIS SCHMITZ ..... DIRECTOR	2 00 .....	X							0	0	0
LORRAINE SEXTON ..... DIRECTOR	2 00 .....	X							0	0	0
JAMES SMELTZER ..... DIRECTOR	2 00 .....	X							0	0	0
DONALD TRISSLER ..... DIRECTOR	2 00 .....	X							0	0	0
NORMA TYLER ..... DIRECTOR	2 00 .....	X							0	0	0
DOUGLAS LEIDIG ..... DIRECTOR	1 00 ..... 61 00	X		X					0	465,550	23,966
ANDREW JOSEPH ..... SECRETARY, ASST TREASURER	1 00 ..... 61 00			X					0	224,509	21,527
MICHAEL CONNELL ..... TREASURER	1 00 ..... 61 00			X					0	349,231	23,152
SUE DACAMARA ..... PRESIDENT	1 00 ..... 59 00			X					0	398,482	20,521

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANDREW APPLGATE ..... VICE PRESIDENT	1 00 ..... 61 00			X				0	207,800	21,075
HENRY MOEHRING ..... VICE PRESIDENT	60 00 ..... 2 00			X				255,704	0	22,512
MELISSA HADLEY ..... VICE PRESIDENT	49 00 ..... 13 00			X				203,955	45,722	22,156
JIM SCHNEIDER ..... VICE PRESIDENT	60 00 ..... 2 00			X				190,763	0	18,198
ROBIN STERN ..... VICE PRESIDENT	1 00 ..... 58 00			X				0	191,672	20,004
KIM EHRENFRIED ..... ASST. TREASURER	1 00 ..... 61 00			X				0	202,680	21,352
PEGGY CRESPI KAPLAN ..... VP, ASST. SECRETARY	1 00 ..... 61 00			X				0	356,838	20,521
BRAD ANDRUS ..... ASST. SECRETARY	60 00 ..... 2 00			X				143,738	0	11,082
DEBBIE BARRIS ..... ASST. SECRETARY	40 00 ..... 2 00			X				74,834	0	8,977
RENEE BROOKSBANK ..... VICE PRESIDENT	1 00 ..... 61 00			X				0	172,635	17,601

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SUSAN MOYER ..... VICE PRESIDENT	1 00 ..... 57 00			X				0	166,220	8,311
BRENT BAYES ..... DIRECTOR SALES & MKTG	40 00 .....					X		168,630	0	18,826
BRIAN GRUNDUSKY ..... SNF ADMINISTRATOR	60 00 .....					X		154,027	0	16,744
JEREMIAH SHUMAN ..... SR DIRECTOR DEVELOPMENT	40 00 .....					X		142,657	0	17,372
NANCY RASAVAGE ..... RETIREMENT COUNSLEOR	40 00 .....					X		130,118	0	15,456
PEDRAG PETKOVIC ..... RETIREMENT COUNSLEOR	40 00 .....					X		129,558	0	12,630

SCHEDULE A  
(Form 990 or 990EZ)

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.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047  
**2015**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Part I

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )

9

☒

An 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 )

10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations . . . . .

g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2015.If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
b 33 1/3% support test—2014.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2015.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2014.If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
18 Private foundation.If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ► <input type="checkbox"/>		

Part III

**Support Schedule for Organizations Described in Section 509(a)(2)**  
(Complete only if you checked the box on line 9 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")		1,344,207	4,305,710	2,070,731	972,387	8,693,035
<b>2</b> 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	119,838,671	114,931,119	116,579,022	121,138,341	126,342,656	598,829,809
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	119,838,671	116,275,326	120,884,732	123,209,072	127,315,043	607,522,844
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						0
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
<b>c</b> Add lines 7a and 7b						0
<b>8 Public support.</b> (Subtract line 7c from line 6.)						607,522,844

Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>9</b> Amounts from line 6	119,838,671	116,275,326	120,884,732	123,209,072	127,315,043	607,522,844
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,172,542	1,868,032	2,003,195	2,053,937	2,302,257	10,399,963
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	2,172,542	1,868,032	2,003,195	2,053,937	2,302,257	10,399,963
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	122,011,213	118,143,358	122,887,927	125,263,009	129,617,300	617,922,807
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <span style="float:right">► <input type="checkbox"/></span>						

Section C. Computation of Public Support Percentage		
<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	98.320 %
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15	<b>16</b>	98.470 %

Section D. Computation of Investment Income Percentage		
<b>17</b> Investment income percentage for <b>2015</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	1.680 %
<b>18</b> Investment income percentage from <b>2014</b> Schedule A, Part III, line 17	<b>18</b>	1.530 %
<b>19a 33 1/3% support tests—2015.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float:right">► <input checked="" type="checkbox"/></span>		
<b>b 33 1/3% support tests—2014.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float:right">► <input type="checkbox"/></span>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <span style="float:right">► <input type="checkbox"/></span>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
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 <b>Part VI</b> 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 <b>Part VI</b> 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 11a or 11b in Part I, answer (b) and (c) below.	4a	
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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c <b>Substitutions only.</b> 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 (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
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 <b>Part VI</b> .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b	
c Did a disqualified person (as defined in line 9(a)) 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 <b>Part VI</b> .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
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	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions). <input type="checkbox"/>		

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013. . . . .			
<b>e</b> From 2014. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2015 from Section D, line 7 \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013. . . . .			
<b>d</b> From 2014. . . . .			
<b>e</b> From 2015. . . . .			

