Extended to \underline{May} 15, 2018

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

	Intern	ai Revenue	Service	Information about Form 990 and its instructions is at www.		Inspection
	A F	or the 2	016 calend	ar year, or tax year beginning JUL 1, 2016 and ending	<u>JUN 30, 2017</u>	
	Во	heck if		organization	D Employer identifi	cation number
	a	pplicable Address	, and	DDV COUDES TWO		
	77	_]change TName		RRY COURTS, INC.	⊢ ₅₆₋ 0	954816
	X	_change		usiness as		
	<u> </u>	_ return		and street (or P.O. box if mail is not delivered to street address)	1 –	
N3.	L	Final return/ termin-		SOUTH EUGENE ST		617-6259
0/		ated Amended		own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	220150.
70		_return ☐Applica-	GURE	NSBORO, NC 27406	H(a) Is this a group re	
	<u> </u>	_tion pending		nd address of principal officer.JOHN SMITH	for subordinates	
4				as C above X 501(c)(3)	H(b) Are all subordinates in	
ر هم	<u> 1 1</u>			X 501(c)(3)		list (see instructions)
2	JV		► N/A	X Corporation Trust Association Other ► L Yes	H(c) Group exemptio	
30	KF		ganization: L	X Corporation	ar of formation. 1970 h	State of legal domicile: NC
50.2 A. A.	<u></u> Fa			e the organization's mission or most significant activities TO PROVID	E ADADOMENTO	וואודיים קרם
3	Governance	1		OME PERSONS	E AFARIMENT	ONIIS POR
	naı		neck this bo		ore than 25% of its net as	ssets
₽0	Nel Nel			ting members of the governing body (Part VI, line 1a)	3	8
3	Ö			ependent voting members of the governing body (Part VI, line 1b)	4	8
	80			of individuals employed in calendar year 2016 (Part V, line 2a)	5	1
b) (Viti	ļ		of volunteers (estimate if necessary)	6	0
&1-51-509h	Activities &	7 a To	tal unrelate	d business revenue from Part VIII, column (C), line 12	7a	0.
5		b Ne	et unrelated	business taxable income from Form 990-T, line 34	7b	0.
					Prior Year	Current Year
	ē	-8 C	ontributions	and grants (Part VIII, line 1h)	0.	220000.
	en	9 Pr	ogram servi	ce revenue (Part VIII, line 2g)	0.	0.
	Revenue	10 In	vestment in	come (Part VIII, column (A), lines 3, 4, and 7d)	91.	150.
		11 0	ther revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-124488.	0.
i				- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>-124397.</u>	220150.
				milar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
		l l	-	to or for members (Part IX, column (A), line 4)	0.	70469
	ès.			r compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	70468.
	Expenses	1		undraising fees (Part IX, column (A), line 11e)	<u> </u>	The second secon
(Ä	i		ing expenses (Part IX, column (D), line 25 PRECEIVED 0.	0.	216606.
		17 U	ther expense	es (Part IX, column (A), lines 11a-11d, 11f 24e	0.	
		10 R	evonuo loce	s Add lines 13-17 (must equal Part IX, common (A), line 25) expenses Subtract line 18 from line 12	-124397.	-6692 4 .
Ċ	ts or lances		everiue less	expenses outline to nomine in the second	Beginning of Current Year	End of Year
-	ances	20 To	otal assets (i	Part X, line 16) (Part X, line 26)	1721775.	5064377.
٠. ن	t Asset idi Balai	21 To	,	(Part X, line 26)	7713.	3417239.
<u>~</u>	ER	•		fund balances Subtract line 21 from line 20	1714062.	1647138.
(().	Pa		Signature			
•				ndeclare that I have examined this return including accompanying schedules and state		y knowledge and belief, it is
ď (true	correct,	and complete	Declaration of preparer tother that officer) is based on all information of which prepar	rer has any knowledge.	
Œ., (_	、	Cumptu	on Smil	Date /2/	21/20/7
•	Sig	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	· /	e of officer	Date	•
	Her	é		SMITH, PRESIDENT Print name and title		
ı	Sig	A !			Date Check	PTIN
	Paid	ا رق	Print/Type pre	parer's name Preparer's signature P. Duncan	12/20/17 self-employ	
		F		Duncan Ashe, P.A.	Firm's EIN	27-1181547
			irm's addres	3 Centerview Drive, Suite 200	THITOLIN	
		'		Greensboro, NC 27407	Phone no. 33	6-285-6510
I	May	y the IRS	discuss th	is return with the preparer shown above? (see instructions)	1	X Yes No
•		01 11-11-		For Paperwork Reduction Act Notice, see the separate instructions.		Fprm 990 (2016)
					(\name{7}1

