

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

Form 8879-EO

For calendar year 2020, or fiscal year beginning 2020, and ending 20

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information.

2020

Department of the Treasury Internal Revenue Service

Name of exempt organization or person subject to tax

ASBURY COMMUNITY DEVELOPMENT CORP

Taxpayer identification number

45-4234550

Name and title of officer or person subject to tax REV. TOMMY MCDONIEL EXECUTIVE DIRECTOR

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 2 columns: Line number and description, and Amount. Line 1a: Form 990 check here (checked), Total revenue, 646,890. Line 2a: Form 990-EZ check here. Line 3a: Form 1120-POL check here. Line 4a: Form 990-PF check here. Line 5a: Form 8868 check here. Line 6a: Form 990-T check here. Line 7a: Form 4720 check here.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization), (EIN) and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize Roy, Noye and Warren, CPA, PC to enter my PIN 34550 as my signature. Enter five numbers, but do not enter all zeros.

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax } Date } 11/12/21

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

38721510379

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } Date } 11/12/21

ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2020
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning , and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p style="text-align: center;">ASBURY COMMUNITY DEVELOPMENT CORP</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p>1653 DAVISON ROAD SUITE 1</p> City or town, state or province, country, and ZIP or foreign postal code <p>FLINT MI 48509</p>	D Employer identification number <p style="text-align: center;">45-4234550</p> E Telephone number G Gross receipts \$ 674,432
--	---	--

F Name and address of principal officer: <p>REV. TOMMY MCDONIEL 1653 DAVISON ROAD FLINT MI 48506</p>	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
---	---

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

J Website: **u** **N/A** **H(c)** Group exemption number **u**

K Form of organization: Corporation Trust Association Other **u** **L** Year of formation: **M** State of legal domicile:

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
See Schedule O

2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	59
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	456,961	595,200
9	Program service revenue (Part VIII, line 2g)	29,866	24,550
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-2,253	27,140
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	484,574	646,890

		Prior Year	Current Year
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	288,473	298,921
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) u 715		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	196,381	305,858
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	484,854	604,779
19	Revenue less expenses. Subtract line 18 from line 12	-280	42,111

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	167,312	231,657
21	Total liabilities (Part X, line 26)	50,384	72,618
22	Net assets or fund balances. Subtract line 21 from line 20	116,928	159,039

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 <p style="text-align: center;">REV. TOMMY MCDONIEL</p> Type or print name and title	Date <p style="text-align: center;">EXECUTIVE DIRECTOR</p>
------------------	--	--

Paid Preparer Use Only	Print/Type preparer's name <p>ERIC J STURK</p> Firm's name } Roy, Noye and Warren, CPA, PC Firm's address } 2377 S Linden Rd Ste A Flint, MI 48532-5445	Preparer's signature Date <p>11/12/21</p>	Check <input type="checkbox"/> if PTIN self-employed P01977341 Firm's EIN } 38-3566176 Phone no. 810-720-4700
-------------------------------	--	--	--

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes 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 \$ **299,499** including grants of \$) (Revenue \$)

See Schedule O

4b (Code:) (Expenses \$ **16,576** including grants of \$) (Revenue \$)

The Asbury House provides temporary housing for local college students and missionaries with a passion for making a difference in our neighborhood. We encourage our residents to explore creative ways to implement what they learn in the classroom in the local neighborhood. This is an ideal opportunity for students looking for a unique educational experience where the classroom can take to the streets. Whether their future includes social work or entrepreneurship, the Asbury House offers an environment for achieving both academic goals and making an impact in their community. Our house is fully furnished including beds, kitchen items, washer and dryer.

4c (Code:) (Expenses \$ **257,577** including grants of \$) (Revenue \$)

See Schedule O

4d Other program services (Describe on Schedule O.)

(Expenses \$ **20,322** including grants of \$) (Revenue \$)

4e Total program service expenses **u 593,974**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

1a	10
1b	0

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 59		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
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)?		X
b	If "Yes," enter the name of the foreign country u 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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
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?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

Section A. Governing Body and Management

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official		X
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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 **u MI**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **u**

**ASBURY COMMUNITY DEV CORP
FLINT**

1653 DAVISON RD

MI 48506

810-235-0016

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week 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			
(1) JOYCE CADE-HITCHEY	0.00									
VOTING MEMBER	0.00	X					0	0	0	
(2) DR. MAURICE CHAPIN	0.00									
VOTING MEMBER	0.00	X					0	0	0	
(3) JIM CRAIG	0.00									
BOARD CHAIR	0.00	X		X			0	0	0	
(4) KEVIN CROOM	0.00									
DIRECTOR	0.00	X					0	0	0	
(5) CHRISTINE HECK	0.00									
TREASURER	0.00	X		X			0	0	0	
(6) SYLVIA PITTMAN	0.00									
VOTING MEMBER	0.00	X					0	0	0	
(7) DAVID SLATES	0.00									
VOTING MEMBER	0.00	X					0	0	0	
(8) ISRAEL UNGER	0.00									
DIRECTOR	0.00	X					0	0	0	
(9) EDWIN WESTON	0.00									
VOTING MEMBER	0.00	X					0	0	0	
(10) MICHELE WESTON	0.00									
SECRETARY	0.00	X		X			0	0	0	
(11) REV. TOMMY MCDONIEL	0.00									
EXECUTIVE DIRECTOR	0.00			X			0	0	0	