**Part VI**   **Supplemental Information.**

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

**Facts And Circumstances Test**

Return Reference

Explanation

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.  
Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
ASBURY ATLANTIC INC

Employer identification number  
52-0607956

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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 (e g , recreation or education)  
☒ Protection of natural habitat  
☐ Preservation of open space

☐ Preservation of an historically important land area  
☐ Preservation of a certified historic structure

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 Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► 0

4

Number of states where property subject to conservation easement is located ► 1

5

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

☐ Yes ☒ No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
► 0 00

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
► \$ 0

8

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

☐ 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 SFAS 116 (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 SFAS 116 (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 SFAS 116 (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 are a 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 programs

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" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance . . . . .	24,174,363	23,389,624	22,763,584	22,833,100	22,975,021
b Contributions . . . . .					
c Net investment earnings, gains, and losses	655,576	784,739	626,040	-69,516	-141,921
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .	24,829,939	24,174,363	23,389,624	22,763,584	22,833,100

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

a Board designated or quasi-endowment ▶

b Permanent endowment ▶ 100 000 %

c Temporarily restricted endowment ▶

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

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

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to 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)	Accumulated (c)depreciation	(d)Book value
1a Land . . . . .		14,170,929		14,170,929
b Buildings . . . . .		21,503,498	9,964,748	11,538,750
c Leasehold improvements . . . . .		420,349,104	202,856,248	217,492,856
d Equipment . . . . .		49,313,061	42,240,934	7,072,127
e Other . . . . .		2,393,461		2,393,461
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . . . ▶				252,668,123



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	128,304,837
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments . . . . .	2a	-3,069,248	
b	Donated services and use of facilities . . . . .	2b		
c	Recoveries of prior year grants . . . . .	2c		
d	Other (Describe in Part XIII ) . . . . .	2d	955,497	
e	Add lines 2a through 2d . . . . .		2e	-2,113,751
3	Subtract line 2e from line 1 . . . . .		3	130,418,588
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a		
b	Other (Describe in Part XIII ) . . . . .	4b		
c	Add lines 4a and 4b . . . . .		4c	0
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12 ) . . . . .		5	130,418,588

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	134,917,961
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	2,937,972	
e	Add lines 2a through 2d . . . . .		2e	2,937,972
3	Subtract line 2e from line 1 . . . . .		3	131,979,989
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	0
5	Total expenses Add lines 3 and 4c.(This must equal Form 990, Part I, line 18 ) . . . . .		5	131,979,989

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.

Return Reference	Explanation
PART II, LINE 3	ASBURY ATLANTIC, INC HAS A 15 ACRE FOREST CONSERVATION EASEMENT AGREEMENT WITH THE CITY OF GAITHERSBURG, MD THAT PRESERVES TREES, TREE CANOPY AND FORESTS ASBURY ATLANTIC, INC DOES NOT REPORT CONSERVATION EASEMENTS IN ITS FINANCIAL STATEMENTS THERE ARE NO REVENUES, EXPENSES OR ASSETS, OTHER THAN THE LAND, RELATED TO THIS CONSERVATION EASEMENT

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

Return Reference	Explanation
PART V, LINE 4	THE INTENDED USE OF THE ENDOWMENT FUND IS TO SUPPORT BENEVOLENT CARE
PART X, LINE 2	ASBURY ATLANTIC HAS ONE MEMBER WHICH 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 ASBURY COMMUNITIES, THE SOLE MEMBER OF ASBURY ATLANTIC, HAS IMPLEMENTED PROCESSES TO ENSURE COMPLIANCE WITH THE INTERNAL REVENUE SERVICE'S INTERMEDIATE SANCTIONS PROVISIONS FOR ALL ITS SUPPORTED ORGANIZATIONS, INCLUDING ASBURY ATLANTIC THIS INCLUDES AN INDEPENDENT REVIEW BY THE COMPENSATION COMMITTEE OF THE BOARD OF ALL COMPENSATION ARRANGEMENTS WITH DISQUALIFIED PERSONS THE COMPENSATION OF THE DISQUALIFIED INDIVIDUALS IS SET BY THE SOLE MEMBER OF ASBURY ATLANTIC AND THAT THE PROCESS IS FOR THE SYSTEM COMPENSATION COMMITTEE TO WORK WITH OUTSIDE COMPENSATION CONSULTANTS AND ATTORNEYS AND MAKE A RECOMMENDATION TO THE EXECUTIVE COMMITTEE OF ASBURY COMMUNITIES WHICH SETS THE COMPENSATION THE BOARD OF ASBURY ATLANTIC IS ADVISED OF THE COMPENSATION ARRANGEMENTS THE PROCESS ALSO INCLUDES THE IMPLEMENTATION OF A DETAILED CONFLICT-OF-INTEREST POLICY AND ANNUAL DISCLOSURE PROCESS FOR ALL DISQUALIFIED PERSONS THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION MUST BE RECOGNIZED ONLY IF IT IS MORE-LIKELY-THAN-NOT THAT THE TAX POSITION WILL BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE RESOLUTION THE COMPANY IS NOT AWARE OF ANY TAX POSITIONS THAT WOULD HAVE A MATERIAL IMPACT ON THE COMPANY'S RESULTS OF OPERATIONS OR FINANCIAL POSITION THE COMPANY'S INCOME TAX RETURN IS SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL, STATE, AND LOCAL AUTHORITIES THE COMPANY IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX-EXEMPT STATUS THE TAX RETURNS FOR THE YEARS 2012 TO 2014 ARE OPEN TO EXAMINATION BY FEDERAL, LOCAL, AND STATE AUTHORITIES
PART XI, LINE 2D - RECONCILING ITEMS	VALUE CHANGE IN BENEFICIAL INTEREST IN NET ASSETS OF ASBURY FOUNDATION 1,185,327 RENT EXPENSE 29,807 VALUE CHANGES IN DERIVATIVE INSTRUMENTS -267,039 VALUE CHANGE UNDER CHARITABLE GIFT ANNUITIES 7,402 TOTAL TO SCHEDULE D, PART XI, LINE 2D 955,497
PART XII, LINE 2D - RECONCILING ITEMS	RENTAL EXPENSES 29,807 TRANSFER TO ACOMM 3,088,631 TOTAL TO SCHEDULE D, PART XII, LINE 2D 3,117,786

