** PUBLIC DISCLOSURE COPY ** 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.

AF	or the	and a 2022 calendar year, or tax year beginning and	ending		
B c a	heck if pplicabl	c Name of organization		D Employer identifie	cation number
	Addre chang	e ASHBY PONDS, INC.			
	Name Chang	e Doing business as		20-5609803	
	Initial return	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Final	21170 ASHBY PONDS BLVD.		703-723-1999	
	termin ated			G Gross receipts \$	117,753,307.
	Amen	ASABORN, VA 20147		H(a) Is this a group re	
	Applic tion	F Name and address of principal officer. It is the most officer is		for subordinates	? Yes X No
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
<u> </u> T	ax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) (or 📃 527	If "No," attach a	list. See instructions
	Vebsi			H(c) Group exemption	n number
		organization: X Corporation Trust Association Other	L Year	of formation: 2006 N	I State of legal domicile: ^{MD}
Pa	rt I	Summary			
¢	1	Briefly describe the organization's mission or most significant activities: PROVIDI	E A HOME	FOR SENIORS THAT	
ũ		SATISFIES THEIR THREE PRIMARY NEEDS.			
Governance	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	
No.					11
ي م		Number of independent voting members of the governing body (Part VI, line 1b)			7
es		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			1351
iviti		Total number of volunteers (estimate if necessary)			92
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
				Prior Year	Current Year
e		Contributions and grants (Part VIII, line 1h)		2,600,691.	3,046,095.
Revenue		Program service revenue (Part VIII, line 2g)		77,607,229.	87,003,310.
Sev		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	·····	25,360,800.	27,470,061.
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		213,763.	217,848.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		105,782,483.	117,737,314.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		212,895.	279,562.
		Benefits paid to or for members (Part IX, column (A), line 4)		- •	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		27,399,199.	33,308,665.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Ц.		Total fundraising expenses (Part IX, column (D), line 25) 215,		00 201 009	00 605 040
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		90,291,008.	98,685,048.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		117,903,102.	132,273,275.
<u> </u>	19	Revenue less expenses. Subtract line 18 from line 12		-12,120,619.	-14,535,961.
ts or nces				ginning of Current Year	End of Year
Assets d Balanc	20	Total assets (Part X, line 16)	······	1,081,002,554.	1,123,470,050.
et A		Total liabilities (Part X, line 26)		1,147,124,417.	1,204,961,571.
		Net assets or fund balances. Subtract line 21 from line 20		-66,121,863.	-81,491,521.
Pa	irt II	Signature Block			

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

Sign	Signature of officer		Da	te
Here	EILEEN ERSTAD, TREASURER			
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	JULIA FLANNERY, CPA	JULIA FLANNERY, CPA	10/31/23	self-employed P00928918
Preparer	Firm's name RSM US LLP		Fir	m's EIN 42-0714325
Use Only	Firm's address 100 INTERNATIONAL DRIVE,	STE 1400		
	BALTIMORE, MD 21202		Ph	one no.410-246-9300
May the IF	RS discuss this return with the preparer shown at	oove? See instructions		X Yes No
-				- 000 ()

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

OMB No. 1545-0047

Open to Public

Inspection

	ASHBY PONDS, INC. 20-5609803 Page 20-5609804 Page 20-5609803 Page 20-5609803 Page 20-5609803 Page 20-5609803 Page 20-5609804 P
Pa	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: SEE SCHEDULE O
2	Did the organization undertake any significant program services during the year which were not listed on the
-	prior Form 990 or 990-EZ?
	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?
0	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 118,762,936. including grants of \$ 279,562.) (Revenue \$ 87,003,310.
Ĩ	ASHBY PONDS PROVIDES SERVICES NEEDED BY SENIOR RESIDENTS, WHO RESIDE IN
	1,390 INDEPENDENT LIVING UNITS, 55 ASSISTED LIVING UNITS, 44 SKILLED
	NURSING UNITS, AND 36 MEMORY CARE UNITS. THE SERVICES WE PROVIDE TO OUR
	RESIDENTS INCLUDE, BUT ARE NOT LIMITED TO HOUSING, FOOD, MEDICAL,
	SECURITY AND MAINTENANCE SERVICES, RECREATIONAL AND PASTORAL
	ACTIVITIES.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
-10	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses

Form	990 (2022) ASHBY PONDS, INC. 20-560980)3	Р	age 3
Pa	t 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	Х	
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		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u> </u>		
-	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			
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	–		
'	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
0				x
•	Schedule D, Part III	8		<u> </u>
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?		х	
40	If "Yes," complete Schedule D, Part IV	9	Λ	<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
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,		v	
	Part VI	<u>11a</u>	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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	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	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes, " complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </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		\vdash
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)

Form	990 (2022) ASHBY PONDS, INC. 20-56098	03	Р	age 4
Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
		38	х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 8)		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	י		

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

_	990 (2022) ASHBY PONDS, INC. 20-560980	3	Р	_{age} 5
Par	t 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 1351			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
- 3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
ти	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
h	If "Yes," enter the name of the foreign country	та		
b				
Fa	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Fe		х
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	0.0		х
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_	v	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X 	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	v	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	•		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
a L	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a ⊾	Initiation fees and capital contributions included on Part VIII, line 12 10a 10a 10a			
44	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a			
a h	Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against 1	-		
D				
100	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
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		
u	Note: See the instructions for additional information the organization must report on Schedule O.	100		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
D	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the eventienties were included as the sector of the se	14a		x
b	If IN/ as II has 't find a Farm 700 have a third a group at 0, and a mark the second state of the second s	14b		
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O			<u> </u>
.0	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.	15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
.0	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 activities			
••	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form	990 (2022) ASHBY PONDS, INC. 20-560980			age 6
Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 11			
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	<u> </u>
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	<u> </u>
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
<u></u>	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed VA			<u> </u>
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only) a	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	I financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	IBI KHAN - (410) 242-2880 701 MAIDEN CHOICE LANE, BALTIMORE, MD 21228			

Form 990 (2022) ASHBY PONDS, INC.	20-5609803	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Com	pensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		X
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending with	or within the organization	n's tax year.

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c		ition		ane	Reportable	Reportable	Estimated
	hours per	box	, unles	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	ia a a	Irecto	r/trus	lee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		/ee	mpen		1099-NEC)	1033-1120)	and related
	below	ndividual trustee or director	Institutional trustee	-	Key employee	st co	Ŀ			organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			C C
(1) WILLIAM NANCE	40.00									
EXECUTIVE DIRECTOR				х				274,425.	0.	19,498.
(2) REV. DR. ZINA JACQUE	0.10									
VICE CHAIR & VP	11.00	х		х				0.	187,500.	0.
(3) DANA BRADSHAW	40.00									
SALES COUNSELOR						х		150,544.	0.	27,563.
(4) EILEEN G. ERSTAD	1.40									
PRESIDENT/TREASURER	20.40	Х		х				٥.	161,875.	0.
(5) MARY D. COLINS	0.10									
SECRETARY	7.70	Х		х				٥.	150,000.	0.
(6) AASHEE GUPTA	40.00									
MANAGER, REHABILITATION						X		129,656.	0.	15,414.
(7) GREGORY FREEMAN	40.00									
DIRECTOR OF FINANCE				Х				126,086.	0.	14,983.
(8) ELIZABETH DUNWOODY	40.00									
MANAGER, SALES						X		127,066.	0.	9,383.
(9) E. MICHELLE BOHREER	0.00									
FORMER PRESIDENT							Х	0.	135,625.	0.
(10) STEPHANIE L. REEL	0.10									
DIRECTOR	9.10	Х						0.	134,315.	0.
(11) AMANDA FEIGENHEIMER	40.00									
NURSE PRACTIONER, EHWB						X		129,944.	0.	4,015.
(12) GISELE KOUEVI	40.00									
DIRECTOR, NURSING (BEG 7/3/22)						X		130,603.	0.	217.
(13) BARBARA C. BISGAIER	0.10									
DIRECTOR	9.50	Х						0.	110,000.	0.
(14) MICHAEL W. ROSKIEWICZ	0.10									
DIRECTOR	7.20	Х						0.	100,000.	0.
(15) ARNOLD SPEERT	0.10									
DIRECTOR	6.20	Х						0.	90,000.	0.
(16) C. JACKSON BAIN	0.10									
DIRECTOR	6.60	х						0.	87,500.	0.
(17) PATRICIA M. BROWN	0.10									
DIRECTOR (BEG 4/1/22)	7.10	Х						0.	76,833.	0.