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	6,000			
	e Government grants (contributions)	1e	25,329			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	563,871			
	g Noncash contributions included in lines 1a-1f	1g	\$ 67,255			
	h Total. Add lines 1a-1f	u	595,200			
	Program Service Revenue	2a LOCAL GOVT CONTRACTS	Business Code	811000	14,700	14,700
b PRODUCT INCOME			445200	8,850	8,850	
c PROGRAM SERVICE FEES			110000	1,000	1,000	
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		u	24,550			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	354	354		
	4 Income from investment of tax-exempt bond proceeds	u				
	5 Royalties	u				
	6a Gross rents	(i) Real				
		(ii) Personal				
		6a				
	b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c				
	d Net rental income or (loss)	u				
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other		54,328		
		7a				
		b Less: cost or other basis and sales exps.	7b		27,542	
	c Gain or (loss)	7c		26,786		
d Net gain or (loss)	u	26,786	26,786			
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b				
c Net income or (loss) from fundraising events	u					
9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b				
c Net income or (loss) from gaming activities	u					
10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory	u				
Miscellaneous Revenue	11a	Business Code				
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	u				
12 Total revenue. See instructions	u	646,890	51,690	0	0	

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				
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	279,522	277,125	2,397	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	19,399	19,056	343	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	6,185	5,566	619	
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.)	102,319	99,136	3,183	
12 Advertising and promotion	7,599	6,884		715
13 Office expenses	6,712	6,712		
14 Information technology	9,263	9,199	64	
15 Royalties				
16 Occupancy	65,181	62,004	3,177	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	20,322	20,322		
23 Insurance	3,960	3,873	87	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MAINTENANCE	20,095	20,074	21	
b VEHICLES	12,610	12,421	189	
c FOOD COSTS	11,692	11,692		
d FARM SUPPLIES	11,563	11,563		
e All other expenses	28,357	28,347	10	
25 Total functional expenses. Add lines 1 through 24e	604,779	593,974	10,090	715
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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	
Assets	1	Cash—non-interest-bearing	40,961	1	70,799
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	2,492	4	2,224
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net	4,053	7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1,230	9	1,230
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	189,782		
	10b	Less: accumulated depreciation	50,559	10c	139,223
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	18,181
16	Total assets. Add lines 1 through 15 (must equal line 33)	167,312	16	231,657	
Liabilities	17	Accounts payable and accrued expenses	2,766	17	20,036
	18	Grants payable		18	
	19	Deferred revenue	21,581	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	18,332	24	14,102
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	7,705	25	38,480
	26	Total liabilities. Add lines 17 through 25	50,384	26	72,618
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions		27	
	28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds	116,928	31	159,039
	32	Total net assets or fund balances	116,928	32	159,039
33	Total liabilities and net assets/fund balances	167,312	33	231,657	

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	646,890
2	Total expenses (must equal Part IX, column (A), line 25)	2	604,779
3	Revenue less expenses. Subtract line 2 from line 1	3	42,111
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	116,928
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	159,039

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		X
2b	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 type="checkbox"/> Both consolidated and separate basis		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

ASBURY COMMUNITY DEVELOPMENT CORP

Employer identification number

45-4234550

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		392,484	521,076	456,961	595,200	1,965,721
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		392,484	521,076	456,961	595,200	1,965,721
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						1,965,721

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4		392,484	521,076	456,961	595,200	1,965,721
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						1,965,721

12 Gross receipts from related activities, etc. (see instructions) 12 151,826

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	100.00 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	100.00 %

16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	
9 Distributable amount for 2020 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

u Attach to Form 990, Form 990-EZ, or Form 990-PF.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

Employer identification number

ASBURY COMMUNITY DEVELOPMENT CORP

45-4234550

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

Name of organization

ASBURY COMMUNITY DEVELOPMENT CORP

Employer identification number

45-4234550

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	RUTH MOTT FOUNDATION 111 E. COURT STREET, SUITE 3C FLINT MI 48502-1649	\$ 122,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	UNITED WAY OF GENESEE COUNTY 111 E. COURT STREET, SUITE 3A FLINT MI 48502	\$ 69,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	AMERICANA FOUNDATION 28115 MEADOWBROOK RD NOVI MI 48377	\$ 32,575	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	MICHIGAN WORKS! ASSOCIATION 2500 KERRY STREET, STE 210 LANSING MI 48912	\$ 31,810	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	DOUGLAS WHITE 2142 CHEVY CHASE DRIVE DAVISON MI 48423	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	USDA - NRCS 3001 COOLIDGE ROAD, SUITE 250 EAST LANSING MI 48823	\$ 13,329	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ASBURY COMMUNITY DEVELOPMENT CORP	Employer identification number 45-4234550
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	COMMUNITY FOUND OF GREATER FLINT 500 SOUTH SAGINAW STREET SUITE 200 FLINT MI 48502	\$ 74,704	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	EAST WINDS DISTRICT UMC 119 S. LEROY STREET FENTON MI 48430	\$ 76,538	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	FLINT & GENESEE CHAMBER OF COMM 519 SAGINAW ST SUITE 200 FLINT MI 48502	\$ 35,605	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	MICHIGAN ECONOMIC DEV CORP 300 N. WASHINGTON SQ LANSING MI 48913	\$ 12,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	FLINT STRIVE 1108 LAPEER ROAD FLINT MI 48503	\$ 15,045	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