Part III Statement of Program Service Accomplishments Check of Schedule Coordinate a response or note to any line in this Part III 1 Briefly describe the organization's mission. TO PROVIDE APARTMENT UNITS FOR LOW INCOME PERSONS 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-62? TYes: "discribe these new services on Schedule O. Did this organization cease conducting, or make significant changes in how it conducts, any program services? Tyes: Tike II Yes: "discribe these changes on Schedule O. Describe the organization's pogram service occomplishments for each of its three largest program services, as measured by explaines Section 5016(3)(3) and 5016(3) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service accomplishments for each of its three largest program services, as measured by explaines Section 5016(3)(3) and 5016(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 complete the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program services? Yes: Tike III CEASED OPERATIONS DURING PRIOR YERS AND DIMOLISHED THE PROPERTY IN AN EFFORT TO REBUILD. CONSTRUCTION BEGAN YE 6/30/16.	Form	990 (2016) ASBERRY COURTS, INC.	<u> 56-0954816</u>	Page 2
Check If Schedule O contains a response or note to any line in this Part III I finefly describe the organization's mission. TO PROVIDE APARTMENT UNITS FOR LOW INCOME PERSONS Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 to "?" Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 to "?" Ves. School of 100 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)				
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	<u>4e</u>	Iotal program service expenses ► ∠ / ∠49 / •		200 (22 : 2

ASBERRY COURTS, INC. Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? 1 X If "Yes," complete Schedule A X 2 is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 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 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х Schedule D, Part III 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? X If "Yes." complete Schedule D. Part IV 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent X endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 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, 11a X b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 X Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D. Parts XI and XII 12a 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 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a_ 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 X or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to X or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16

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17

18

X

X

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

1c and 8a? If "Yes," complete Schedule G, Part II

complete Schedule G, Part III

20.0	syst, chocking of hope and the system of the		7	
	The state of the s	00-	Yes	No X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		X
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		Х
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			Λ
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			ĺ
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23		х
	Schedule J		-	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			ĺ
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		Х
	Schedule K. If "No", go to line 25a	24a		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		l
	any tax-exempt bonds?	24c		
_	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			1
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	l	į	v
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			1
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			37
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			l
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			37
	of any of these persons? If "Yes," complete Schedule L, Part III	27	Sec. 26.2	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			19 13
	instructions for applicable filing thresholds, conditions, and exceptions)		A 48,5	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		A
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	١		7.7
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			7.7
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			7.
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	l		
	Part V, line 1	34	Х	w
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			~
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			.,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		1	ĺ
	Note. All Form 990 filers are required to complete Schedule O	38	<u>X</u>	<u></u>
		Form	990	(2016

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14a

X

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

13c

rai	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C			. , , ,	СЗРОП	30
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management	_			ı	
		1	1	دعت عدا م	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		8	3	
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			_		
b	Enter the number of voting members included in line 1a, above, who are independent	1b		<u>8</u> :: : : : : : : : : : : : : : : : : :		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ıp with	any other	6.78		
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	as filed?	4		X_
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X
6	Did the organization have members or stockholders?			6		X
-	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or			
	more members of the governing body?	•		7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or			
	persons other than the governing body?		,	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	ne following:	()	18.50	
а	The governing body?	u oy u	io ionowing.	8a	X	
	Each committee with authority to act on behalf of the governing body?			8b	X	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	hadae	at the	- 00	22	_
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	acrieu	at tile	9		х
800	tion B. Policies (This Section B requests information about policies not required by the Internal F	Ovonu	o Code)	1 9		Α
<u> </u>	tion b. Folicies (This Section B requests information about policies not required by the internal F	everiu	e Code.)		Yes	No
40-	Did the experience have level shorters bronches or affiliates?			100	162	X
	Did the organization have local chapters, branches, or affiliates?		o officetos	10a	 	
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	napter	s, annates,	401		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	J la	6h	10b	₹.	\vdash
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ay beic	ore filing the form?	11a	Const	5 4.
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					لتشتا
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	- .	-40	12a	X	\vdash
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	res," a	escribe	1	٠,,	
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	 -	X
14	Did the organization have a written document retention and destruction policy?			14	X	C (A)
15	Did the process for determining compensation of the following persons include a review and approve		ndependent	21		* * * *
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•			-	-
а	The organization's CEO, Executive Director, or top management official			15a	X	<u> </u>
b	Other officers or key employees of the organization			15b	X	1,2 =12.1
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			The same	1 S	1 60
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	with a	137	1.4.2.4	37.1
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its i	participation	1 2 5	1/2/	3
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organical	ınızatıc	n's	32 63		
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ None					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sec	tion 501(c)(3)s only)	availal	ole	
	for public inspection. Indicate how you made these available. Check all that apply		•			
	Own website Another's website X Upon request Other (explain	ın Sc	hedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co		·	nd finar	ncial	
.5	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 be	noke a	nd records			
20	MELVIN "SKIP" ALSTON - 336-617-6259	JUNU a				
	1610 E. MARKET ST., GREENSBORO, NC 27401					
	TOTO E. MARKET DI., GREENDDONO, NC 2/401					

