# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

		2002 colondar year or toy year haginning	~		•
		e 2022 calendar year, or tax year beginning and ending			
<b>B</b> c	heck if pplicabl			D Employer identific	cation number
	_Addre _chang	THE CENTER IN ASBURY PARK, INC.			
	Name chang	Doing business as		22-32535	58
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  Room/	/suite	E Telephone number	•
	☐ ☐Final _return	PO BOX 832		732-774-	
	termin ated		Ì	G Gross receipts \$	1,236,400.
	Amen			H(a) Is this a group re	
	_ return ∏Applic	,		for subordinates	
	_tion pendi	SAME AS C ABOVE			·····= =
				<b>H(b)</b> Are all subordinates in	
			527	•	list. See instructions
	Vebsi			H(c) Group exemption	
			Year o	f formation: 1994 N	1 State of legal domicile: NJ
Pa	ırt I	Summary		~	
Governance	1	Briefly describe the organization's mission or most significant activities: TO PROVIPEOPLE LIVING WITH HIV/AIDS IN MONMOUTH COUNTY		SUPPORT SEE	RVICES FOR
na.	2	Check this box if the organization discontinued its operations or disposed of r	more t	han 25% of its net ass	sets.
Ve	3	Number of voting members of the governing body (Part VI, line 1a)		1 . 1	16
ၓၟ	l	Number of independent voting members of the governing body (Part VI, line 1b)			16
∞ ∞		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			6
Activities &	l	Total number of volunteers (estimate if necessary)			75
ξį	l	Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ä	l	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
		Net unrelated business taxable income from 1 orn 350-1,1 art 1, line 11	T	Prior Year	Current Year
e		Contributions and grants (Part VIII line 1b)		726,367.	703,198.
	l	Contributions and grants (Part VIII, line 1h)		0.	163,844.
/en	l	Program service revenue (Part VIII, line 2g)		11.	66.
Revenue	l .	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		196,256.	281,194.
	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		922,634.	1,148,302.
	l	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		206,248.	238,387.
	l	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		466,139.	516,980.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ă	l .	Total fundraising expenses (Part IX, column (D), line 25) 48,292.		10-100	
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		185,499.	581,514.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		857,886.	1,336,881.
	19	Revenue less expenses. Subtract line 18 from line 12		64,748.	-188,579.
Net Assets or Fund Balances			Beg	inning of Current Year	End of Year
sets alan	20	Total assets (Part X, line 16)		380,061.	3,231,273.
t As	21	Total liabilities (Part X, line 26)		34,911.	1,875,265.
<u> </u>	22	Net assets or fund balances. Subtract line 21 from line 20		345,150.	1,356,008.
Pa	ırt II	Signature Block			
Unde	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and st	tatemer	nts, and to the best of my	knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer h	as any knowledge.	
Sigr	า	Signature of officer		Date	
Her	е	MICHAEL ROLAND, EXEC. DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	Da	ate Check	PTIN
Paid		BRIDGET HARTNETT BRIDGET HARTNETT	1	1/15/23 of self-employ	P01429163
Prep		Firm's name CLIFTONLARSONALLEN LLP			1-0746749
	Only	Firm's address 293 EISENHOWER PARKWAY, 2ND FLOOR		THIII SEIN =	<u> </u>
USE	Unity	LIVINGSTON, NJ 07039		Dhana na 0.7	3-994-9494
N 4	. +1 ''	RS discuss this return with the preparer shown above? See instructions		Phone no. 3 /	X Yes No
iviav	r me II	ao discuss mis return with the preparer shown above? See instructions			41   1 es     NO

Form 990 (2022)

Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	PROVIDES EDUCATION, FINANCIAL AID, EMOTIONAL SUPPORT, NUTRITIONAL	
	SUPPORT AND OTHER SERVICES TO INDIVIDUALS AND THEIR FAMILIES WHO A	RE
	HIV POSITIVE.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	res 🔲 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?	res X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expens	ses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expense	
	revenue, if any, for each program service reported.	
4a	050 404	)
	PROVIDES EDUCATION, MONTHLY MEALS, RENT SUBSIDIES, UTILITY SUBSIDI	ES,
	PHARMACEUTICAL SUBSIDIES AND LAUNDRY SERVICES TO INDIVIDUALS WHO A	
	HIV POSITIVE.	
		,
	266 022	2 0 1 1 .
4b		<b>3,844.</b> )
	RENTAL ASSISTANCE	
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
	Ollows and the American (December of Colored to O.)	
4d		
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses 1,219,356.	000
	For	m <b>990</b> (2022)

THE CENTER IN ASBURY PARK, INC.

### Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
·	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		<del></del>
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
′		7		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>-</b>		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			<sub>V</sub>
_	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			٦,
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
124	•	12a		x
h	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
D	•	12b		V X
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
				X
14a		14a		<del>  ^</del>
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			
		445		x
45	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15		4-		<sub>v</sub>
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			\ <b>.</b> ,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2022) THE CENTER IN ASBURY PARK, INC.