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990.  
▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
ASBURY ATLANTIC INC

Employer identification number  
52-0607956

Part I Questions Regarding Compensation

	Yes	No
<div>1a</div> <div>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.</div> <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax indemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</div></div>		
<div>b</div> <div>If any of the boxes in 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.</div>	1b	
<div>2</div> <div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div>	2	
<div>3</div> <div>Indicate which, if any, of the following the filing 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.</div> <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
<div>4</div> <div>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:</div>		
<div>a</div> <div>Receive a severance payment or change-of-control payment?</div>	4a	No
<div>b</div> <div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div>	4b	No
<div>c</div> <div>Participate in, or receive payment from, an equity-based compensation arrangement?</div>	4c	No
<div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div>		
<div></div> <div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div>		
<div>5</div> <div>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:</div>		
<div>a</div> <div>The organization?</div>	5a	No
<div>b</div> <div>Any related organization?</div>	5b	No
<div></div> <div>If "Yes," on line 5a or 5b, describe in Part III.</div>		
<div>6</div> <div>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:</div>		
<div>a</div> <div>The organization?</div>	6a	No
<div>b</div> <div>Any related organization?</div>	6b	No
<div></div> <div>If "Yes," on line 6a or 6b, describe in Part III.</div>		
<div>7</div> <div>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</div>	7	No
<div>8</div> <div>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.</div>	8	No
<div>9</div> <div>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div>	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 are not listed on Form 990, Part VII.

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

**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.

Return Reference	Explanation
PART I, LINE 3	THE COMPENSATION OF THE ORGANIZATION'S CEO/EXECUTIVE DIRECTOR IS APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF ASBURY COMMUNITIES, INC. THE FULL BOARD IS INFORMED BUT IS NOT TASKED WITH APPROVING.

Additional Data

Software ID:

Software Version:

EIN: 52-0607956

Name: ASBURY ATLANTIC INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1DOUGLAS LEIDIGDIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	435,074	29,666	810	10,600	-	-	0
						13,366	489,516	
1ANDREW JOSEPH SECRETARY, ASST TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	208,977	14,844	688	8,161	-	-	0
						13,366	246,036	
2MICHAEL CONNELL TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	323,034	25,657	540	10,248	-	-	0
						12,904	372,383	
3SUE DACAMARAPRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	371,264	24,896	2,322	10,600	-	-	0
						9,921	419,003	
4ANDREW APPEGATE VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	193,184	13,979	637	7,710	-	-	0
						13,365	228,875	
5HENRY MOEHRING VICE PRESIDENT	(i)	241,098	12,289	2,317	9,569	12,943	278,216	0
	(ii)	0	0	0	0	-	-	0
						0	0	
6MELISSA HADLEY VICE PRESIDENT	(i)	192,384	9,744	1,827	7,429	10,670	222,054	0
	(ii)	43,128	2,184	410	1,665	-	-	0
						2,392	49,779	
7JIM SCHNEIDER VICE PRESIDENT	(i)	175,817	12,483	2,463	7,310	10,888	208,961	0
	(ii)	0	0	0	0	-	-	0
						0	0	
8ROBIN STERN VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	181,674	9,094	904	7,523	-	-	0
						12,481	211,676	
9KIM EHRENFRIED ASST TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	188,030	14,031	619	7,986	-	-	0
						13,366	224,032	
10PEGGY CRESPI KAPLAN VP, ASST SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	329,259	25,908	1,671	10,600	-	-	0
						9,921	377,359	
11BRAD ANDRUS ASST SECRETARY	(i)	139,098	4,219	421	5,850	5,232	154,820	0
	(ii)	0	0	0	0	-	-	0
						0	0	
12RENEE BROOKSBANK VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	155,060	16,825	750	4,969	-	-	0
						12,632	190,236	
13SUSAN MOYER VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	151,552	9,000	5,668	8,311	-	-	0
						0	174,531	
14BRENT BAYES DIRECTOR SALES & MKTG	(i)	124,702	43,550	378	6,937	11,889	187,456	0
	(ii)	0	0	0	0	-	-	0
						0	0	
15BRIAN GRUNDUSKY SNF ADMINISTRATOR	(i)	146,718	7,007	302	6,276	10,468	170,771	0
	(ii)	0	0	0	0	-	-	0
						0	0	
16JEREMIAH SHUMAN SR DIRECTOR DEVELOPMENT	(i)	137,401	5,000	256	3,781	13,591	160,029	0
	(ii)	0	0	0	0	-	-	0
						0	0	

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As Filed Data -

DLN: 93493319026206

Schedule K  
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

ASBURY ATLANTIC INC

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

► Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Employer identification number

52-0607956

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A CITY OF GAITHERSBURG (MD)	52-6000792	363128BL2	11-30-2006	73,400,702	CURRENT REFUNDING		X		X	X	
B CITY OF GAITHERSBURG (MD)	52-6000792	363128CB3	12-16-2009	18,837,005	CURRENT REFUNDING		X		X	X	
C CUMBERLAND COUNTY MUNICIPAL AUTHORITY (PA)	23-6003119	230614FK0	11-10-2010	73,542,289	CURRENT REFUNDING		X		X		X
D CUMBERLAND COUNTY MUNICIPAL AUTHORITY (PA)	23-6003119	230614GK9	10-31-2012	52,585,767	CURRENT REFUNDING		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired . . . . .			6,040,205		3,387,289		1,890,768	
2	Amount of bonds legally defeased . . . . .								
3	Total proceeds of issue . . . . .	73,400,702		18,837,005		73,542,289		52,585,767	
4	Gross proceeds in reserve funds . . . . .	6,768,263		576,770		6,498,922		2,339,434	
5	Capitalized interest from proceeds . . . . .								
6	Proceeds in refunding escrows . . . . .								
7	Issuance costs from proceeds . . . . .	1,416,958		376,740		1,470,845		1,051,715	
8	Credit enhancement from proceeds . . . . .								
9	Working capital expenditures from proceeds . . . . .								
10	Capital expenditures from proceeds . . . . .								
11	Other spent proceeds . . . . .	65,215,481		17,883,495		65,572,522		49,194,618	
12	Other unspent proceeds . . . . .								
13	Year of substantial completion . . . . .	2006		2009		2010		2012	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . .	X		X		X		X	
15	Were the bonds issued as part of an advance refunding issue? . . . .		X		X		X		X
16	Has the final allocation of proceeds been made? . . . . .	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .	X		X		X		X	