632006 11-11-16

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

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

X Check this box if neither the organization r	or any related	orga	nıza	ation	COI	mpe	nsat	ted any current officer, o	director, or trustee	
(A)	(B)			(0	C)		_	(D)	(E)	(F)
Name and Title	Average	(do		Pos) than	one	Reportable	Reportable	Estimated
	hours per week	box	, unle	ss pe	rson	is bot or/trus	h an	compensation from	compensation from related	amount of other
	(list any	ā				Τ		the	organizations	compensation
	hours for	direc	ĺ		}	2		organization	(W-2/1099-MISC)	from the
	related	tee or	ustee			alsate	ļ	(W-2/1099-MISC)	,	organization
	organizations	al trus	la t	}	oyee	dwo.				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	=	Ë	₹	- 2	£.2	훈			
(1) JOHN SMITH	1.00								•	•
PRESIDENT	1 00	X	 -	X	├	\vdash	-	0.	0.	0.
(2) BARABARA WHITE-TATE	1.00						İ		•	•
VICE PRESIDENT	1 00	X	<u> </u>	X	<u> </u>	\vdash	_	0.	0.	0.
(3) JEANNE SMITH	1.00					ļ				•
SECRETARY	1 00	X		X		├-	<u> </u>	0.	0.	0.
(4) HOBSON BRYANT	1.00	.	ĺ		ı				0	0
DIRECTOR	1.00	X		<u> </u>	-	├ -		0.	0.	0.
(5) HARVEY LACKEY	1.00	x			Ì	Ì			0	•
DIRECTOR	1.00	^				<u> </u>		0.	0.	0.
(6) JEROME LEE	1.00	x	\ 		}			0.	0.	0
DIRECTOR	1.00	^	_		-			U•	0.	0.
(7) ELAINE OSTROWSKI	1.00	X						0.	0.	0.
DIRECTOR	 	1	-					0.		
	<u> </u>						}			
		1				}				
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	<u> </u>	<u> </u>	L		L	L.,		i		5 000 (2212)

Form 990 (2016)

<u>,r ,aį </u>	(A) Name and title	(B) Average hours per week	(do box	not cl	(C Posi heck i ss per	tion more		one n an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	C)	compensation from the organization and related organizations
			}									
^												
												-
	Sub-total							>	0.	•	0.	0.
С	Total from continuation sheets to Part Total (add lines 1b and 1c)							<u>></u>	0.		0.	0. 0.
	Total number of individuals (including but compensation from the organization	not limited to th	nose	liste	ed at		e) wr	no re	eceived more than \$100),UUU of reportable		Yes No
3	Did the organization list any former office line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> For any individual listed on line 1a, is the	such individual									<u>.</u>	3 X
5	and related organizations greater than \$1 Did any person listed on line 1a receive o	50,000? If "Yes, r accrue compe	" <i>co</i> nsat	mple ion f	ete S rom	Sche any	e <i>dule</i> / unr	J f	or such individual		-	4 X
Sec	rendered to the organization? If "Yes," co	mplete Schedul	<u>e J 1</u>	or s	uch	pers	<u>son</u>		<u> </u>		l.	5 X
1	Complete this table for your five highest of the organization. Report compensation for										oensa	ation from
	(A) Name and busines	ss address	N	INC	<u> </u>				(B) Description of s	services	Co	(C) ompensation
					_							
2	Total number of independent contractors		not li	mıte	d to		_	stec	above) who received n		o eg jare	त्रमृत्युप्, अद्भीतीकृत्यान्य,क्षाप् उट्ट विक्रुप्तार्थः, वेत्रमृतिकृतिकृत्यः
	\$100,000 of compensation from the orga	nization >					0					Form 990 (2016)

56-0954816 Page 9 ASBERRY COURTS, Form 990 (2016) INC Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII A TOUR TOUR CONTRAINS A TESPOTISE OF THE (D) Revenue excluded Related or Unrelated Total revenue from tax under sections 512 - 514 exempt function business revenue revenue 1a 1 a Federated campaigns 1b **b** Membership dues 10 Fundraising events 220000 1d Related organizations e Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above Q Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f Business Code Program Service Revenue 2 a All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and 150 <u>150.</u> other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (II) Personal 6 a Gross rents b Less rental expenses Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory **b** Less. cost or other basis and sales expenses Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue contributions reported on line 1c) See Part IV. line 18 b Less: direct expenses c Net income or (loss) from fundraising events Gross income from garning activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less cost of goods sold Net income or (loss) from sales of inventory man for the following of the first following the first for the Miscellaneous Revenue Business Code 11 a d All other revenue Total. Add lines 11a-11d

632009 11-11-16

Total revenue. See instructions.

09211220 141928 STJA4816

220150.

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	se or note to any line in t	his Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			The state of the state of	The state of the s
	and domestic governments. See Part IV, line 21			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	And the state of t
2	Grants and other assistance to domestic)		The second of th	
	individuals. See Part IV, line 22			THE DESCRIPTION OF THE PARTY OF	CONTRACTOR OF THE STATE OF THE
3	Grants and other assistance to foreign			Andrew Transfer	第一个人的概念是是是 第 件的
	organizations, foreign governments, and foreign	İ			Entry Ward Control
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				Carried Carried Sec. 13
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				Ì
	persons described in section 4958(c)(3)(B)	52006	42225	10501	
7	Other salaries and wages	52906.	42325.	10581.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	12184.	9747.	2437.	
9	Other employee benefits	5378.	4569.	809.	
10	Payroll taxes	53/8.	4509.		
11	Fees for services (non-employees)				ļ
a	Management				
b	Legal	2000.	2000.		-
C	Accounting	2000.	2000.		
d	Lobbying Professional fundraising services. See Part IV, line 17			* * * * * * * * * * * * * * * * * * *	
e	- F		<u>L</u>		
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch O.)	193000.	193000.		
40		193000.	193000.		
12 13	Advertising and promotion Office expenses	3533.	3533.		
13 14	Information technology		3333.		
15	Royalties				
16	Occupancy	6000.	6000.	<u> </u>	
10 17	Travel		0000.		
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6000.	5250.	750.	
23	Insurance			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
24	Other expenses. Itemize expenses not covered	., .,		, r	
	above. (List miscellaneous expenses in line 24e. If line	, ,,, / - * 1 * 1 * 1	, ' , ' , , , , , , , , , , , , , , , ,		
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)		•		100 W W W W W
а	OPERATING AND MAINTENAN	2850.	2850.	<u> </u>	3 7 1 7 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
b	SUBCONTRACT LABOR	1775.	1775.		
c	ADMIN MISCELLANEOUS	1309.	1309.		
ď	MISCELLANEOUS OPERATING	100.	100.		
	All other expenses	39.	39.		
25	Total functional expenses. Add lines 1 through 24e	287074.	272497.	14577.	0
<u>26</u>	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 following SOP 98-2 (ASC 958-720)	ļ			