ASBURY COMMUNITY DEVELOPMENT CORP

Employer identification number

45-4234550

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	DONATED EMPLOYEES	\$ 28,210	
8	DONATED FACILITIES	\$ 18,000	
11	DONATED EMPLOYEES	\$ 15,045	
		\$	
		\$	
		\$	
		\$	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

Employer identification number

ASBURY COMMUNITY DEVELOPMENT CORP

45-4234550

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: u \$. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		12,415		12,415
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		177,367	50,559	126,808
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			u	139,223

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) ESCROW FUND	12,691
(2) PAYROLL TAX OVERPAYMENT	5,490
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	u 18,181

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PPP LOAN	38,480
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	u 38,480

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

u Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

ASBURY COMMUNITY DEVELOPMENT CORP

45-4234550

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other u ()	X	4	67,255	
26 Other u ()				
27 Other u ()				
28 Other u ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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.

u Attach to Form 990 or 990-EZ.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

ASBURY COMMUNITY DEVELOPMENT CORP

Employer identification number

45-4234550

Form 990 - Organization's Mission

Asbury Community Development Corporation is organized exclusively for
charitable and educational purposes to:

- promote family development
- promote neighborhood economic revitalization
- enlist youth and college interns to implement its programs and activities
- partner with other charitable organizations in leveraging neighborhood
people and their assets
- improve quality of life of the neighboring community through neighborhood
revitalization

Form 990, Part III, Line 4a - First Accomplishment

Asbury Farms is a large-scale, commercial farming operation located on what
was once vacated property in the Eastside neighborhood. Several local
residents have been hired to run the farm and ensure that the Corporation's
presence in the neighborhood is a blessing for residents. While Asbury
Farms is a commercial operation it also includes several community access
areas that residents are welcome to help themselves to fruit and
vegetables. Asbury encourages community participation in all of its
efforts.

Asbury Farms Café promotes healthy eating habits by utilization produce
grown in the community that is prepared and presented in an appealing
manner. Asbury hires local residents, utilizes volunteers, and engages
youth who are trained by an Executive Chef, who also oversees the farm to
table operations for the Corporation.

Name of the organization

Employer identification number

ASBURY COMMUNITY DEVELOPMENT CORP

45-4234550

South Flint Soup Kitchen - To feed a healthy meal to anyone who is hungry, and to act as a resource center to direct people to the agency that can help them.

Form 990, Part III, Line 4c - Third Accomplishment

Connecting Neighbors - The Corporation operates a Community Help Center that is open to the public one day each week. Residents have access to a variety of services during the hours of operation, bottled water, and food provided by the Food Bank of Eastern Michigan. The Corporation's neighbor connect programs promote family health, wellness, and literacy while connecting neighbors with each other and with the resources they need. Every week individuals and families turn to Asbury to help them supplement their food supply. Asbury is a partner with the Genesee County Food Bank and other nonprofits to provide services for individuals and families affected by the Flint water crisis.

Asbury participates in the Clean & Green program which is managed by the Genesee County Land Bank for the purpose of maintaining vacant lots. Asbury employs local youth for this effort.

Form 990, Part III, Line 4d - All Other Accomplishments

Program Depreciation

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

THE FORM 990 IS REVIEWED BY MANAGEMENT BEFORE FILED.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

THE ORGANIZATION CONTINUALLY MONITORS AND ENFORCES COMPLIANCE WITH THE

Name of the organization ASBURY COMMUNITY DEVELOPMENT CORP	Employer identification number 45-4234550
--	---

CONFLICT OF INTEREST POLICY. PRIOR TO ACTION ON A CONTRACT INVOLVING A CONFLICT OF INTEREST, THE MEMBER WITH THE CONFLICT OF INTEREST SHALL DISCLOSE ALL FACTS RELATED TO THE CONFLICT OF INTEREST AND ABSTAIN FROM VOTING. EACH NEW MEMBER SHALL RECEIVE A COPY OF THE POLICY. THE POLICY IS REVIEWED ANUALLY BY MANAGEMENT AND THE BOARD OF DIRECTORS.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

ALL DOCUMENTS ARE AVAILABLE UPON REQUEST.

Form 990, Part IX, Line 11g - Other Fees for Services

Description

	Tot/Prog Service	Mgt & General	Fundraising
BANK FEES	\$ 0	\$ 119	\$ 0
BANK FEES	\$ 673	\$ 0	\$ 0
BANK FEES	\$ 540	\$ 0	\$ 0
CONTRACT SERVICES	\$ 0	\$ 3,000	\$ 0
CONTRACT SERVICES	\$ 29,193	\$ 0	\$ 0
CONTRACT SERVICES	\$ 634	\$ 0	\$ 0
CONTRACT SERVICES	\$ 26,702	\$ 0	\$ 0
NON SAL PROG INCENTIVES			

Name of the organization ASBURY COMMUNITY DEVELOPMENT CORP	Employer identification number 45-4234550
--	---

\$ 6,971	\$ 0	\$ 0
NON SAL PROG INCENTIVES		
\$ 6,350	\$ 0	\$ 0
NON SAL PROG INCENTIVES		
\$ 25,387	\$ 0	\$ 0
LEGAL FEES		
\$ 61	\$ 0	\$ 0
LICENCES		
\$ 0	\$ 10	\$ 0
LICENCES		
\$ 54	\$ 0	\$ 0
LICENCES		
\$ 200	\$ 0	\$ 0
STAFF DEVELOPMENT		
\$ 0	\$ 54	\$ 0
STAFF DEVELOPMENT		
\$ 719	\$ 0	\$ 0
STAFF DEVELOPMENT		
\$ 1,652	\$ 0	\$ 0
Total		
\$ 99,136	\$ 3,183	\$ 0