Part IV | Checklist of Required Schedules (continued)

Did the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part X. column (A), line 27 // "Yes," complete Schedule (Part) and (ii) 20 bit the organization answer "Yes" to Part VII), Section A, line 3.4, or 6, a shout compensation of the organization accurrent and former offices, directions, frustees, key employees, and highest compensation employees? (ii) "Yes," complete Schedule (II "Yes," complete Schedule VI "Yes," comple		Continued)		Yes	No
Part X. column (A), line 27 (**I*res*, "complete Schedule*, Parts* Land III 20 Did the organization succent and former officers, directors, trustees, key employees, and highest compensation of the organization succent and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule*, Part IV.  24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 37, 2002? If "Yes," arrawer lines 26b through 26d and complete Schedule K. If "No." go to live 25a  25b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  26c Did the organization meets are no nectors account other than a refunding secrow at any time during the year?  27d Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year?  28d Old the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year?  28d Old the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year?  28d Old the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year?  28d Old the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year?  28d III.	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	110
23 Did the organization answer "Yes" to Part VII. Section A, line 3, 4 or 5, about compensation of the organization's current and fammer officers, directors, trustess, key employees, and highest compensated employees?   24 Press, "complete Schedule I."  25 Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I. If "Yos," to line 25e  26 Did the organization ministan an escrive account of their than a refunding scrow at any time during the year to defease any tax-exempt bonds?  27 Did the organization maintain an escrive account of their than a refunding scrow at any time during the year to defease any tax-exempt bonds?  28 Section 501(5), 501(6)(4), and 501(6)(29) organizations. Did the organization are plant than the scrow of t			22	х	
and former officers, directors, fustees, key employees, and highest compensated employees? If "Yes," complete Schedule L, Part IV.  23	23				
Schedule / Life 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? // "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a.  b Did the organization mivest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization mivest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization mivest any proceeds of tax-exempt bonds beyond a temporary period exception?  d Did the organization mirror and a sa of "on behalf of" issue for bonds outstanding at any time during the year?  d Did the organization acts as in "on behalf of" issue for bonds outstanding at any time during the year?  d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I is 1 in the transaction has not been reported on any of the organization spring Forms 990 or 990-E27 // "Yes," complete Schedule L, Part I is 1 in the transaction has not been reported on any of the organization spring Forms 990 or 990-E27 // "Yes," complete Schedule L, Part I is 1 in 1					
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24th through 24d and complete Schedule K. If "No," go to line 25a  D Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  24b		·	23		Х
Schedule K. If "No." go to line 25a b 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 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?  24c  25a Section 501(c/3), 501(c/k), and 501(c/20) organizations. Did the organization engage in an excess benefit transaction with a disqualited person during the year? If "Yes," complete Schedule L, Part I b is the organization avare that it engaged in an excess benefit transaction with a disqualited person in a prior year, and that the transaction has not been reported on any of the organizations prior forms 800 cr 906(27) "("Yes," complete Schedule L, Part I yes," complete Schedule L, Part I yes," complete Schedule Applet yes, complete Schedule L, Part I yes, to something or the prior of the part of the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 36% controlled entity from themse of any of these persons? If "Yes," complete Schedule L, Part II  25 Was the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or the provide and provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part II yes, "complete Schedule L, Part II yes," complete Schedule L, Part II yes, "complete Schedule L, Part II yes," complete Schedule II yes II yes, "complete Schedule II yes II yes," complete Schedule II yes II yes, "complete Schedule II yes," complete Schedule II yes, "complete Schedule II yes," complete Schedule II yes, "complete Schedule II yes," complete Sche	24a				
Schedule K. If "No." go to line 25a b 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 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?  24c  25a Section 501(c/3), 501(c/k), and 501(c/20) organizations. Did the organization engage in an excess benefit transaction with a disqualited person during the year? If "Yes," complete Schedule L, Part I b is the organization avare that it engaged in an excess benefit transaction with a disqualited person in a prior year, and that the transaction has not been reported on any of the organizations prior forms 800 cr 906(27) "("Yes," complete Schedule L, Part I yes," complete Schedule L, Part I yes," complete Schedule Applet yes, complete Schedule L, Part I yes, to something or the prior of the part of the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 36% controlled entity from themse of any of these persons? If "Yes," complete Schedule L, Part II  25 Was the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or the provide and provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part II yes, "complete Schedule L, Part II yes," complete Schedule L, Part II yes, "complete Schedule L, Part II yes," complete Schedule II yes II yes, "complete Schedule II yes II yes," complete Schedule II yes II yes, "complete Schedule II yes," complete Schedule II yes, "complete Schedule II yes," complete Schedule II yes, "complete Schedule II yes," complete Sche		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any taxe-wempt bonds?  d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  22a Section 501(c/3), 501(c/4), and 501(c/20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? if "Yes," complete Schedule I, Part I   25a   X    b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations prior Forms 990 or 990-E27 if "Yes," complete Schedule I, Part I   25b   X    25b   X   25c			24a		X
any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d  25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? #1" (*Yes, "complete Schedule I, Part I    25a	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
d Did the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year? 24d    25a Saction 50ft(28), 50ft(24), and 50ft(29) and 50ft(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? (if 'Yes,' complete Schedule L, Part I   25a   X    b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization is proform set of the part of th	С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I "Yes," complete Schedule L, Part II "Yes," complete Schedule II line 28a or 28b "If "Yes," complete Schedule M "Yes," comple			24c		<u> </u>
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule I., Part I   25b   X    25b   25b   X   25b   25			24d		<del></del>
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 980 or 990 E27    "Yes," complete Schedule L, Part I   250 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II   26	25a				37
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? // "Yes," complete Schedule L, Part I		, , ,	25a		<u> </u>
Schedule L, Part I  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 33% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X  27 Did the organization period a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X  28 Was the organization applicable filing thresholds, conditions, and exceptions;  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28b X  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X  30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X  31 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part II 31 X  32 Did the organization inquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II 32 X  33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule N, Part II 32 X  34 Was the organization related to any tax-exempt from or engage in any transaction with a controlled entity within the meaning of section \$12(b)(13)? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 34 X  35a Did the organization have a controlled entity within the meaning of section \$12(b)(13)? If "Yes," c	b				
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, frustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II					v
or former officer, director, frustee, key employee, creator or founder, substantial contributor, or 35%  26	00	· · · · · · · · · · · · · · · · · · ·	250		
controlled entity or family member of any of these persons?      "Yes," complete Schedule L, Part      26	26				
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) we thereof or a ramily member of any of these persons? if "rese," complete Schedule L, Part III.  27 X  28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.  28 A 45% controlled entity of one or more individuals and/or organizations described in line 28a or 28b7 If "Yes," complete Schedule L, Part IV.  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 Did the organization includate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iline 1  33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iline 1  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iline 2  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iline 2  35 Did the organization organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13			26		x
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? // "Yes," complete Schedule L, Part IV.  27	27		20		
entity (including an employee thereof) or family member of any of these persons? # "Yes," complete Schedule L, Part IV, instructions for applicable fling thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? # "Yes," complete Schedule L, Part IV	ZI				
Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If  "Yes," complete Schedule L, Part IV.  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.  28b X  c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.  28c X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  30 Did the organization iliquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I.  31 Did the organization oven 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.  33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, IIne 1  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, IIne 2  35 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, IIne 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt n			27		Х
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Form 990 (2022) THE CENTER IN ASBURY PARK, INC.