Par	ቲ [°] Xኒ	Balance Sheet					
	,	Check if Schedule O contains a response or not	e to ar	y line in this Part X			
		•			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		· · · · · · · · · · · · · · · · · · ·	664181.	1	66033.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and fo	rmer c	officers, directors,			
		trustees, key employees, and highest compensa				1	the second of the second
		Part II of Schedule L		• •		5	
	6	Loans and other receivables from other disqualit	fied pe	rsons (as defined under	The state of the state of		15 K-15 Table 1995 (1)
		section 4958(f)(1)), persons described in section	-		The first the second of the se	2.454	15000 2000 1000 1000 1000 1000 1000 1000
		employers and sponsoring organizations of sect					
Ø		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			29000.	9	23000
	10a	Land, buildings, and equipment: cost or other	l		1 , g 1967 H H H H 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	200	The state of the s
	100	basis. Complete Part VI of Schedule D	10a	5027933.	1	100	
	ь		10b	52589.	1028594.	10c	4975344
	11	Investments - publicly traded securities				11	
	12	Investments - other securities See Part IV, line 1	1			12	
	13	Investments - program-related See Part IV, line				13	
•	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa	al line :	34)	1721775.	16	5064377
	17	Accounts payable and accrued expenses			0.	17	8377
	18	Grants payable			-	18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete f	art IV	of Schedule D		21	
တ္က	22	Loans and other payables to current and former	office	rs, directors, trustees,		, , ;	· 1000 1000 1000 1000 1000 1000 1000 10
≝		key employees, highest compensated employee	s, and	disqualified persons	, '	100	The state of the s
Liabilities		Complete Part II of Schedule L				22	
ت	23	Secured mortgages and notes payable to unrela	ted th	ird parties	0.	23	3408862
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X of			
		Schedule D			7713.	25	0
	26	Total liabilities. Add lines 17 through 25			7713.	26	3417239
		Organizations that follow SFAS 117 (ASC 958), che	ck here 🕨 🐰 and	, , , , , , , , , , , , , , , , , , ,		
S		complete lines 27 through 29, and lines 33 an	d 34.		\$40 \tau_1 \tau_2 \tau_2	1 1 2	1 . F. 1. 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1
Ĕ	27	Unrestricted net assets			1714062.	27	1647138
ğ	28	Temporarily restricted net assets				28	
<u> </u>	29	Permanently restricted net assets				29	
Ē		Organizations that do not follow SFAS 117 (A	SC 95	8), check here 🕨 📖	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	The same
ŏ		and complete lines 30 through 34.				1	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or eq				31	<u> </u>
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come,	or other funds		32	
~	33	Total net assets or fund balances			1714062.	33	1647138
	34	Total liabilities and net assets/fund balances			<u> 1721775.</u>	34	5064377

Form **990** (2016)

Form	990 (2016) ASBERRY COURTS, INC.	56-095	4816	Pag	e 12
	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	22	015	50.
2	Total expenses (must equal Part IX, column (A), line 25)	2	28	707	74.
3	Revenue less expenses. Subtract line 2 from line 1	3	<u>– 6</u>	692	24.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	171	406	52.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	164	713	38.
Pai	TixIII 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. Cash X Accrual Other		11 July 19. 10.	ingers!	7,7
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	े हैं नेप्रधान	1000	4 1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		100	
	separate basis, consolidated basis, or both.				7
	Separate basis Consolidated basis Both consolidated and separate basis		\$2.43		被
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,	1	2000 X A	
	consolidated basis, or both:		4 day 2 60		
	Separate basis Consolidated basis Both consolidated and separate basis		0.7 AU		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,	1 4 2 6		₫ [₽]
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O	Street Miles	法基	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii	ngle Audit	10-1		F 2 84
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2016)

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.