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

u Attach to your tax return.

u Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2020

Attachment Sequence No. **179**

ASBURY COMMUNITY DEVELOPMENT CORP

Identifying number
45-4234550

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,040,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,590,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	16,080

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	4,242
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/> u		

Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	20,322
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

45-4234550

Federal Asset Report

FYE: 12/31/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:									
4	MINI BUS	3/17/17	9,576		X	4,788	5 HY S/L	4,788	1,915
5	HIGH TUNNEL/HOOP HOUSE	8/30/17	11,635		X	5,817	5 HY S/L	5,818	2,327
			<u>21,211</u>			<u>10,605</u>		<u>10,606</u>	<u>4,242</u>
Other Depreciation:									
1	ASBURY HOUSE	12/31/14	28,265			28,265	39 MO S/L	3,624	664
	Sold/Scrapped: 11/16/20								
2	LOT FOR HOOP HOUSE	2/19/16	339			339	0 -- Land	0	0
3	HIGH TUNNEL/HOOP HOUSE	6/29/16	15,350			15,350	5 MO S/L	10,745	3,070
6	JANE AVE LOTS	11/01/17	1,822			1,822	0 -- Land	0	0
8	YEAR ROUND GROWING STRUCTURE	8/06/18	9,641			9,641	5 MO S/L	2,732	1,928
9	1430 BENNETT WELL	8/29/18	5,570			5,570	20 MO S/L	371	279
10	1617 JANE AVE WELL	8/29/18	5,310			5,310	20 MO S/L	354	266
11	REACH IN REFRIGERATOR	8/30/18	1,810			1,810	10 MO S/L	241	181
12	DOUBLE DOOR REACH IN REFRIGERA	8/30/18	2,330			2,330	10 MO S/L	311	233
13	GLASS DOOR REFRIGERATOR	8/30/18	2,456			2,456	10 MO S/L	327	246
14	SOLAR ENERGY SYSTEM FOR JANE A	8/30/18	4,988			4,988	10 MO S/L	665	499
15	1617 JANE/1430 BENNETT WATER TAN	10/01/18	3,470			3,470	20 MO S/L	217	173
16	HOOP HOUSES 76x30	12/12/18	12,000			12,000	5 MO S/L	2,600	2,400
17	1725 JANE ST PUMP AND WATER TAN	12/17/18	3,080			3,080	20 MO S/L	154	154
18	BENNETT AND HAMILTON LOTS	2/05/18	3,565			3,565	0 -- Land	0	0
	Sold/Scrapped: 7/08/20								
19	VACANT LOT	2/12/18	2,000			2,000	0 -- Land	0	0
20	3 VACANT LOTS ON JANE AVE	12/12/18	1,400			1,400	0 -- Land	0	0
21	HOUSE	2/12/18	2,000			2,000	39 MO S/L	98	52
22	2019 VACANT LOTS	1/14/19	3,539			3,539	0 -- Land	0	0
23	KUBOTA 4WD TRACTOR WITH FRONT	5/08/19	19,955			19,955	10 MO S/L	1,330	1,996
24	'94 FORD FLATBED TRUCK	9/27/19	3,000			3,000	5 MO S/L	150	600
25	HOOP HOUSE 96x30 BENNETT AVE	5/27/20	9,334			9,334	5 MO S/L	0	1,089
26	COOLBOT WALK IN COOLER 6X6X8	6/03/20	5,037			5,037	10 MO S/L	0	294
27	COOLBOT WALK IN COOLER 10X14	6/30/20	8,987			8,987	10 MO S/L	0	449
28	CUSTOM FOOD & MARKET TRAILER	9/11/20	11,770			11,770	10 MO S/L	0	392
29	HOOP HOUSE KITS 30X76	11/03/20	16,961			16,961	5 MO S/L	0	565
30	HOOP HOUSE KIT BELLE AVENUE	10/21/20	7,408			7,408	5 MO S/L	0	247
31	APPLE 12.9" IPAD PRO	5/11/20	1,099			1,099	10 MO S/L	0	73
32	100 AMP BREAKER PANEL AND CIRCU	7/13/20	4,600			4,600	10 MO S/L	0	230
33	BENNETT AND HAMILTON LOTS	7/08/20	3,315			3,315	0 -- Land	0	0
	Total Other Depreciation		<u>200,401</u>			<u>200,401</u>		<u>23,919</u>	<u>16,080</u>
	Total ACRS and Other Depreciation		<u>200,401</u>			<u>200,401</u>		<u>23,919</u>	<u>16,080</u>
	Grand Totals		221,612			211,006		34,525	20,322
	Less: Dispositions and Transfers		31,830			31,830		3,624	664
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>189,782</u>			<u>179,176</u>		<u>30,901</u>	<u>19,658</u>