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	6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b		Х
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthor	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	ccour	ts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			_	- V	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a	X	
b				7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			7.		х
	to file Form 8282?	7d	1	7c		Λ
d	If "Yes," indicate the number of Forms 8282 filed during the year		•	70		Х
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contribute organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribute.		t?	7e 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		199 as required?	7g		- 21
9 h	If the organization received a contribution of qualified intellectual property, did the organization file of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization of the or			79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
Ū		-		8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:					
а	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:					
а	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		
	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.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	425	I			
_	organization is licensed to issue qualified health plans	13b 13c				
с 14а	Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?		•	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu.			14a 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			. <del></del>		
.0	excess parachute payment(s) during the year?			15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	inco	ne?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitie	3			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
					000	

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

Sec	tion A. Governing Body and Management						21
	and the second s					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		L6[		100	110
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1	L6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship						
_	officer, director, trustee, or key employee?				2		Х
3	Did the organization delegate control over management duties customarily performed by or under the			·	_		
	of officers divertors to retain a plantage of the company of the c				3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9			г	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			···	5		X
6	Did the organization have members or stockholders?			¨	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap			·			
	more members of the governing body?				7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			`			
	persons other than the governing body?				7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			·	-~		
а	The governing body?				8a	х	
b	Each committee with authority to act on behalf of the governing body?				8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			·	0.0		
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code )			- '	
	(This Section B requests information about policies not required by the internal ne	venue	<u>Code./</u>			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			Γ	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			·			
-			,		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			¨	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		3				
12a				- [	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			·· ⊢	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ")			···			
	on Schedule O how this was done	,			12c	х	
13	Did the organization have a written whistleblower policy?			•	13	Х	
14	Did the organization have a written document retention and destruction policy?			Г	14		X
15	Did the process for determining compensation of the following persons include a review and approva						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,	•				
а	The organization's CEO, Executive Director, or top management official			. [	15a		Х
	Other officers or key employees of the organization				15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a				
	taxable entity during the year?			. [	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	's				
	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 NJ						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	T (section 501(c)	(3)s (	only) a	availab	ole
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain	on Sc	hedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	f interest policy,	and 1	financ	ial	
	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 book ORGANIZATION $-732-774-3416$	oks and	l records				
	806 3RD AVENEUE, ASBURY PARK, NJ 07712						

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)  Name and title	(B) Average hours per	(do box	not c	(C Posi heck i	ition	) than o	one i an	(D)  Reportable compensation	(E)  Reportable compensation	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer Officer	Key employee	Highest compensated surployee	Former (aa	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) REV. ROBERT F. KAEDING DIRECTOR	40.00			х				0.	0.	0.
(2) RUSSELL MALTA	1.00							•	•	•
PRESIDENT		х		х				0.	0.	0.
(3) MARCO BENJAMIN	1.00								<u> </u>	
VICE PRESIDENT		Х		х				0.	0.	0.
(4) PATRICIA FORSMAN	1.00									
SECRETARY		Х						0.	0.	0.
(5) WILLIAM BRADSHAW	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) ROBERT HICKEY	1.00									
TREASURER		Х		Х				0.	0.	0.
(7) ROB DISANTO	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) KATHLEEN DONEY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) PETER GAYLORD	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) CHERYL GAUDETTE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) JOHN UR	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) BERTHA WILLIAMS PULLEN	1.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(13) JENNA VACCARO	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) JOANELLE WALSH	1.00									
BOARD MEMBER	1 00	Х						0.	0.	0.
(15) PETER ZASLOWE	1.00									
BOARD MEMBER	1 00	Х	_					0.	0.	0.
(16) CHRISTINA SMITH	1.00	٦,						_	_	_
BOARD MEMBER		Х						0.	0.	0.
		1								

Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	(do	not c	Posi			one	Reportable	Reportable		Es	timate	ed
		hours per week	box	, unles	ss per	son i	s both	n an	compensation	compensatio			nount	
		(list any					17 11 43		from the	from related organizations	- 1		other pensa	
		hours for	direct				9		organization	(W-2/1099-MIS			om th	
		related	tee or	ustee			ensate		(W-2/1099-MISC/	1099-NEC)			anizat	
		organizations	al trus	nal tr		loyee	comp		1099-NEC)				d relat	
		below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	ons
			드	드	101	- A	포늄	윤						
									0.		0.			0.
	Subtotal								0.		0.			0.
	Total from continuation sheets to Part VII  Total (add lines 1b and 1c)								0.		0.			0.
2	Total number of individuals (including but no									000 of reportable				
	compensation from the organization						,		<del>-</del>					0
													Yes	No
3	Did the organization list any former officer,	director, truste	ee, k	кеу е	mpl	oye	e, or	hig	hest compensated emp	loyee on				
	line 1a? If "Yes," complete Schedule J for se											3		X
4	For any individual listed on line 1a, is the su											_		37
_	and related organizations greater than \$150											4		X
5	Did any person listed on line 1a receive or a											5		Х
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	piete Scheaule	9 <i>J T</i>	or st	icn r	<u>oers</u>	on .					3		21
1	Complete this table for your five highest con	mpensated ind	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	ensat	ion fro	om	
	the organization. Report compensation for t													
	(A)								(B)			(0	<b>)</b>	
	Name and business	address	NC	ONE	3				Description of s	ervices	С	ompe	nsatio	n
								_						
								$\dashv$						
2	Total number of independent contractors (in \$100,000 of componentian from the organic	•	ot lin	nited	to t	thos ۲		ted	above) who received mo	ore than				

22-3253558

Form 990 (2022) THE CEN
Part VIII Statement of Revenue

		Chack if Schodula O contains a response of	or note to any lin	o in this Dart VIII			
		Check if Schedule O contains a response of	or flote to arry lift	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
				Total revende	function revenue	business revenue	from tax under
							sections 512 - 514
ts ts	1 :	Federated campaigns <b>1a</b>					
a a		Membership dues 1b					
۵ٍ۶	١,		174,194.				
fts.		Related organizations 1d	<u> </u>				
Contributions, Gifts, Grants and Other Similar Amounts		Government grants (contributions)	378,090.				
Sir			370,030.				
e iji	1	All other contributions, gifts, grants, and	150 014				
혈본			150,914.				
E D	!	Noncash contributions included in lines 1a-1f 1g \$					
<u>ပို                                    </u>		Total. Add lines 1a-1f		703,198.			
			<b>Business Code</b>				
Ф	2 :	RENTAL INCOME	531390	163,844.	163,844.		
į.							
Ser							
E S							
gra Re							
Program Service Revenue	· '						
а.		All other program service revenue		162 044			
		Total. Add lines 2a-2f		163,844.			
	3	Investment income (including dividends, interest	st, and				
		other similar amounts)		66.			66.
	4	Income from investment of tax-exempt bond pr	roceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 :	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Not worth					
		Gross amount from sales of (i) Securities	(ii) Other				
	′ '	()	(ii) Other				
		assets other than inventory 7a					
		Less: cost or other basis					
ηne		and sales expenses					
Revenue		Gain or (loss) 7c					
		Net gain or (loss)					
Jer	8 :	Gross income from fundraising events (not					
₹		including \$174,194. of					
		contributions reported on line 1c). See					
		Part IV, line 18 <b>8a</b>	79,946.				
		Less: direct expenses 8b	28,788.				
		Net income or (loss) from fundraising events		51,158.			51,158.
		Gross income from gaming activities. See					
	'	Part IV, line 19 9a					
	١.	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 (	Gross sales of inventory, less returns	252 222				
			<u>253,920.</u>				
			59,310.	101 515			104 515
		Net income or (loss) from sales of inventory		194,610.			194,610.
(r)			Business Code				
no "	11 :	OTHER INCOME	624100	35,426.			35,426.
ine Due	ı						
elle	(						
Miscellaneous Revenue		All other revenue					
Σ		Total. Add lines 11a-11d		35,426.			
	12	Total revenue. See instructions		1,148,302.	163,844.	0 -	281,260.
				, -, -,			