➤ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

Employer identification number

			<u>RRY COURTS</u>					6-0954816
Pa	rt#l%	Reason for Public 0	Charity Status (All organizations must co	mplete th	ıs part) Se	e instructions.	
The	organ	zation is not a private found	ation because it is (For lines 1 through 12, c	heck only	one box)		
1		A church, convention of chi						K
2	一	A school described in secti	•				. N. N. P.	
3	一	A hospital or a cooperative					ii)	0 '
4	H	A medical research organiza						the hospital's name
4		city, and state:	ation operated in col	njunction with a noopha	dosonboo	a iii Scotio	11 11 0(b) (1)(-)(11). E-1101	trio ricopitar o riarrio,
_		An organization operated for	or the benefit of a co	llogo or unworesty owner	d or operat	tod by a d	wornmental unit describ	
5	ш			nege of university owner	or opera	led by a g	overnmental unit descrit	Jed III
		section 170(b)(1)(A)(iv). (C						
6	믘	A federal, state, or local gov	_				• •	
7	X)	An organization that normal	lly receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (Co	omplete Part II)					
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Part	: 11)			
9	Ш	An agricultural research org	anization described	in section 170(b)(1)(A)(i	ix) operate	ed in conju	inction with a land-grant	college
		or university or a non-land-g	rant college of agric	ulture (see instructions)	Enter the	name, city	, and state of the colleg	je or
		university.						
10		An organization that normal	lly receives: (1) more	than 33 1/3% of its sup	port from	contribution	ons, membership fees, a	and gross receipts from
		activities related to its exem	-					-
		income and unrelated busin	•	• •	, ,		• • • • • • • • • • • • • • • • • • • •	•
		See section 509(a)(2). (Cor		(1000 000 110 110 110 110 110 110 110 11				4.107 54.10 55, 15.5
11		An organization organized a	•	ively to test for public sa	fety See	section 50	10(a)(4)	
12	一	An organization organized a	•	•	-			a nurnoses of one or
12		more publicly supported or	•		•		•	
			-				• • • •	Direck tile box iii
		lines 12a through 12d that	- ·				=	
а	L_	J Type I. A supporting orga	•	•				•
		the supported organization	, ,		ı majority (of the aire	ctors or trustees of the s	supporting
		organization. You must c	-					
b	L							=
		control or management o	f the supporting orga	anızatıon vested ın the s	ame perso	ons that co	ontrol or manage the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
C			grated. A supporting	g organization operated	in connec	tion with, a	and functionally integrat	ed with,
		ts supported organization	n(s) (see instructions). You must complete F	Part IV, Se	ections A,	D, and E.	
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organ	zation(s)
		that is not functionally int	egrated The organiz	ation generally must sat	isfy a dist	nbution re	quirement and an attent	riveness
		requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	V.	
е		Check this box if the orga		-				
		functionally integrated, or					21 . 21 . 21	
f	Ente	er the number of supported o		, , , , , , , , , , , , , , , , , , , ,	5 0		•	
		ride the following information	•	ed organization(s)				
) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the orga In your governi	nization listed	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
				above (see instructions))				
								
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016

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.)

80/	tion A. Public Support						
		(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2012	(0) 2013	(0) 2014	(a) 2013	(e) 2010	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")			1112655.		220000	1332655.
•	Tax revenues levied for the organ-			1111000			
2	ization's benefit and either paid to						
	or expended on its behalf				,		
2	The value of services or facilities						
3	furnished by a governmental unit to	1					
	the organization without charge						
4	Total. Add lines 1 through 3			1112655.		220000.	1332655.
	The portion of total contributions	, -			10 5 W. 15 Cal	Taliant bear	
	by each person (other than a	2 1849 - 4 13/81	Tall Land	. 1. 人名英格勒拉	Shows with		
	governmental unit or publicly	age of the state o	1. 4 14 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	· · · · · · · · · · · · · · · · · · ·	ar - 17 jeri migaman sil 12 Jan - Skanson V m	THE PARTY OF THE P	
	supported organization) included	中國 南新	and the state of	ser death of	There are being product to the		
	on line 1 that exceeds 2% of the	1 2 - 2 + 3 + 3 + 3 + 3 + 3 + 3 + 3 + 3 + 3 +		કેવીક્ટ છ <i>ી</i>		AND THE PERSON NAMED IN	
	amount shown on line 11,	ું કહ્યું કર્યા કરવા આ મુખ્યાના મુખ્ય	e Testando Estados	Same Same		中央政策を対象の 政策を必要を対象の	
	column (f)	(mb) (1) 1000 (2)		2008- 31 362 8 321	a 1 All a fact to face it is a fact		
6	Public support. Subtract line 5 from line 4	1 1			4 7 x 2 x 2 x 4 x 4 x 5		1332655.
	ction B. Total Support			· · · · · · · · · · · · · · · · · · ·	1 2	[4 ** * 2 **** *** 3.2* * 1	
_	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	(4) - 4.1-	(=)	1112655.	(4)	220000.	1332655.
_	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	513.	26.	2.	91.	150.	782.
a	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						1333437.
	Gross receipts from related activities,	etc (see instruction	ons)			12	
	First five years. If the Form 990 is for			d, fourth, or fifth ta	ax year as a sectio	·	
	organization, check this box and stor		, ,				
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2016 (l	ine 6, column (f) d	ivided by line 11, o	column (f))		14	99.94 %
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	88.31 %
16a	33 1/3% support test - 2016. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	ı			►X
b	33 1/3% support test - 2015. If the o	organization did no	t check a box on I	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			ightharpoons
17a	10% -facts-and-circumstances tes	t - 2016. If the org	anization did not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
t	10% -facts-and-circumstances tes	t - 2015. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ	cumstances" test	The organization of	qualifies as a publi	cly supported orga	anızatıon	▶ 🛄
18	Private foundation. If the organization	n did not check a	box on line 13, 16	<u>a, 16b, 17a, or 17i</u>	b, check this box a	and see instructions	<u> </u>
					Sche	edule A (Form 990	or 990-E7\ 2016

Schedule A (Form 990 or 990-EZ) 2016 ASBERRY COURTS, INC.