45-4234550

MI Asset Report

FYE: 12/31/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	MI Prior	MI Current	Federal Current	Difference Fed - MI
Prior MACRS:								
4	MINI BUS	3/17/17	9,576	9,576	4,788	1,915	1,915	0
5	HIGH TUNNEL/HOOP HOUSE	8/30/17	11,635	11,635	5,818	2,327	2,327	0
			<u>21,211</u>	<u>21,211</u>	<u>10,606</u>	<u>4,242</u>	<u>4,242</u>	<u>0</u>
Other Depreciation:								
1	ASBURY HOUSE Sold/Scrapped: 11/16/20	12/31/14	28,265	28,265	3,624	664	664	0
2	LOT FOR HOOP HOUSE	2/19/16	339	339	0	0	0	0
3	HIGH TUNNEL/HOOP HOUSE	6/29/16	15,350	15,350	10,745	3,070	3,070	0
6	JANE AVE LOTS	11/01/17	1,822	1,822	0	0	0	0
8	YEAR ROUND GROWING STRUCTURE	8/06/18	0	0	0	0	1,928	1,928
9	1430 BENNETT WELL	8/29/18	0	0	0	0	279	279
10	1617 JANE AVE WELL	8/29/18	0	0	0	0	266	266
11	REACH IN REFRIGERATOR	8/30/18	0	0	0	0	181	181
12	DOUBLE DOOR REACH IN REFRIGERA	8/30/18	0	0	0	0	233	233
13	GLASS DOOR REFRIGERATOR	8/30/18	0	0	0	0	246	246
14	SOLAR ENERGY SYSTEM FOR JANE A	8/30/18	0	0	0	0	499	499
15	1617 JANE/1430 BENNETT WATER TAN	10/01/18	0	0	0	0	173	173
16	HOOP HOUSES 76x30	12/12/18	0	0	0	0	2,400	2,400
17	1725 JANE ST PUMP AND WATER TAN	12/17/18	0	0	0	0	154	154
18	BENNETT AND HAMILTON LOTS Sold/Scrapped: 7/08/20	2/05/18	0	0	0	0	0	0
19	VACANT LOT	2/12/18	0	0	0	0	0	0
20	3 VACANT LOTS ON JANE AVE	12/12/18	0	0	0	0	0	0
21	HOUSE	2/12/18	0	0	0	0	52	52
22	2019 VACANT LOTS	1/14/19	0	0	0	0	0	0
23	KUBOTA 4WD TRACTOR WITH FRONT	5/08/19	0	0	0	0	1,996	1,996
24	'94 FORD FLATBED TRUCK	9/27/19	0	0	0	0	600	600
25	HOOP HOUSE 96x30 BENNETT AVE	5/27/20	0	0	0	0	1,089	1,089
26	COOLBOT WALK IN COOLER 6X6X8	6/03/20	0	0	0	0	294	294
27	COOLBOT WALK IN COOLER 10X14	6/30/20	0	0	0	0	449	449
28	CUSTOM FOOD & MARKET TRAILER	9/11/20	0	0	0	0	392	392
29	HOOP HOUSE KITS 30X76	11/03/20	0	0	0	0	565	565
30	HOOP HOUSE KIT BELLE AVENUE	10/21/20	0	0	0	0	247	247
31	APPLE 12.9" IPAD PRO	5/11/20	0	0	0	0	73	73
32	100 AMP BREAKER PANEL AND CIRCU	7/13/20	0	0	0	0	230	230
33	BENNETT AND HAMILTON LOTS	7/08/20	0	0	0	0	0	0
	Total Other Depreciation		<u>45,776</u>	<u>45,776</u>	<u>14,369</u>	<u>3,734</u>	<u>16,080</u>	<u>12,346</u>
	Total ACRS and Other Depreciation		<u>45,776</u>	<u>45,776</u>	<u>14,369</u>	<u>3,734</u>	<u>16,080</u>	<u>12,346</u>
	Grand Totals		66,987	66,987	24,975	7,976	20,322	12,346
	Less: Dispositions		28,265	28,265	3,624	664	664	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		<u>38,722</u>	<u>38,722</u>	<u>21,351</u>	<u>7,312</u>	<u>19,658</u>	<u>12,346</u>

45-4234550

AMT Asset Report

FYE: 12/31/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Other Depreciation:									
1	ASBURY HOUSE	12/31/14	0			0	0 HY	0	0
	Sold/Scrapped: 11/16/20								
2	LOT FOR HOOP HOUSE	2/19/16	0			0	0 HY	0	0
3	HIGH TUNNEL/HOOP HOUSE	6/29/16	0			0	0 HY	0	0
4	MINI BUS	3/17/17	0			0	0 HY	0	0
5	HIGH TUNNEL/HOOP HOUSE	8/30/17	0			0	0 HY	0	0
6	JANE AVE LOTS	11/01/17	0			0	0 HY	0	0
8	YEAR ROUND GROWING STRUCTURE	8/06/18	0			0	0 HY	0	0
9	1430 BENNETT WELL	8/29/18	0			0	0 HY	0	0
10	1617 JANE AVE WELL	8/29/18	0			0	0 HY	0	0
11	REACH IN REFRIGERATOR	8/30/18	0			0	0 HY	0	0
12	DOUBLE DOOR REACH IN REFRIGERA	8/30/18	0			0	0 HY	0	0
13	GLASS DOOR REFRIGERATOR	8/30/18	0			0	0 HY	0	0
14	SOLAR ENERGY SYSTEM FOR JANE A	8/30/18	0			0	0 HY	0	0
15	1617 JANE/1430 BENNETT WATER TAN	10/01/18	0			0	0 HY	0	0
16	HOOP HOUSES 76x30	12/12/18	0			0	0 HY	0	0
17	1725 JANE ST PUMP AND WATER TAN	12/17/18	0			0	0 HY	0	0
18	BENNETT AND HAMILTON LOTS	2/05/18	0			0	0 HY	0	0
	Sold/Scrapped: 7/08/20								
19	VACANT LOT	2/12/18	0			0	0 HY	0	0
20	3 VACANT LOTS ON JANE AVE	12/12/18	0			0	0 HY	0	0
21	HOUSE	2/12/18	0			0	0 HY	0	0
22	2019 VACANT LOTS	1/14/19	0			0	0 HY	0	0
23	KUBOTA 4WD TRACTOR WITH FRONT	5/08/19	0			0	0 HY	0	0
24	'94 FORD FLATBED TRUCK	9/27/19	0			0	0 HY	0	0
25	HOOP HOUSE 96x30 BENNETT AVE	5/27/20	0			0	0 HY	0	0
26	COOLBOT WALK IN COOLER 6X6X8	6/03/20	0			0	0 HY	0	0
27	COOLBOT WALK IN COOLER 10X14	6/30/20	0			0	0 HY	0	0
28	CUSTOM FOOD & MARKET TRAILER	9/11/20	0			0	0 HY	0	0
29	HOOP HOUSE KITS 30X76	11/03/20	0			0	0 HY	0	0
30	HOOP HOUSE KIT BELLE AVENUE	10/21/20	0			0	0 HY	0	0
31	APPLE 12.9" IPAD PRO	5/11/20	0			0	0 HY	0	0
32	100 AMP BREAKER PANEL AND CIRCU	7/13/20	0			0	0 HY	0	0
33	BENNETT AND HAMILTON LOTS	7/08/20	0			0	0 HY	0	0
	Total Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Grand Totals		0			0		0	0
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>