#### Part IX | Statement of Functional Expenses

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

_	Check if Schedule O contains a respons	se or note to any line in t	his Part IX (B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	<b>(D)</b> 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	238,387.	238,387.		
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	321,352.	289,217.	32,135.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	161,531.	145,378.	16,153.	
10	Payroll taxes	34,097.	30,687.	3,410.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal	10 -00			
С	Accounting	19,500.	17,325.	2,175.	
d	7 3				
е	, <u> </u>				
f	Investment management fees				
g	` '	15 650	16 000	<b>5</b> 60	
	column (A), amount, list line 11g expenses on Sch 0.)	17,650.	16,887.	763.	
12	Advertising and promotion	25 400	00 204	2 540	2 5 4 0
13	Office expenses	35,492.	28,394.	3,549.	3,549
14	Information technology				
15	Royalties	41 602	41 100	407	
16	Occupancy	41,603.	41,196.	407.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	410	225	40	4.0
19	Conferences, conventions, and meetings	419.	335.	42.	42
20	Interest				
21	Payments to affiliates	127 240	121 024	E 216	
22	Depreciation, depletion, and amortization	127,240. 29,527.	121,924. 27,819.	5,316. 1,708.	
23	Insurance	49,541.	41,819.	1,/00.	
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 0.)				
а	CECID TMV	109,441.	109,441.		
b	DEDATE AND MATNERSTANCE	63,175.	62,264.	911.	
c	MENTO	45,011.	45,011.		
d	DELIET OBJETIE	42,038.	,		42,038
	All other expenses	50,418.	45,091.	2,664.	2,663
25	Total functional expenses. Add lines 1 through 24e	1,336,881.	1,219,356.	69,233.	48,292
26	<b>Joint costs</b> . Complete this line only if the organization	-	-	-	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Part		Balance Sheet					
		Check if Schedule O contains a response or no	te to any	/ line in this Part X		T	
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			157,750.	1	249,830.
	2	Savings and temporary cash investments				2	413,746.
	3	Pledges and grants receivable, net		39,228.	3	35,000.	
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
		controlled entity or family member of any of the	ons		5		
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe	d in sect	tion 4958(c)(3)(B)		6	
ış l	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
₹	9	Prepaid expenses and deferred charges			6,755.	9	2,755.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	5,909,939.			
	b	Less: accumulated depreciation		3,421,457.	34,038.	10c	2,488,482.
'	11	Investments - publicly traded securities			11		
'	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
'	14	Intangible assets		140 000	14	41 460	
	15	Other assets. See Part IV, line 11		142,290.	15	41,460	
	16	Total assets. Add lines 1 through 15 (must equ	380,061.	16	3,231,273		
- 1	17	Accounts payable and accrued expenses	25,000.	17	13,215.		
	18	Grants payable		18			
	19	Deferred revenue		1		19	
- 1	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
se l	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs				00	
, l El	00	controlled entity or family member of any of the				22	1,700,390.
	23 24	Secured mortgages and notes payable to unrel Unsecured notes and loans payable to unrelate		· · · · · · · · · · · · · · · · · · ·		24	1,700,330
	24 25	Other liabilities (including federal income tax, pa				24	
1	23	parties, and other liabilities not included on line					
		of Schedule D	3 11-24).	. Complete Fart A	9,911.	25	161,660.
_   ,	26	Total liabilities. Add lines 17 through 25			34,911.		1,875,265.
		Organizations that follow FASB ASC 958, che			<u> </u>		
es		and complete lines 27, 28, 32, and 33.					
<u>ء</u> ا	27				345,150.	27	1,356,008.
Bal	28	Net assets with donor restrictions				28	
힏		Organizations that do not follow FASB ASC 9					
교		and complete lines 29 through 33.					
ğ	29	Capital stock or trust principal, or current funds			29		
set :	30	Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in				31	
₽ :	32	Total net assets or fund balances			345,150.	32	1,356,008.
	33	Total liabilities and net assets/fund balances		1	380,061.	33	3,231,273.

Form **990** (2022)

0111	1000 (2022)				ı u	gc
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			8,3	
2	Total expenses (must equal Part IX, column (A), line 25)	2			6,8	
3	Revenue less expenses. Subtract line 2 from line 1	3			8,5	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		34	5,1	<u>50.</u>
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	1,	,19	9,4	37.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	1,	, 35	6,0	08.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.	_			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		it			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		I	3b		

232012 12-13-22

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

ZUZZ

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE CENTER IN ASBURY PARK

Employer identification number

							2-3253558	
Part I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions	S.	
The organ	nization is not a private found							
1 🗀	A church, convention of ch	·		•		I)(A)(i).		
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3	A hospital or a cooperative		•		(b)(1)(A)(ii	i).		
4	A medical research organiz					-	(iii). Enter	the hospital's name.
	city, and state:	,				(-)(-)(-)	(,-	,
5	An organization operated for	or the benefit of a col	llege or university owned	or operate	ed by a go	vernmental ur	nit describe	ed in
	section 170(b)(1)(A)(iv). (C		,	•	, 0			
6	A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).		
7 X	An organization that norma	-					e general i	oublic described in
	section 170(b)(1)(A)(vi). (C	•		J			- 9	
8	A community trust describe		(1)(A)(vi). (Complete Part	· II.)				
9	An agricultural research org				ed in coni	inction with a	land-grant	college
•	or university or a non-land-g				-		-	•
	university:	gram concego or agrice	artaro (000 motraotrono).		iarrio, orty	, and state on	ino conoge	. 01
10	An organization that norma	Ilv receives (1) more t	than 33 1/3% of its supp	ort from c	ontribution	ns. membershi	n fees, and	d aross receipts from
	activities related to its exen	*						-
	income and unrelated busir		•	. ,				· ·
	See section 509(a)(2). (Con		(,,			,9		,
11	An organization organized a	•	vely to test for public saf	etv. See	section 50	)9(a)(4).		
12	An organization organized a	<del>-</del>	•	•			rv out the	purposes of one or
	more publicly supported or	<del>-</del>	•	-			•	
	lines 12a through 12d that	-						
а	Type I. A supporting orga	* *					-	giving
	the supported organization	· · · · · · · · · · · · · · · · · · ·	•		-			
	organization. You must o							0
b	Type II. A supporting org	=		ion with its	s supporte	d organization	n(s), by hav	ring
	control or management o	· ·				-	•	-
	organization(s). You mus			·				
С	Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionall	y integrate	ed with,
	its supported organization	n(s) (see instructions)	). You must complete F	Part IV, Se	ctions A,	D, and E.		
d 🗌	Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection v	ith its support	ted organiz	zation(s)
	that is not functionally int	egrated. The organiz	ation generally must sati	sfy a distr	ibution red	uirement and	an attentiv	veness .
	requirement (see instructi	ions). <b>You must con</b>	nplete Part IV, Sections	A and D,	and Part	V.		
е 🗌	Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type I	I, Type III	
	functionally integrated, or	Type III non-function	nally integrated supportir	ng organiz	ation.			
<b>f</b> Ent	er the number of supported o	organizations						
<b>g</b> Pro	vide the following information			(i) In the name				
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	inization listed ng document?	(v) Amount of	,	(vi) Amount of other
	organization		above (see instructions))	Yes	No	support (see in	Structions)	support (see instructions)
Total						l		l