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . ▶	0 470 %		0 470 %		0 420 %		0 420 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶								
6	Total of lines 4 and 5 . . . . .	0 470 %		0 470 %		0 420 %		0 420 %	
7	Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations 1.141-12 and 1.145-2? . . . . .	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . .		X		X		X		X
2	If "No" to line 1, did the following apply? . . . .								
a	Rebate not due yet? . . . . .		X	X		X		X	
b	Exception to rebate? . . . . .		X		X		X		X
c	No rebate due? . . . . .	X			X		X		X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
3	Is the bond issue a variable rate issue? . . . . .		X		X		X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider . . . . .								
c	Term of hedge . . . . .								
d	Was the hedge superintegrated? . . . . .								
e	Was the hedge terminated? . . . . .								

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider . . . . .								
c	Term of GIC . . . . .								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X		X		X		X	

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME CITY OF GAITHERSBURG (MD) DATE THE REBATE COMPUTATION WAS PERFORMED 12/31/2014

Return Reference	Explanation
SCHEDULE K, PART I, ROW A AND C, COLUMN (E)	THE ORGANIZATION IS A MEMBER OF AN OBLIGATED GROUP THE ENTRIES SHOWN IN COLUMN (E) REPRESENTS THE PORTION OF THE TOTAL ISSUE PRICE ALLOCATED TO THE ORGANIZATION

Return Reference	Explanation
SCHEDULE K, PART II, ROW A AND C, LINES 4 AND 7	THESE AMOUNTS REPRESENT A PRO RATA PORTION OF THE TOTAL BASED ON THE PORTION OF THE TOTAL ISSUE PRICE ALLOCATED TO THE ORGANIZATION

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service  
Name of the organization  
ASBURY ATLANTIC INC

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
▶ Attach to Form 990.  
▶ Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number  
52-0607956

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A CITY OF GAITHERSBURG (MD)	52-6000792	363128CF4	04-09-2014	15,290,000	CURRENT REFUNDING		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired . . . . .	125,000							
2	Amount of bonds legally defeased . . . . .								
3	Total proceeds of issue . . . . .	15,290,000							
4	Gross proceeds in reserve funds . . . . .								
5	Capitalized interest from proceeds . . . . .								
6	Proceeds in refunding escrows . . . . .								
7	Issuance costs from proceeds . . . . .								
8	Credit enhancement from proceeds . . . . .								
9	Working capital expenditures from proceeds . . . . .								
10	Capital expenditures from proceeds . . . . .								
11	Other spent proceeds . . . . .								
12	Other unspent proceeds . . . . .								
13	Year of substantial completion . . . . .								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . . .	X							
15	Were the bonds issued as part of an advance refunding issue? . . . . .		X						
16	Has the final allocation of proceeds been made? . . . . .	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X							

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .	X							

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c	Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . ▶	0 470 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶								
6	Total of lines 4 and 5 . . . . .	0 470 %							
7	Does the bond issue meet the private security or payment test? . . .		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X							

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . .		X						
2	If "No" to line 1, did the following apply? . . . .								
a	Rebate not due yet? . . . . .	X							
b	Exception to rebate? . . . . .		X						
c	No rebate due? . . . . .		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
3	Is the bond issue a variable rate issue? . . . . .		X						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider . . . . .								
c	Term of hedge . . . . .								
d	Was the hedge superintegrated? . . . . .								
e	Was the hedge terminated? . . . . .								

**Part IV Arbitrage** *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b>	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
<b>b</b>	Name of provider . . . . .								
<b>c</b>	Term of GIC . . . . .								
<b>d</b>	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b>	Were any gross proceeds invested beyond an available temporary period?		X						
<b>7</b>	Has the organization established written procedures to monitor the requirements of section 148? . . .	X							