45-4234550

Bonus Depreciation Report

FYE: 12/31/2020

Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
4	MINI BUS	3/17/17	9,576		0	0	4,788	4,788
5	HIGH TUNNEL/HOOP HOUSE	8/30/17	11,635		0	0	5,818	5,817
Grand Total			<u>21,211</u>		<u>0</u>	<u>0</u>	<u>10,606</u>	<u>10,605</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
-------------	-------------	--------------	--------------------	------------	------------	---

There are no assets that meet the criteria of this report

45-4234550

Future Depreciation Report**FYE: 12/31/21**

FYE: 12/31/2020

Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
Prior MACRS:					
4	MINI BUS	3/17/17	9,576	958	0
5	HIGH TUNNEL/HOOP HOUSE	8/30/17	11,635	1,163	0
			<u>21,211</u>	<u>2,121</u>	<u>0</u>
Other Depreciation:					
2	LOT FOR HOOP HOUSE	2/19/16	339	0	0
3	HIGH TUNNEL/HOOP HOUSE	6/29/16	15,350	1,535	0
6	JANE AVE LOTS	11/01/17	1,822	0	0
8	YEAR ROUND GROWING STRUCTURE	8/06/18	9,641	1,928	0
9	1430 BENNETT WELL	8/29/18	5,570	278	0
10	1617 JANE AVE WELL	8/29/18	5,310	265	0
11	REACH IN REFRIGERATOR	8/30/18	1,810	181	0
12	DOUBLE DOOR REACH IN REFRIGERATOR	8/30/18	2,330	233	0
13	GLASS DOOR REFRIGERATOR	8/30/18	2,456	246	0
14	SOLAR ENERGY SYSTEM FOR JANE AVE	8/30/18	4,988	499	0
15	1617 JANE/1430 BENNETT WATER TANKS	10/01/18	3,470	174	0
16	HOOP HOUSES 76x30	12/12/18	12,000	2,400	0
17	1725 JANE ST PUMP AND WATER TANKS	12/17/18	3,080	154	0
19	VACANT LOT	2/12/18	2,000	0	0
20	3 VACANT LOTS ON JANE AVE	12/12/18	1,400	0	0
21	HOUSE	2/12/18	2,000	51	0
22	2019 VACANT LOTS	1/14/19	3,539	0	0
23	KUBOTA 4WD TRACTOR WITH FRONT LO.	5/08/19	19,955	1,995	0
24	'94 FORD FLATBED TRUCK	9/27/19	3,000	600	0
25	HOOP HOUSE 96x30 BENNETT AVE	5/27/20	9,334	1,867	0
26	COOLBOT WALK IN COOLER 6X6X8	6/03/20	5,037	504	0
27	COOLBOT WALK IN COOLER 10X14	6/30/20	8,987	899	0
28	CUSTOM FOOD & MARKET TRAILER	9/11/20	11,770	1,177	0
29	HOOP HOUSE KITS 30X76	11/03/20	16,961	3,393	0
30	HOOP HOUSE KIT BELLE AVENUE	10/21/20	7,408	1,482	0
31	APPLE 12.9" IPAD PRO	5/11/20	1,099	110	0
32	100 AMP BREAKER PANEL AND CIRCUITS	7/13/20	4,600	460	0
33	BENNETT AND HAMILTON LOTS	7/08/20	3,315	0	0
	Total Other Depreciation		<u>168,571</u>	<u>20,431</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>168,571</u>	<u>20,431</u>	<u>0</u>
	Grand Totals		<u>189,782</u>	<u>22,552</u>	<u>0</u>