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.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	723,335.	669,888.	669,657.	726,367.	783,144.	3572391.	
2	Tax revenues levied for the organ-		-	-	-	-		
	ization'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	723,335.	669,888.	669,657.	726,367.	783,144.	3572391.	
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.						3572391.	
	etion B. Total Support						3372331.	
	• • • • • • • • • • • • • • • • • • • •	(a) 2019	<b>(b)</b> 2019	(a) 2020	(4) 2021	(e) 2022	(f) Total	
	ndar year (or fiscal year beginning in) Amounts from line 4	(a) 2018 723, 335.	669,888.	(c) 2020 669, 657.	(d) 2021 726, 367.	783,144.	(f) Total 3572391.	
_		125,555	005,000.	005,0576	720,307	705,144.	33723311	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,				11.	66.	77.	
_	and income from similar sources				11.	00.	11.	
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					25 426	25 426	
	assets (Explain in Part VI.)					35,4∠6.	35,426. 3607894.	
	<b>Total support.</b> Add lines 7 through 10							
	Gross receipts from related activities,	•					<u>,257,445.</u>	
13	First 5 years. If the Form 990 is for the	•				. , . ,		
<u></u>	organization, check this box and stop							
	ction C. Computation of Publi						00 00	
	Public support percentage for 2022 (I			column (f))		14	99.02 %	
	Public support percentage from 2021						100.00 %	
16a	33 1/3% support test - 2022. If the o				14 is 33 1/3% or m	ore, check this box		
	<b>stop here.</b> The organization qualifies		-					
b	b 33 1/3% support test - 2021. 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 qual		• •					
17a	17a 10% -facts-and-circumstances test - 2022. 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	- <b>2021.</b> If the orga	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or	
	more, and if the organization meets the	ne facts-and-circum	nstances test, chec	ck this box and st	<b>op here.</b> Explain in	n Part VI how the		
	organization meets the facts-and-circu		-		• • •			
18	Private foundation. If the organization	on did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	<u> </u>	
	ato roanidation ii are organizate	ala riot di lock a l		-, 100, 11a, 01 11b	, 51.00K ti 110 box at		(Form 990) 2022	

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#### 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.)

Sed	ction A. Public Support	siow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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						
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						
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.)						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	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						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	J		,	•	( ) ( )	· —
	check this box and stop here						
	ction C. Computation of Publi					<del> </del>	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	<b>top here.</b> The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

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### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

  If "Yes." complete Part I of Schedule L (Form 990).
- 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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **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
1		
2		
0-		
3a		
3b		
3с		
4a		
4b		
4-		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
 10b	~ 000\	

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Pai	Supporting Organizations (continued)			
		-	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	1a		
b	A family member of a person described on line 11a above?	1b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	1c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		2		
Sect	tion 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		100	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sect	the supported organization(s). tion D. All Type III Supporting Organizations			
		1	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	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	1		
•	7			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
_	the organization maintained a close and continued working relationship with the capported organization(c).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sact	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization supported a governmental entity. Provided in Part VI.		,	
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction Task Assume Vivo Task Assume Viv		- 1	NI -
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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? 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			
	and those definition of the definition of the definition	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
_	and the state of t	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	The second details in	la		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	rt v   Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations			
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 mu		·			
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					
	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				
	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):					
а	Average monthly value of securities	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				
	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion 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-function	ally integrated	Type III supporting orga	nization (see		

Schedule A (Form 990) 2022

instructions).

Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued						
Secti	Section D - Distributions Current Year								
1	Amounts paid to supported organizations to accomplish exempt purposes								
2	Amounts paid to perform activity that directly furthers exemp								
	organizations, in excess of income from activity		2	?					
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3					
_4_	Amounts paid to acquire exempt-use assets		4	l					
_5_	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		j					
_6_	Other distributions (describe in Part VI). See instructions.			3					
_7_	Total annual distributions. Add lines 1 through 6.		7	,					
8	Distributions to attentive supported organizations to which the	ne organization is responsive							
	(provide details in Part VI). See instructions.		8	3					
9	Distributable amount for 2022 from Section C, line 6		ę	)					
10	Line 8 amount divided by line 9 amount		10	)					
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022					
_1_	Distributable amount for 2022 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2022 (reason-								
	able cause required - explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2022								
<u>a</u>	From 2017								
b	From 2018								
с	From 2019								
<u>d</u>	From 2020								
е	From 2021								
f	Total of lines 3a through 3e								
g	Applied to underdistributions of prior years								
<u>h</u>	Applied to 2022 distributable amount								
<u>_i</u>	Carryover from 2017 not applied (see instructions)								
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2022 from Section D,								
	line 7: \$								
a	Applied to underdistributions of prior years								
b	Applied to 2022 distributable amount								
c	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2022, if								
	any. Subtract lines 3g and 4a from line 2. For result greater								
	than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2022. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2023. Add lines 3j								
	and 4c.								
_8_	Breakdown of line 7:								
<u>a</u>	Excess from 2018								
<u>b</u>	Excess from 2019								
<u>c</u>	Excess from 2020								
d	Excess from 2021								

Schedule A (Form 990) 2022

e Excess from 2022

#### Schedule B

(Form 990)

Schedule of Contributors
Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

THE CENTER IN ASBURY PARK 22-3253558 INC. Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 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 X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization Employer identification number

### THE CENTER IN ASBURY PARK, INC.

22-3253558

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	US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  7TH STREET  WASHINGTON, DC 08650	\$ 108,416.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	NEW JERSEY DEPARTMENT OF HEALTH  369 SOUTH WARREN ST  TRENTON, NJ 08608	\$ 378,090.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	BROADWAY CARES  165 W. 46TH STREET  NEW YORK, NY 10036	\$ <u>20,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140.	Name, address, and Zir + +	\$	Person Payroll Ocomplete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

### THE CENTER IN ASBURY PARK, INC.

22-3253558

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I 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
		     \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		    \$	
223453 11-15	00		Schedule B (Form 990) (2022)

Name of organization **Employer identification number** THE CENTER IN ASBURY PARK, INC. 22-3253558 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

223454 11-15-22

Schedule B (Form 990) (2022)

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

Attach to Form 990.