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

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

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

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

Return Reference	Explanation
FORM 990, PART III, LINE 4	<p>AS PART OF ASBURY COMMUNITIES, ASBURY ATLANTIC PLEDGES EACH DAY TO MAKE A DIFFERENCE IN THE LIVES OF THOSE WE SERVE AND TO SERVE AS A PARTNER FOR GOOD IN THE COMMUNITY AT LARGE. WE HONOR OUR LEGACY THROUGH SUPPORTING AND PARTNERING WITH CHARITABLE AND COMMUNITY ORGANIZATIONS, EDUCATIONAL INSTITUTIONS, AND AGING SERVICES AND HEALTH PROVIDERS. AT ASBURY ATLANTIC, OUR CONTRIBUTIONS ARE PRIMARILY FOCUSED ON - SUPPORTING SENIOR WELLNESS IN THE REGIONS WHERE WE OPERATE, AND - TRAINING THE NEXT GENERATION OF AGING SERVICES PROFESSIONALS. PROVIDING PEACE OF MIND FOR RESIDENTS - BENEVOLENT CARE A CORNERSTONE OF LIVING OUR MISSION IS ENSURING THAT RESIDENTS WHO OUTLIVE THEIR FINANCIAL RESOURCES CAN REMAIN IN THEIR HOME AT ASBURY. THE ASBURY FOUNDATION, A 501(C)(3) NOT-FOR-PROFIT ORGANIZATION THAT SECURES PHILANTHROPIC SUPPORT TO SUPPORT THE MISSION AND ENHANCE QUALITY OF LIFE FOR OLDER ADULTS SERVED BY THE ASBURY SYSTEM, WAS ESTABLISHED TO SUPPORT THESE EFFORTS. ASBURY PROVIDES FINANCIAL SUPPORT TO RESIDENTS WHO OUTLIVE THEIR RESOURCES THROUGH NO FAULT OF THEIR OWN. HIGHLIGHTS OF THIS YEAR'S COMMUNITY BENEFIT ACCOMPLISHMENTS AT EACH ASBURY ATLANTIC COMMUNITY INCLUDE THE FOLLOWING: ASBURY METHODIST VILLAGE IN THE AREA OF TRAINING FUTURE GENERATIONS OF CAREGIVERS, ASBURY METHODIST VILLAGE (AMV) PROVIDED MENTORING AND TRAINING IN ADMINISTRATIVE, SOCIAL WORK AND PASTORAL CARE SERVICES FOR STUDENTS AT GEORGETOWN, HOWARD, MONTGOMERY COLLEGE, LOYOLA, SALISBURY, AND THE UNIVERSITY OF MARYLAND. AMV DONATED MEETING SPACE FOR MORE THAN 20 NON-PROFIT, COMMUNITY ORGANIZATIONS THROUGHOUT THE YEAR. THOUGH THE MAJORITY OF THIS GROUP'S EFFORTS BENEFIT YOUTH, THIS RESIDENT-CREATED AND RUN COLLABORATION WITH GAITHERSBURG AND MONTGOMERY COUNTY (GAITHERSBURG BELOVED COMMUNITY INITIATIVE) DEVOTED HUNDREDS OF HOURS TO MENTORING AREA AT-RISK CHILDREN, HOSTING PARTIES AT ASBURY'S POOL AND OTHER STRUCTURED FITNESS ACTIVITIES. THIS INTERGENERATIONAL MENTORING PROGRAM IS FOCUSED ON THE DEVELOPMENT OF CHARACTER IN THE YOUNG PEOPLE. ASBURY METHODIST VILLAGE HOSTED A CONVERSATIONAL ENGLISH GROUP WITH 12 LATINO MOTHERS FROM THE GAITHERSBURG AREA WHEREBY THEY MET WEEKLY TO STUDY THEIR ENGLISH WITH ASBURY RESIDENTS. SUPPORTED MEALS ON WHEELS AND THE MONTGOMERY COUNTY COALITION FOR THE HOMELESS SHELTER WITH FOOD PREPARATION AND STRATEGIC PLANNING SPACE. AMV ASSOCIATES COLLECTED SCHOOL SUPPLIES AND BACKPACKS FOR STUDENTS THAT ATTEND SUMMIT HALL ELEMENTARY SCHOOL IN GAITHERSBURG. COLLECTED ENOUGH TO FILL 150 BACKPACKS. ASBURY METHODIST VILLAGE DONATED THE USE OF THE AMV CAMPUS FOR A 5K RUN BENEFITTING THE WIDOW CARE ORGANIZATION. BETHANY VILLAGE IN THE AREA OF TRAINING THE NEXT GENERATION OF PROFESSIONALS, THE FOLLOWING OCCURRED: PROVIDED TRAINING FOR CERTIFIED NURSING ASSISTANTS, LICENSED PRACTICAL NURSES, REGISTERED NURSES, HUMAN RESOURCES, SOCIAL WORK AND HEALTHCARE MANAGEMENT STUDENTS AT HARRISBURG AREA COMMUNITY COLLEGE, MESSIAH COLLEGE AND PENN STATE AND SHIPPENSBURG STATE UNIVERSITIES. ORGANIZED AND RAISED APPROXIMATELY \$5,000 FOR THE AREA CHAPTER OF THE ALZHEIMER'S ASSOCIATION THOUGH A ROCK-A-THON AND DONATED \$2,000 FOR THE ASSOCIATION'S WALK TO END ALZHEIMER'S. HOSTED SUPPORT GROUPS FOR FAMILY MEMBERS AND OTHER CAREGIVERS OF PEOPLE WITH ALZHEIMER'S DISEASE. BETHANY VILLAGE DONATED MEETING SPACE FOR MORE THAN 10 NON-PROFIT, COMMUNITY ORGANIZATIONS THROUGHOUT THE YEAR. IN CONJUNCTION WITH VOLUNTEERS OF AMERICA, BETHANY VILLAGE ASSOCIATES COLLECTED, STORED AND ARRANGED FOR PICK-UP OF DONATED CLOTHING. BETHANY VILLAGE HOSTED A FOOD DRIVE TO COLLECT FOOD AND MONETARY GIFTS TO BENEFIT THE UNDERPRIVILEGED SERVED BY NEW HOPE MINISTRIES. BETHANY VILLAGE DONATED \$500 IN ADDITION TO DONATIONS FROM STAFF AND RESIDENTS. A BETHANY VILLAGE ASSOCIATE VOLUNTEERED AT NEW HOPE MINISTRIES FOOD PANTRY THROUGHOUT THE YEAR. BETHANY VILLAGE ORGANIZED A GROUP OF NINE ASSOCIATE VOLUNTEERS ASSISTED OTHER COMMUNITY VOLUNTEERS IN COMPLETE RENOVATION OF BOY'S COTTAGE THROUGH DEMOLITION, CONSTRUCTION, PAINTING AND CLEAN-UP OF LARGE DORMITORY AT UNITED METHODIST CHILDREN'S HOME OF MECHANICSBURG. FINALLY, IN THE AREA OF ENVIRONMENTAL SUSTAINABILITY, BETHANY VILLAGE CONTINUED THEIR COMMUNITY-WIDE RECYCLING PROGRAM INVOLVING THE DAILY COLLECTION OF SODA CAN TABS, PAPER, GLASS, METAL AND PLASTIC THROUGHOUT THE YEAR. SPRINGHILL PROVIDED TRAINING AND RESEARCH ASSISTANCE FOR NURSING AND REHABILITATIVE THERAPY STUDENTS AT GANNON AND MERCYHURST UNIVERSITIES AND THE GREAT LAKES INSTITUTE OF TECHNOLOGY. SPRINGHILL ASSOCIATES PARTICIPATED IN THE ALZHEIMER'S ASSOCIATION FOR WALK TO END ALZHEIMER'S AND RAISED \$3,712. PLANNED, ORGANIZED, INVITED, AND SET UP PARKINSON'S PARTNERS HEALTH FAIR THAT SUPPORTS RESIDENTS IN THE COMMUNITY AND INDIVIDUALS OUTSIDE THE COMMUNITY THAT CARE FOR OR HAVE PARKINSON'S. SNF ADMINISTRATOR VOLUNTEERED AS A SURVEYOR FOR A CARF/CCAC SURVEY AT A CCRC'S IN CALIFORNIA, INDIANA AND GEORGIA. SPRINGHILL ASSOCIATE VOLUNTEERS AT THE LOCAL FIRE DEPARTMENT PROVIDING FIRE FIGHTING, RESCUE, AND EMS RESPONSES. 18 SPRINGHILL ASSOCIATES ASSISTED WITH THE PREPARATION AND FOOD COLLECTION FOR A FOOD DRIVE FOR THE HARVEST FOOD BANK BY MANNING STATIONS THROUGHOUT THE ERIE COMMUNITY TO COLLECT FOOD AT THE DROP OFF STATIONS. APPROXIMATELY 1,200 PEOPLE HELPED BY THE FOOD DRIVE. SPRINGHILL PROVIDED COATS, BLANKETS AND OUTERWEAR FOR THE UPPER ROOM HOMELESS SHELTER AND DONATED \$1,000 OF FOOD/SUPPLIES TO A SHRINER'S HOSPITAL EVENT.</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS CAN ACT IN PLACE OF THE BOARD BETWEEN MEETINGS ALL MEMBERS OF THE EXECUTIVE COMMITTEE ARE MEMBERS OF THE BOARD OF DIRECTORS WE HAVE REPORTED SEVEN INDEPENDENT VOTING MEMBERS OF THE GOVERNING BODY THE NON-INDEPENDENT BOARD MEMBERS CONSIST OF ONE EMPLOYEE OF ASBURY COMMUNITIES, INC , AND INVESTMENT ADVISORY TO THE ASBURY COMMUNITIES, INC 401(K) PLAN, ONE RESIDENT OF ASBURY SOLOMONS, INC , ONE RESIDENT OF BETHANY VILLAGE AND ONE RESIDENT OF ASBURY METHODIST VILLAGE