Asset	Description	Date In Service	Cost	MI
Prior MACRS:				
4	MINI BUS	3/17/17	9,576	1,916
5	HIGH TUNNEL/HOOP HOUSE	8/30/17	11,635	2,327
			<u>21,211</u>	<u>4,243</u>
Other Depreciation:				
2	LOT FOR HOOP HOUSE	2/19/16	339	0
3	HIGH TUNNEL/HOOP HOUSE	6/29/16	15,350	1,535
6	JANE AVE LOTS	11/01/17	1,822	0
8	YEAR ROUND GROWING STRUCTURE	8/06/18	0	0
9	1430 BENNETT WELL	8/29/18	0	0
10	1617 JANE AVE WELL	8/29/18	0	0
11	REACH IN REFRIGERATOR	8/30/18	0	0
12	DOUBLE DOOR REACH IN REFRIGERATOR	8/30/18	0	0
13	GLASS DOOR REFRIGERATOR	8/30/18	0	0
14	SOLAR ENERGY SYSTEM FOR JANE AVE	8/30/18	0	0
15	1617 JANE/1430 BENNETT WATER TANKS	10/01/18	0	0
16	HOOP HOUSES 76x30	12/12/18	0	0
17	1725 JANE ST PUMP AND WATER TANKS	12/17/18	0	0
19	VACANT LOT	2/12/18	0	0
20	3 VACANT LOTS ON JANE AVE	12/12/18	0	0
21	HOUSE	2/12/18	0	0
22	2019 VACANT LOTS	1/14/19	0	0
23	KUBOTA 4WD TRACTOR WITH FRONT LO.	5/08/19	0	0
24	'94 FORD FLATBED TRUCK	9/27/19	0	0
25	HOOP HOUSE 96x30 BENNETT AVE	5/27/20	0	0
26	COOLBOT WALK IN COOLER 6X6X8	6/03/20	0	0
27	COOLBOT WALK IN COOLER 10X14	6/30/20	0	0
28	CUSTOM FOOD & MARKET TRAILER	9/11/20	0	0
29	HOOP HOUSE KITS 30X76	11/03/20	0	0
30	HOOP HOUSE KIT BELLE AVENUE	10/21/20	0	0
31	APPLE 12.9" IPAD PRO	5/11/20	0	0
32	100 AMP BREAKER PANEL AND CIRCUITS	7/13/20	0	0
33	BENNETT AND HAMILTON LOTS	7/08/20	0	0
	Total Other Depreciation		<u>17,511</u>	<u>1,535</u>
	Total ACRS and Other Depreciation		<u>17,511</u>	<u>1,535</u>
	Grand Totals		<u>38,722</u>	<u>5,778</u>

Form 990	Two Year Comparison Report	2019 & 2020
For calendar year 2020, or tax year beginning _____, ending _____		

Name **ASBURY COMMUNITY DEVELOPMENT CORP** Taxpayer Identification Number **45-4234550**

		2019	2020	Differences	
Revenue	1. Contributions, gifts, grants	446,815	569,871	123,056	
	2. Membership dues and assessments				
	3. Government contributions and grants	10,146	25,329	15,183	
	4. Program service revenue	29,866	24,550	-5,316	
	5. Investment income	106	354	248	
	6. Proceeds from tax exempt bonds				
	7. Net gain or (loss) from sale of assets other than inventory	-2,359	26,786	29,145	
	8. Net income or (loss) from fundraising events				
	9. Net income or (loss) from gaming				
	10. Net gain or (loss) on sales of inventory				
	11. Other revenue				
	12. Total revenue. Add lines 1 through 11		484,574	646,890	162,316
Expenses	13. Grants and similar amounts paid				
	14. Benefits paid to or for members				
	15. Compensation of officers, directors, trustees, etc.				
	16. Salaries, other compensation, and employee benefits	288,473	298,921	10,448	
	17. Professional fundraising fees				
	18. Other professional fees	57,119	108,504	51,385	
	19. Occupancy, rent, utilities, and maintenance	45,588	65,181	19,593	
	20. Depreciation and Depletion	15,355	20,322	4,967	
	21. Other expenses	78,319	111,851	33,532	
	22. Total expenses. Add lines 13 through 21		484,854	604,779	119,925
	23. Excess or (Deficit). Subtract line 22 from line 12		-280	42,111	42,391
Other Information	24. Total exempt revenue	484,574	646,890	162,316	
	25. Total unrelated revenue				
	26. Total excludable revenue	27,613	51,690	24,077	
	27. Total assets	167,312	231,657	64,345	
	28. Total liabilities	50,384	72,618	22,234	
	29. Retained earnings	116,928	159,039	42,111	
	30. Number of voting members of governing body	11	11		
	31. Number of independent voting members of governing body	8	8		
	32. Number of employees	46	59		
	33. Number of volunteers				

Form 990	Tax Return History	2020
-----------------	---------------------------	-------------

Name ASBURY COMMUNITY DEVELOPMENT CORP	Employer Identification Number 45-4234550
--	---

	2016	2017	2018	2019	2020	2021
Contributions, gifts, grants		392,484	521,076	456,961	595,200	
Membership dues						
Program service revenue		44,979	51,923	29,866	24,550	
Capital gain or loss				-2,359	26,786	
Investment income		28	20	106	354	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue						
Total revenue		437,491	573,019	484,574	646,890	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation		331,712	326,494	288,473	298,921	
Professional fees		6,145	66,946	57,119	108,504	
Occupancy costs		24,463	27,902	45,588	65,181	
Depreciation and depletion		5,917	10,867	15,355	20,322	
Other expenses		55,825	109,482	78,319	111,851	
Total expenses		424,062	541,691	484,854	604,779	
Excess or (Deficit)		13,429	31,328	-280	42,111	
Total exempt revenue		437,491	573,019	484,574	646,890	
Total unrelated revenue						
Total excludable revenue		45,007	51,943	27,613	51,690	
Total Assets		182,113	207,705	167,312	231,657	
Total Liabilities		94,960	89,224	50,384	72,618	
Net Fund Balances		87,153	118,481	116,928	159,039	