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

OMB No. 1545-0047

2022
Open to Public Inspection

Name of the organization

THE CENTER IN ASBURY PARK, INC.

Employer identification number 22-3253558

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
		(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 w	riting that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's ex	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
Pai	t II Conservation Easements. Complete if the orga	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that appl <u>y).</u>	
	Preservation of land for public use (for example, recreation	on or education) Preservation of	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а			
b			
С	Number of conservation easements on a certified historic structure.		2c
d	Number of conservation easements included in (c) acquired af		
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the	organization during the tax
	year		
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period		□ v □ v.
_	violations, and enforcement of the conservation easements it h		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and emorcing cons	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conserva	tion easements during the year
	э э э э э э э э э э э э э э э э э э э		,
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(	h)(4)(B)(i)
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footno	ote to the organization's financial statement	ents that describes the
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of		her Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for publi	ic exhibition, education, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these item	is.
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue statement and I	palance sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
			· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financia	I gain, provide
	the following amounts required to be reported under FASB AS	_	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		\$

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Schedule D (Form 990) 2022

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	(b) Cost or other	(c) Accumulated	(d) Book value		
	basis (investment)	basis (other)	depreciation			
1a Land		147,416.		147,416.		
<b>b</b> Buildings		5,486,740.	3,359,441.	2,127,299.		
c Leasehold improvements						
d Equipment		275,783.	62,016.	213,767.		
e Other						
Total. Add lines 1a through 1e. (Column (d) must equa	2,488,482.					

Schedule D (Form 990) 2022

Part VII Investments - Other Securities.	R IN ASBURY PAR		22-3253558 Page 3
Complete if the organization answered "Y  (a) Description of security or category (including name of securi		T	e 12. Cost or end-of-year market value
(1) Financial derivatives		(c) Method of Valdation. C	oost of end-of-year market value
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII Investments - Program Related		14. O. Francisco Part V Fran	40
Complete if the organization answered "Y		T	
(a) Description of investment	(b) Book value	(c) ivietriod of valuation: C	Cost or end-of-year market value
(1)			_
(2)		+	
(3)			
(4)			
(5)			
(6)			
(7)			
(8) (9)		+	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Y	es" on Form 990, Part IV, line (a) Description	11d. See Form 990, Part X, line	e 15. <b>(b)</b> Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(4)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B)  Part X Other Liabilities.			
Total. (Column (b) must equal Form 990, Part X, col. (B)  Part X Other Liabilities.  Complete if the organization answered "Y			
Total. (Column (b) must equal Form 990, Part X, col. (B)  Part X Other Liabilities.  Complete if the organization answered "Y  1. (a) Description of liability			X, line 25. (b) Book value
Total. (Column (b) must equal Form 990, Part X, col. (B)  Part X Other Liabilities.  Complete if the organization answered "Y  1. (a) Description of liability  (1) Federal income taxes			(b) Book value
Total. (Column (b) must equal Form 990, Part X, col. (B)  Part X Other Liabilities.  Complete if the organization answered "Y  1. (a) Description of liability  (1) Federal income taxes  (2) ACCRUED INTEREST			(b) Book value 128,000.
Total. (Column (b) must equal Form 990, Part X, col. (B)  Part X Other Liabilities.  Complete if the organization answered "Y  1. (a) Description of liability  (1) Federal income taxes  (2) ACCRUED INTEREST  (3) TENNANT SECURITY			(b) Book value 128,000.
Total. (Column (b) must equal Form 990, Part X, col. (B)  Part X Other Liabilities.  Complete if the organization answered "Y  1. (a) Description of liability  (1) Federal income taxes  (2) ACCRUED INTEREST  (3) TENNANT SECURITY  (4)			(b) Book value 128,000.
Total. (Column (b) must equal Form 990, Part X, col. (B)  Part X Other Liabilities.  Complete if the organization answered "Y  1. (a) Description of liability  (1) Federal income taxes  (2) ACCRUED INTEREST  (3) TENNANT SECURITY  (4)  (5)			(b) Book value 128,000.
Total. (Column (b) must equal Form 990, Part X, col. (B)  Part X Other Liabilities.  Complete if the organization answered "Y  1. (a) Description of liability  (1) Federal income taxes  (2) ACCRUED INTEREST  (3) TENNANT SECURITY  (4)  (5)  (6)			(b) Book value 128,000.
Total. (Column (b) must equal Form 990, Part X, col. (B)  Part X Other Liabilities.  Complete if the organization answered "Y  1. (a) Description of liability  (1) Federal income taxes  (2) ACCRUED INTEREST  (3) TENNANT SECURITY  (4)  (5)  (6)  (7)			(b) Book value 128,000.
Total. (Column (b) must equal Form 990, Part X, col. (B)  Part X Other Liabilities.  Complete if the organization answered "Y  1. (a) Description of liability  (1) Federal income taxes  (2) ACCRUED INTEREST  (3) TENNANT SECURITY  (4)  (5)  (6)  (7)  (8)			
Total. (Column (b) must equal Form 990, Part X, col. (B)  Part X Other Liabilities.  Complete if the organization answered "Y  1. (a) Description of liability  (1) Federal income taxes  (2) ACCRUED INTEREST  (3) TENNANT SECURITY  (4)  (5)  (6)  (7)	es" on Form 990, Part IV, line	11e or 11f. See Form 990, Part	(b) Book value 128,000.