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE ORGANIZATION HAS MADE SIGNIFICANT CHANGES TO THE ORGANIZATIONAL DOCUMENTS INCLUDING IN THE BYLAWS CHANGES TO THE ROLE OF THE ADVISORY COMMITTEE KNOWN AS THE BOARD OF GOVERNORS

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	ASBURY ATLANTIC HAS ONE MEMBER THE SOLE MEMBER IS ASBURY COMMUNITIES, INC

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	ASBURY COMMUNITIES, INC IS THE SOLE MEMBER OF ASBURY ATLANTIC AND ELECTS THE GOVERNING BODY

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	ONLY CERTAIN DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO ASBURY COMMUNITY INC'S APPROVAL THESE DECISIONS INCLUDE (1) MANAGEMENT SERVICES RELATIONSHIPS AND CONTRACTS, (2) ANY ORGANIZATIONAL CHANGE IN GENERAL, INCLUDING MERGERS, SALES, LEASES, ETC, OF SUBSTANTIALLY ALL OF THE ASSETS AND THE CREATION OF NEW ENTITIES, (3) AMENDMENTS TO MISSION OR VISION STATEMENTS, (4) AMENDMENTS TO THE ARTICLES OF INCORPORATION OR BYLAWS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	ASBURY COMMUNITIES IS THE SOLE MEMBER OF ASBURY ATLANTIC INC , ASBURY SOLOMONS INC , INVERNESS VILLAGE, AN OKLAHOMA NOT FOR PROFIT CORPORATION AND ASBURY COMMUNITIES HCBS, INC ASBURY COMMUNITIES HAS A SYSTEM WIDE AUDIT COMMITTEE THE ASBURY COMMUNITIES BOARD OF DIRECTORS HAS DELEGATED A REVIEW OF THE FORM 990 TO THE SYSTEM AUDIT COMMITTEE WHICH PERFORMED THEIR REVIEW ON OCTOBER 20, 2016 THE ASBURY COMMUNITIES, INC , FOUNDATION, ASBURY ATLANTIC, ASBURY SOLOMONS, ASBURY COMMUNITIES HCBS, AND INVERNESS VILLAGE BOARD OF DIRECTORS WERE FORWARDED A COPY OF THEIR RESPECTIVE DRAFT FORM 990 FOR THEIR REVIEW AND PROVIDED A LINK TO RECORDING OF THE AUDIT COMMITTEE MEETING IF MEMBERS CHOSE TO LISTEN TO THE MEETINGS AS THEY REVIEWED ANY OF THE FORM 990S ALL DIRECTORS MAY POSE QUESTIONS OR ASK FOR CLARIFICATION FROM THE STAFF AND AUDIT COMMITTEE