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

	 (Complete only if you checked 	the box on line 10	of Part I or if the	organization failed	I to qualify under F	Part II If the organi	zation fails to
	qualify under the tests listed b	elow, please comp	olete Part II)				
Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and				1		
	membership fees received (Do not						
	include any "unusual grants ")					<u> </u>	/
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 bus-						
	iness under section 513						1
4	Tax revenues levied for the organ-						
-	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
Ł	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						
•	Add lines 7a and 7b			/	, , 144	76 23 7	
	Public support. (Subtract line 7c from line 6) ction B. Total Support		<u> </u>				
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013 /	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6	(a) 2012	(0) 2013	(6) 2014	(a) 2013	(e) 2010	(1) 101ai
	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						
,	Add lines 10a and 10b		/				
11							
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)				 _	L	
14	First five years. If the Form 990 is for	r∕the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	on 501(c)(3) organiz	zation,
	check this box and stop here						_
	ction C. Computation of Publ						
	Public support percentage for 2016 (I Public support percentage from 2015		•	column (f))		15	<u>%</u>
	ction D. Computation of Inves						
17				ne 13 column (fl)		17	%
	Investment income percentage from			ie 10, column (i))		18	% %
	33 1/3% support tests - 2016. If the			on line 14, and line	a 15 is more than 1		
198	more than 33 1/3%, check this box a	nd stop here. The	organization qual	fies as a publicly s	supported organiz	ation	▶□
F	133 1/3% support tests - 2015 It the	organization did r	iot check a hox on	line 14 or line 14s	a, and line 16 is mi	ore than 33 1/3%	ano
	33 1/3% support tests - 2015. If the line 18 is not more than 33 1/3%, che Private foundation. If the organization	eck this box and s	top here. The orga	nızatıon qualifies	as a publicly supp	orted organization	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
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Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting	ig Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust c	n Nov 20, 1970 (explain in F	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete	Sections A through E	
Sect	ion 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	ļ		
	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		
Sect	ion 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 secunties	1a		
b	Average monthly cash balances	1b		_
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other		and the first the supple	
	factors (explain in detail in Part VI)			The filt are
2_	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,		_	
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6_	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8_		
Sect	ion C - Distributable Amount		Mary Company	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
_2	Enter 85% of line 1	2	"少生"。"是这样	
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	The state of the s	
5	Income tax imposed in prior year	5	······································	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		- 113 A.B. CHI - 1046	
	emergency temporary reduction (see instructions)	6	マット 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
7	Check here if the current year is the organization's first as a sen functional	lly intoar	ated Type III supporting area	anization (occ

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016

d Excess from 2015

e Excess from 2016

Schedule A	(Form 990 or 990-E	Z) 2016 🗛	<u>SBERRY</u>	COURTS,	INC.			<u> 56-0954816 Page 8</u>
Part VI	Supplemental Part IV, Section A,	Informa lines 1, 2, 3 tion D. lines	tion. Provided the Provided to Provided the Provided to Provided the Provided to Provided the	de the explanati c, 5a, 6, 9a, 9b, art IV. Section E.	ions required by 9c, 11a, 11b, a . lines 1c. 2a, 2b	nd 11c; Part IV, Se b. 3a, and 3b, Part	ction B, lines 1 a V, line 1, Part V,	7b, Part III, line 12, ind 2, Part IV, Section C, Section B, line 1e; Part V,
	(See instructions.)	o, and o, a			, J, and O Also (
								
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632028 09-21-16

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

OMB No 1545-0047

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number 56-0954816

Pai	ASBERRY COURTS, IN ASBERRY COURTS, IN	ed Funds or Other Similar Funds	or Accounts. Complete if the
3	organization answered "Yes" on Form 990, Part IV, Iir		·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	_	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose o	conferring
	impermissible private benefit?		Yes No
Pa	Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, P	art IV, line 7
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	rically important land area
	Protection of natural habitat	Preservation of a certif	ied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	f a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structur	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservati	on easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h	n)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes t	he organization's accounting for
,	conservation easements		
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statem	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtheran	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement :	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pub	lic 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 tre	easures, or other similar assets for financial	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
<u>b</u>	Assets included in Form 990, Part X		> \$
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2016