45-4234550

Federal Statements

FYE: 12/31/2020

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
BANK FEES	\$ 119	\$	\$ 119	\$
BANK FEES	673	673		
BANK FEES	540	540		
CONTRACT SERVICES	3,000		3,000	
CONTRACT SERVICES	29,193	29,193		
CONTRACT SERVICES	634	634		
CONTRACT SERVICES	26,702	26,702		
NON SAL PROG INCENTIVES	6,971	6,971		
NON SAL PROG INCENTIVES	6,350	6,350		
NON SAL PROG INCENTIVES	25,387	25,387		
LEGAL FEES	61	61		
LICENCES	10		10	
LICENCES	54	54		
LICENCES	200	200		
STAFF DEVELOPMENT	54		54	
STAFF DEVELOPMENT	719	719		
STAFF DEVELOPMENT	1,652	1,652		
Total	\$ 102,319	\$ 99,136	\$ 3,183	\$ 0

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
LAND AND FARM FACILITIES	\$ 11,385	\$ 11,385	\$	\$
TOOLS	8,987	8,987		
SUPPLIES	6,883	6,873	10	
SECURITY	1,037	1,037		
LAND FARM FACILITIES	65	65		
Total	\$ 28,357	\$ 28,347	\$ 10	\$ 0

45-4234550

Federal Statements

FYE: 12/31/2020

Schedule A, Part II, Line 1(e)DescriptionAmount

VARIOUS GOODS	\$ 9,008
EXPENSE REIMBURSEMENTS	677
FOUNDATION GRANTS	
NONPROFIT GRANTS	
CORPORATE DONATIONS	3,048
UTILITY REIMBURSEMENTS	2,020
ASBURY HOUSE	5,336
PROFESSIONAL SERVICES	
UNITED METHODIST CHURCHES	20,225
INDIVIDUAL DONATIONS	17,310
RUTH MOTT FOUNDATION	
Cash Contribution	122,000
UNITED WAY OF GENESEE COUNTY	
Cash Contribution	69,250
AMERICANA FOUNDATION	
Cash Contribution	32,575
MICHIGAN WORKS! ASSOCIATION	
Cash Contribution	3,600
DONATED EMPLOYEES	28,210
DOUGLAS WHITE	
Cash Contribution	15,000
REV DR TOMMY & CYNDI MCDONIEL	
Cash Contribution	9,720
ASBURY UNITED METHODIST CHURCH	
FACILITIES USAGE	
IN KIND WAGES	6,000
USDA - NRCS	
Cash Contribution	13,329
COMMUNITY FOUND OF GREATER FLINT	
Cash Contribution	74,704
MAHINDRA AUTOMOTIVE	
Cash Contribution	10,000
EAST WINDS DISTRICT UMC	
Cash Contribution	58,538
DONATED FACILITIES	18,000
COURT STREET UMC	
Cash Contribution	5,000
HEALTH ALLIANCE PLAN	

45-4234550

Federal Statements

FYE: 12/31/2020

Schedule A, Part II, Line 1(e) (continued)

<u>Description</u>	<u>Amount</u>
Cash Contribution STELLA AND FREDERICK LOEB TRUST	\$ 5,000
Cash Contribution FLINT & GENESEE CHAMBER OF COMM	4,000
Cash Contribution MICHIGAN ECONOMIC DEV CORP	35,605
Cash Contribution FLINT STRIVE	12,000
DONATED EMPLOYEES	15,045
Total	<u>\$ 595,200</u>

Schedule A, Part II, Line 12 - Current year

<u>Description</u>	<u>Amount</u>
LOCAL GOVT CONTRACTS	\$ 14,700
PRODUCT INCOME	8,850
PROGRAM SERVICE FEES	1,000
Taxable Interest on Savings and Temporary Cash Investments	354
Total	<u>\$ 24,904</u>

Forms 990 / 990-EZ Return Summary

For calendar year 2020, or tax year beginning _____, and ending _____

45-4234550

ASBURY COMMUNITY DEVELOPMENT CORP

Net Asset / Fund Balance at Beginning of Year 116,928

Revenue

Contributions	595,200
Program service revenue	24,550
Investment income	354
Capital gain / loss	26,786
Fundraising / Gaming:	
Gross revenue _____	
Direct expenses _____	
Net income _____	
Other income	0

Total revenue 646,890

Expenses

Program services	593,974
Management and general	10,090
Fundraising	715

Total expenses 604,779

Excess / (deficit) 42,111

Changes _____

Net Asset / Fund Balance at End of Year 159,039

Reconciliation of Revenue

Total revenue per financial statements	646,890
Less:	
Unrealized gains _____	
Donated services _____	
Recoveries _____	
Other _____	
Plus:	
Investment expenses _____	
Other _____	
Total revenue per return	646,890

Reconciliation of Expenses

Total expenses per financial statements	604,779
Less:	
Donated services _____	
Prior year adjustments _____	
Losses _____	
Other _____	
Plus:	
Investment expenses _____	
Other _____	
Total expenses per return	604,779

Balance Sheet

	Beginning	Ending	Differences
Assets	167,312	231,657	
Liabilities	50,384	72,618	
Net assets	116,928	159,039	42,111

Miscellaneous Information

Amended return _____
 Return / extended due date 11/15/21
 Failure to file penalty _____