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>THE ASBURY COMMUNITIES CONFLICT OF INTEREST POLICY WAS APPROVED BY THE BOARD OF DIRECTORS. THE ASSISTANT GENERAL COUNSEL 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 DISCLOSURE FORM AND IS ADVISED OF THEIR FIDUCIARY OBLIGATIONS. THE COMPLIANCE OFFICER, WHO HAD A DIRECT REPORTING LINE TO THE CHAIR OF THE AUDIT COMMITTEE AND REPORTS QUARTERLY TO THE AUDIT COMMITTEE, ANALYZES ALL DISCLOSURE FORMS FOR POTENTIAL CONFLICTS, AND PREPARES A REPORT FOR THE SYSTEM-WIDE AUDIT COMMITTEE. A SUMMARY IS THEN PRESENTED TO THE BOARD OF DIRECTORS AT THE ANNUAL MEETING. WHEN A CONFLICT OF INTEREST ARISES, THE INDIVIDUAL WILL BE REQUIRED TO RECUSE HIM OR HERSELF FROM THE BOARD DELIBERATIONS AND VOTE.</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>THE SYSTEM WIDE COMPENSATION COMMITTEE MEETS WITH THE INDEPENDENT COMPENSATION CONSULTANT, AND BASED ON INFORMATION PROVIDED TO THE COMMITTEE MAKES RECOMMENDATIONS REGARDING COMPENSATION AND BENEFITS TO THE EXECUTIVE COMMITTEE WHICH IS CHARGED BY THE FULL BOARD WITH DECISIONS REGARDING COMPENSATION</p> <p>THE FULL BOARD(S) OF ASBURY COMMUNITIES AND ASBURY ATLANTIC/ASBURY SOLOMONS EACH RECEIVE A PRESENTATION ONCE A YEAR ON EXECUTIVE COMPENSATION AND BENEFITS THE PRESIDENT OF EACH CORPORATION IS PRESENT TO GIVE BOARD MEMBERS AN OPPORTUNITY TO ASK QUESTIONS AND TO PROVIDE SALARIES AND GRADE LEVELS FOR THEIR REVIEW THE SYSTEM WIDE COMPENSATION COMMITTEE IS COMPOSED OF 5 VOTING MEMBERS, THE VICE PRESIDENT OF HUMAN RESOURCES (NON-VOTING), A RETAINED ATTORNEY (NON-VOTING, RECORDS PROCEEDINGS IN MINUTES), AND IS ADVISED BY TOWERS WATSON (A COMPENSATION CONSULTING FIRM) THE SYSTEM WIDE COMPENSATION COMMITTEE HOLDS A MINIMUM OF 4 MEETINGS EACH YEAR AT THE FALL MEETING THEY REVIEW TOWERS WATSON DATA AND REPORTS IN ORDER TO MAKE RECOMMENDATIONS REGARDING SALARIES AND BENEFITS THIS ANNUAL REVIEW ALSO ENSURES COMPLIANCE WITH IRS INTERMEDIATE SANCTIONS REQUIREMENTS THE EXECUTIVE COMMITTEE ULTIMATELY REVIEWS/APPROVES/ AND OR ADJUSTS RECOMMENDATIONS FROM THE SYSTEM WIDE COMPENSATION COMMITTEE AND SETS COMPENSATION THE PROCESS WAS LAST REVIEWED IN 2015</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS ARE AVAILABLE IN THE RESIDENT LIBRARIES THE CONFLICT OF INTEREST POLICY IS AVAILABLE UPON REQUEST THE AUDITED FINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC VIEWING ON OUR WEBSITE

Return Reference	Explanation
FORM 990, PART VII, SECTION A	THE OFFICERS THAT HAVE COMPENSATION FROM RELATED ORGANIZATIONS REPORTED IN PART VII, SECTION A, COLUMN E OF THE FORM 990 PROVIDE EXECUTIVE MANAGEMENT SUPPORT AND OVERALL GUIDANCE TO ASBURY ATLANTIC, INC AS WELL AS THE OTHER RELATED AND SUPPORTED ORGANIZATIONS OF ASBURY COMMUNITIES, INC THERE ARE OVER 2,300 TOTAL EMPLOYEES IN THE ASBURY COMMUNITIES, INC SYSTEM THE 2015 CONSOLIDATED AUDITED FINANCIAL STATEMENTS FOR ASBURY COMMUNITIES, INC HAD TOTAL REVENUES OF \$196.1 MILLION AND TOTAL ASSETS IN EXCESS OF \$565 MILLION

Return Reference	Explanation
FORM 990, PART VII, SECTION A	BEGINNING WITH YEAR 2014, FOUNDATION ASSOCIATE SALARIES AND BENEFITS, WHICH WERE PREVIOUSLY REPORTED ON THE ASBURY FOUNDATION IRS FORM 990, WILL BE REPORTED BY THE ASBURY ENTITY WHERE THEY DEDICATED THEIR TIME. ASBURY FOUNDATION ASSISTS WITH THE MISSION OF THE NON PROFIT ENTITIES WITHIN THE ASBURY COMMUNITIES SYSTEM.

Return Reference	Explanation
FORM 990, PART XI, LINE 9	NET UNREALIZED LOSS ON CHANGE IN MARKET VALUE OF DERIVATIVE INSTRUMENTS -267,039 CHANGE IN BENEFICIAL INTEREST IN NET ASSETS OF ASBURY FOUNDATION, INC 1,185,327 CHANGE IN VALUE OF OBLIGATIONS UNDER CHARITABLE GIFT ANNUITIES 7,402 TRANSFER TO A COMM -2,908,165

SCHEDULE R  
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ASBURY ATLANTIC INC

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

► Attach to Form 990.

► Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Employer identification number  
52-0607956

Part I

Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

Part II

Identification of Related Tax-Exempt Organizations

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)ASBURY COMMUNITIES INC 20030 CENTURY BOULEVARD  GERMANTOWN, MD 20874 52-1862677	MANAGEMENT SERVICES	MD	501(C)(3)	LINE 11C, III-FI			No
(2)INVERNESS VILLAGE 20030 CENTURY BOULEVARD  GERMANTOWN, MD 20874 73-1539802	HOUSING AND HEALTHCARE FOR OLDER ADULTS	OK	501(C)(3)	LINE 9	ASBURY COMMUNITIES INC		No
(3)ASBURY SOLOMONS INC 20030 CENTURY BOULEVARD  GERMANTOWN, MD 20874 52-1862675	HOUSING AND HEALTHCARE FOR OLDER ADULTS	MD	501(C)(3)	LINE 9	ASBURY COMMUNITIES INC		No
(4)ASBURY FOUNDATION INC 20030 CENTURY BOULEVARD  GERMANTOWN, MD 20874 52-1862674	RAISING FUNDS FOR CHARITY CARE	MD	501(C)(3)	LINE 7	ASBURY COMMUNITIES INC		No
(5)AFFILIATED ASSOCIATES INC 20030 CENTURY BOULEVARD  GERMANTOWN, MD 20874 51-0426078	EMPLOYEE PAYMASTER COMPANY	MD	501(C)(3)	LINE 11C, III-FI	ASBURY COMMUNITIES INC		No
(6)ASBURY COMMUNITIES HCBS INC 20030 CENTURY BOULEVARD  GERMANTOWN, MD 20874 45-0634490	HOME CARE FOR OLDER ADULTS	MD	501(C)(3)	LINE 9	ASBURY COMMUNITIES INC		No
(7)CALVERT COUNTY NURSING CENTER INC 20030 CENTURY BOULEVARD  GERMANTOWN, MD 20874 52-0890928	HOUSING AND HEALTHCARE FOR OLDER ADULTS	MD	501(C)(3)	LINE 9	ASBURY COMMUNITIES INC		No

**Part III**

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

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

**Part IV**

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
<b>(1)</b> THE ASBURY GROUP INC  20030 CENTURY BLVD GERMANTOWN, MD 20874 20-5038820	MANAGEMENT SERVICES	DE	ASBURY COMMUNITIES INC	C					No
<b>(2)</b> TAG MARKETING LLC  20030 CENTURY BLVD GERMANTOWN, MD 20874 26-2896006	MARKETING SRVCS	DE	ASBURY COMMUNITIES INC	C					No
<b>(3)</b> THE ASBURY GROUP INTEGRATED TECHNOLOGIES LLC  20030 CENTURY BLVD GERMANTOWN, MD 20874 26-2896175	INFOR & CNSLT SVCS	DE	ASBURY COMMUNITIES INC	C					No

Part V

Transactions With Related Organizations

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

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

1

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

a

Receipt of (i) interest, (ii)annuities, (iii)royalties, or(iv)rent from a controlled entity . . . . .

b

Gift, grant, or capital contribution to related organization(s) . . . . .

c

Gift, grant, or capital contribution from related organization(s) . . . . .

d

Loans or loan guarantees to or for related organization(s) . . . . .

e

Loans or loan guarantees by related organization(s) . . . . .

f

Dividends from related organization(s) . . . . .

g

Sale of assets to related organization(s) . . . . .

h

Purchase of assets from related organization(s) . . . . .

i

Exchange of assets with related organization(s) . . . . .

j

Lease of facilities, equipment, or other assets to related organization(s) . . . . .

k

Lease of facilities, equipment, or other assets from related organization(s) . . . . .

l

Performance of services or membership or fundraising solicitations for related organization(s)  
. . . . .

m

Performance of services or membership or fundraising solicitations by related organization(s) . . . . .

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .

o

Sharing of paid employees with related organization(s) . . . . .

p

Reimbursement paid to related organization(s) for expenses . . . . .

q

Reimbursement paid by related organization(s) for expenses . . . . .

r

Other transfer of cash or property to related organization(s) . . . . .

s

Other transfer of cash or property from related organization(s) . . . . .

Yes

No

1a

No

1b

No

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

No

1l

No

1m

Yes

1n

No

1o

No

1p

Yes

1q

No

1r

Yes

1s

No

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

Schedule R (Form 990) 2015

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.

[illegible]

**Part VII**   **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 52-0607956  
**Name:** ASBURY ATLANTIC INC

**Form 990, Schedule R, Part II - 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 entity?	
						Yes	No
ASBURY COMMUNITIES INC 20030 CENTURY BOULEVARD GERMANTOWN, MD 20874 52-1862677	MANAGEMENT SERVICES	MD	501(C)(3)	LINE 11C, III-FI			No
INVERNESS VILLAGE 20030 CENTURY BOULEVARD GERMANTOWN, MD 20874 73-1539802	HOUSING AND HEALTHCARE FOR OLDER ADULTS	OK	501(C)(3)	LINE 9	ASBURY COMMUNITIES INC		No
ASBURY SOLOMONS INC 20030 CENTURY BOULEVARD GERMANTOWN, MD 20874 52-1862675	HOUSING AND HEALTHCARE FOR OLDER ADULTS	MD	501(C)(3)	LINE 9	ASBURY COMMUNITIES INC		No
ASBURY FOUNDATION INC 20030 CENTURY BOULEVARD GERMANTOWN, MD 20874 52-1862674	RAISING FUNDS FOR CHARITY CARE	MD	501(C)(3)	LINE 7	ASBURY COMMUNITIES INC		No
AFFILIATED ASSOCIATES INC 20030 CENTURY BOULEVARD GERMANTOWN, MD 20874 51-0426078	EMPLOYEE PAYMASTER COMPANY	MD	501(C)(3)	LINE 11C, III-FI	ASBURY COMMUNITIES INC		No
ASBURY COMMUNITIES HCBS INC 20030 CENTURY BOULEVARD GERMANTOWN, MD 20874 45-0634490	HOME CARE FOR OLDER ADULTS	MD	501(C)(3)	LINE 9	ASBURY COMMUNITIES INC		No
CALVERT COUNTY NURSING CENTER INC 20030 CENTURY BOULEVARD GERMANTOWN, MD 20874 52-0890928	HOUSING AND HEALTHCARE FOR OLDER ADULTS	MD	501(C)(3)	LINE 9	ASBURY COMMUNITIES INC		No