Schedule D (Form 990) 2022

Corredate B	(1 01111 000	,				,				
Part XI	Recond	ciliation o	f Reven	ue per <i>i</i>	Audite	d Financial	Statemer	nts With	Revenue per Return	

Pai	TEXT Reconciliation of Revenue per Audited Financial State	ments with H	evenue per ne	tuiii.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.				
1	Total revenue, gains, and other support per audited financial statements	1	1,236,400	•		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments					
b	Donated services and use of facilities					
С	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d	88,098.			
е	Add lines 2a through 2d	2e	88,098			
3	Subtract line 2e from line 1	3	1,148,302	•		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c	0	
5				5	1,148,302	•
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	ements With	Expenses per F	Returr	1.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.				
1	Total expenses and losses per audited financial statements			1	1,424,979	•
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а						
	Donated services and use of facilities	2a				
b	Donated services and use of facilities  Prior year adjustments					
b c		2b				
b d	Prior year adjustments	2b 2c	88,098.			
c d	Prior year adjustments Other losses Other (Describe in Part XIII.)	2b 2c 2d		2e	88,098	
c d	Prior year adjustments Other losses Other (Describe in Part XIII.)	2b 2c 2d		2e 3	88,098 1,336,881	
c d e	Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2b 2c 2d		-		
c d e 3	Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2b 2c 2d		-		
c d e 3 4 a	Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2b 2c 2d		-		
c d e 3 4 a b	Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2b 2c 2d 4a 4b		-	1,336,881	•
c d e 3 4 a b c 5	Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2b 2c 2d 4a 4b		3	1,336,881	•

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

#### PART X, LINE 2:

THE CENTER IS A NON-PROFIT ORGANIZATION EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND COMPARABLE STATE LAW. ACCORDINGLY, THE ACCOMPANYING FINANCIAL STATEMENTS DO NOT INCLUDE PROVISIONS FOR FEDERAL OR STATE INCOME TAXES.

THE CENTER FOLLOWS ACCOUNTING STANDARDS THAT PROVIDE CLARIFICATION ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN THE ORGANIZATION'S FINANCIAL STATEMENTS. THE GUIDANCE PRESCRIBES RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, AND ALSO PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION,

Part XIII Supplemental Information (continued)	Fage 5
INTEREST AND PENALTIES, DISCLOSURE AND TRANSITION. NO ISTEREST AND	<u> </u>
PENALTIES WERE RECORDED DURING THE YEARS ENDED DECEMBER 31, 2021 AN	D 2020.
NO INTEREST AND PENALTIES WERE RECORDED DURING THE YEAR. AT DECEMBE	ER 31,
2021 AND 2020, THERE ARE NO SIGNIFICANT INCOME TAX UNCERTAINTIES.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
DIRECT FUNDRAISING EXPENSE	28,788.
MATERIALS AND SUPPLES THRIFT STORE	59,310.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	88,098.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
DIRECT FUNDRAISING EXPENSE	28,788.
MATERIALS AND SUPPLIES THRIFT STORE	59,310.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	88,098.

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public

Inspection

Name o	of the organization	D TN 1.0011						Employer identification numbe
Part I			RY PARK, IN	<u>c.</u>				22-3253558
							-	
	oes the organization maintain records		-			-		
<b>2</b> F	riteria used to award the grants or assis Describe in Part IV the organization's pro	ocedures for monit	foring the use of grant	funds in the I Inited	1 States			ZZ TeS No
Part I						anization answered "Y	es" on Form 990. Par	t IV. line 21. for any
	recipient that received more than							,
1 (a	a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	inter total number of section 501/-\/0\ -	nd government	anizationa listad in th	lino 1 toblo				
	inter total number of section 501(c)(3) a inter total number of other organization							

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Schedule I (Form 990) 2022

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SUBSIDIZE RENT AND UTILITIES TO PEOPLE WHO ARE HIV					
POSITIVE OR HAVE CONTRACTED THE AIDS VIRUS.	35	238,387.	0.	FMV	
Part IV Supplemental Information. Provide the information rec	quired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	

# SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022
Open to Public Inspection

Name of the organization

THE CENTER IN ASBURY PARK, INC.

Employer identification number 22-3253558

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:
THE CENTER TOOK FULL OWNERSHIP OF THE CENTER HOUSE PARTNERSHIP JUNE
1ST, FOR THE PURPOSE OF OPERATING AN AFFORDABLE HOUSING RENTAL PROJECT
AND HAS A CONTACT WITH THE UNITED STATES DEPARTMENT OF HOUSING AND
URBAN DEVELOPMENT TO PROVIDE TENANTS RENTAL ASSISTANCE.
FORM 990, PART VI, SECTION B, LINE 11B:
THE BOARD WILL BE SENT A COPY OF THE 990 TO REVIEW. THE BOARD MEMBERS WILL
HAVE THE OPPORTUNITY TO ASK QUESTIONS REGARDING THE RETURN BEFORE IT IS
FILED.
FORM 990, PART VI, SECTION B, LINE 12C:
OFFICERS AND BOARD MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST
POLICY ANNUALLY.
FORM 990, PART VI, SECTION C, LINE 19:
AVAILABLE UPON REQUEST FROM ORGANIZATION.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
TRANSFER OF PARTNERSHIP ASSETS 1,199,437.
FORM 990, LINE 2C
NO CHANGE FROM THE PRIOR YEAR.

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

Schedule O (Form 990) 2022