Sche		COURTS, I						56-09			age 2
Pai	till, Organizations Maintaining C										
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following that	t are a s	ignificant	use of its	collectio	n item	s
	(check all that apply):										
а	Public exhibition	•	ս 🖳 և	_oan or exc	hange progra	ıms					
b	Scholarly research	•	e 🗀 (Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ın how th	ey further ti	he organizatio	on's exe	mpt purp	ose ın Par	t XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, his	storical trea	sures, or othe	er sımılaı	r assets				
	to be sold to raise funds rather than to be ma	aintained as part of	the organ	nization's co	ollection?				Yes		<u> No</u>
Pai	TIV Escrow and Custodial Arran	gements. Comp	lete if the	organizatio	n answered "	Yes" on	Form 99	0, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21									
1a	Is the organization an agent, trustee, custod	an or other interme	diary for d	contribution	s or other as:	sets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	able [.]							
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
e	Distributions during the year						1e	<u> </u>	-		
f	Ending balance						1f			_	
2a	Did the organization include an amount on F.	orm 990. Part X. line	21 for e	scrow or ci	istodial accor	unt liabil		<u>' </u>	Yes		No
	If "Yes," explain the arrangement in Part XIII						•		00]
	rt V Endowment Funds. Complete										
		(a) Current year		rior year	(c) Two year			years back	(e) Fou	r vears	back
10	Beginning of year balance	(a) canoni year	(2).	nor your	(c) you.	5 5 4 5 11	(4)	jouro suom	(0).00	y ou. o	-
1a	Contributions		<u> </u>								
b											
c	Net investment earnings, gains, and losses		 								
đ	Grants or scholarships		1								
е	Other expenditures for facilities								ļ		
	and programs		ļ					·			
f	Administrative expenses								-		
g	End of year balance				L	l					
2	Provide the estimated percentage of the cur	rent year end balan		g, column (a	a)) held as.						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Temporarily restricted endowment ►	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%									
За	Are there endowment funds not in the posse	ession of the organiz	zation tha	t are held a	nd administe	red for t	he organ	zation			
	py.									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requ	ired on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the	organization's end	owment f	unds.							
Pa	TVI Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	d "Yes" on Form 99	0, Part IV	', line 11a S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) A	ccumulat	ed	(d) Boo	k valu	9
		basis (invest	ment)	basis	(other)	de	preciation				
1a	Land			3	90772.	,		P - 77",4	3	907	72.
b	Buildings				82072.					820	
c	Leasehold improvements	-							-		
d	Equipment				55089.		525	89.		25	00.
-	Other										<u> </u>
	Add lines 1a through 1e (Column (d) must e	aual Form 990 Par	t X colum	on (R) line 1	10c)				49	753	<u> </u>

Schedule D (Form 990) 2016

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2016

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)

	BERRY COURTS, INC.		56-0954816 Page 4
Part XI Reconciliation of Rev	enue per Audited Financial S	Statements With Reven	ue per Return.
 Complete if the organization 	answered "Yes" on Form 990, Part IV	/, line 12a	
1 Total revenue, gains, and other sup	port per audited financial statements		1
2 Amounts included on line 1 but not	on Form 990, Part VIII, line 12:		es ca
a Net unrealized gains (losses) on inv	estments	2a	<u>{≾</u> .}
b Donated services and use of facility		2b	
c Recoveries of prior year grants		2c	
d Other (Describe in Part XIII)		2d	
e Add lines 2a through 2d			2e
3 Subtract line 2e from line 1			3
4 Amounts included on Form 990, Pa	ert VIII. line 12. but not on line 1		Sec. 1
		4-	الم المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع الم
•	on Form 990, Fart VIII, line 75	<u>4a</u>	
b Other (Describe in Part XIII.)		4b	est for.
c Add lines 4a and 4b		40.1	4c
	This must equal Form 990, Part I, line		5
Part XII Reconciliation of Exp		•	ises per Return.
	answered "Yes" on Form 990, Part IV	/, line 12a	
1 Total expenses and losses per aud	ited financial statements		1
2 Amounts included on line 1 but not	on Form 990, Part IX, line 25	4	
 a Donated services and use of facilities 	es	2a	4,5
b Prior year adjustments		2b	19 A. J. J.
c Other losses		2c	10.44
d Other (Describe in Part XIII)		2d	* 127 × 27 × 1
e Add lines 2a through 2d			2e
3 Subtract line 2e from line 1			3
4 Amounts included on Form 990, Pa	urt IX. line 25, but not on line 1:		
a Investment expenses not included		4a	Solve B
b Other (Describe in Part XIII)	on , om ood, , are viii, into , o	4b	
c Add lines 4a and 4b		40	
	. (This must equal Form 990, Part I, lin	0.101	4c
Part XIII Supplemental Inform		e 16.)	5
lines 2d and 4b, and Part XII, lines 2d and	140 Also complete this part to provid	e any additional information	
332054 08-29-16			Schedule D (Form 990) 2016

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047

Department of the Treasury Name of the organization

Employer identification number

ASBERRY COURTS, INC.	56-0954816
Form 990, Part VI, Section B, line 11b:	
ORGANIZATION'S PROCESS TO REVIEW FORM 990: COPIES OF	F THIS RETURN PROVIDED
TO GOVERNING BODY BEFORE IT WAS FILED.	
Form 990, Part VI, Section B, Line 12c:	
ENFORCEMENT OF CONFLICTS POLICY: EMPLOYEES, BOARD MI	EMBERS AND KEY EMPLOYEES
ARE REQUIRED TO REVEAL ANY CONFLICTS OF INTEREST IN	VOLVING THE OPERATION OF
THE PROJECT IMMEDIATELY OR AT LEAST ANNUALLY.	
Form 990, Part VI, Section B, Line 15:	
COMPENSATION PROCESS FOR TOP OFFICIAL: COMPENSATION	AUTHORIZATIONS ARE DONE
BY THE MANAGEMENT AGENT	
COMPENSATION PROCESS FOR OFFICERS: COMPENSATION AUT	HORIZATIONS ARE DONE BY
THE MANAGEMENT AGENT	
Form 990, Part VI, Section C, Line 19:	
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION: RECORD I	DISCLOSURE IS MADE
AVAILABLE UPON REQUEST BY THE PUBLIC.	
Form 990, Part IX, Line 11g, Other Fees:	
DEVELOPER FEES:	
Program service expenses	193000.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	193000.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

Name of th	ne organizati	on			TDMC	TNG						Employer id	lentification number
		ASI	3EKI	KY COL	JRTS,	INC.						56-0	954816
<u>Total</u>	Other	Fees	on	Form	990,	Part	IX,	line	11g,	<u>Col</u>	A		193000.
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SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Part

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

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

INC.

ASBERRY COURTS,

Open to Public 2016

OMB No 1545-0047

•

Employer identification number

56-0954816

(g) Section 512(b)(13) controlled Schedule R (Form 990) 2016 ž × entity? Direct controlling Yes entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year Direct controlling entity End-of-year assets **e** status (if section Public chanty 501(c)(3)) Line 10 Total income Exempt Code Ð section 501(c)(3) ত্ত Legal domicile (state or Legal domicile (state or foreign country) foreign country) North Carolina SUPPLY AFFORDABLE HOUSING TO THE GENERAL PUBLIC Primary activity Primary activity 9 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Name, address, and EIN (if applicable) - 56-0810755 Name, address, and EIN of related organization of disregarded entity a) CUMBERLAND COURTS, INC. GREENSBORO, NC 27401 610 BLUFORD STREET Part

56-0954816

Page 2

Schedule R (Form 990) 2016 ASBERRY COURTS, INC.

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

General or Percentage managing ownership partner? ड 9 Code V-UBI amount in box 20 of Schedule 4 K-1 (Form 1065) \equiv Yes No Disproportionate allocations? Ξ Share of end-of-year assets Œ Share of total income Ξ Predominant income (related, unrelated, excluded from tax under sections 512-514) **©** (d)
Direct controlling
entity Legal
domicile
(state or
foreign
country) Primary activity 9 Name, address, and EIN of related organization <u>a</u>

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

	(100 (2.13)	1475	Yes No			 					
) ~	512(b)(13)	ent	Yes								
	(F)	Percentage	diseimo									
	(6)	Share of	assets									
	ε	Share of total	<u> </u>									
	(e)	pe of entity	or trust)	(mm :: : : : : : : : : : : : : : : : : :								
•	(p)	Direct controlling	ellility									
	(2)	Legal domicile	foreign	country)								
ing the tax year	(g)	Primary activity										
organizations treated as a corporation of trust during tree tay year	(a)	Name, address, and EIN	of related organization									

Schedule R (Form 990) 2016

632162 09-06-16

Schedule R (Form 990) 2016 ASBERRY COURTS, INC.

Part V. Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Schedule R (Form 990) 2016	33	5) 32 183 09-06-16
		(9
		(+
		3)
		(2
ACTUAL INCOME	C 220000.	1) CUMBERLAND COURTS, INC.
(d) Method of determining amount involved	(b) (c) Transaction Amount involved type (a·s)	(a) Name of related organization
lationships and transaction thresholds	must complete this line, including covered r	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds
		r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s)
1p X 1d X X X X X X X X X X X X X X X X X		 p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses
10 X X X X X X X X X X X X X X X X X X X		 Shanng of paid employees with related organization(s)
	. (9	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
1 1 X	tton(s)	Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s)
<u>예</u> 기		k Lease of facilities, equipment, or other assets from related organization(s)
II		j Lease of facilities, equipment, or other assets to related organization(s)
19 X		g Sale of assets to related organization(s) h Durchase of assets from related organization(s)
		f Dividends from related organization(s)
1e X		e Loans or loan guarantees by related organization(s)
+		d Loans or loan guarantees to or for related organization(s)
1c X		c Gift, grant, or capital contribution from related organization(s)
₽ Q		b Gift, grant, or capital contribution to related organization(s)
, 19		a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
	th one or more related organizations listed II	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
Yes No		Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Schedule R (Form 990) 2016 ASBERRY COURTS, INC.

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

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

(a)	(Q)	(2)	9	(e)	(t)	(6)	3	S	8	3
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	t income related, tax under 2-514)	Are all partners sec 501(c)(3) orgs?	Share of total income	Share of end-of-year assets	Disproportionate an allocations? O	Dispupor- Dispup	General or managing partner?	Percentage ownership
						:				

Schedule R (Form 990) 2016

Schedule F	R (Form 990) 2016	ASBERRY	COURTS.	INC.	56-0954816 Page 5
Part VII	(Form 990) 2016 Supplemental Info	mation			
			4	Cahadula D. Caa instructions	
	Provide additional inform	ation for response	es to questions	on Schedule R See instructions.	
	•				
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		···-			
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