Form 990 (2022) ASHBY PONDS,										09803		P	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	st C	compensated Employee	s (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do			ition	ן than d	ne	Reportable	Reportable		Es	timate	ed
	hours per	box	, unles	ss pe	rson i	is both	n an	compensation	compensatio	on 🛛			
	week	offi	cer an I	id a d	irecto	or/trus [.]	tee)	from	from related	k	other		
	(list any	ector						the	organization		com	pensa	tion
	hours for	or dir				ted		organization	(W-2/1099-MIS		fr	om th	е
	related	stee o	ruste			Densa		(W-2/1099-MISC/	1099-NEC)		•	anizat	
	organizations	al trus	nal ti		loyee	e mp		1099-NEC)				d relat	
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former				orga	anizati	ons
	line)	Indi	Inst	Officer	Key	em _l	For						
(18) PAMELA D. PAULK	0.10												
DIRECTOR (BEG 4/1/22)	6.10	Х						0.	76,	833.			0.
(19) MONTY C. LEONARD	0.40												
DIRECTOR (BEG 4/1/22)	9.90	X						0.	76,	833.			0.
(20) JAMES P. HAYES	0.10												
DIRECTOR (THRU 3/31/22)	8.40	Х						0.	38,	125.			0.
(21) FREDICK W. HAAS	0.10												
DIRECTOR (THRU 3/31/22)	15.30	Х						0.	37,	500.			Ο.
(22) JOHN HALL	0.50												
ASSISTANT TREASURER	6.50	1		x				0.		٥.			Ο.
(23) CHRIS RATHMANN	0.50												
ASSISTANT TREASURER	6.50	1		x				0.		٥.			Ο.
(24) NEAL GANTERT	0.50												
ASSISTANT TREASURER	6.50	1		x				0.		٥.			Ο.
(25) MARK EMBLEY	0.50												
ASSISTANT TREASURER	7.50	ł		x				0.		٥.			٥.
	,							· · ·					<u> </u>
								1 069 224	1 460	020		0.1	072
1b Subtotal								1,068,324.	1,462,			91,	073.
c Total from continuation sheets to Part VI								0.	4.460	0.			0.
d Total (add lines 1b and 1c)								1,068,324.	1,462,			91,	073.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d at	ove	e) wh	o re	eceived more than \$100,	000 of reportable	e			
compensation from the organization													14
										_		Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	key e	empl	oye	e, or	hig	phest compensated empl	oyee on				
line 1a? If "Yes," complete Schedule J for se	uch individual									L	3	Х	
4 For any individual listed on line 1a, is the su										_			
and related organizations greater than \$150	,000? If "Yes.	" со	mple	ete S	Sche	edule	Jf	for such individual			4	Х	
5 Did any person listed on line 1a receive or a	,		•							Γ			
rendered to the organization? <i>If "Yes," com</i>											5		Х
Section B. Independent Contractors	piete concaut	<u>, , , , , , , , , , , , , , , , , , , </u>	01 00		00/0	011 .							
1 Complete this table for your five highest co	mpensated ind	lepe	nder	nt co	ontra	actor	rs th	hat received more than \$	100.000 of com	oensati	on fro	m	
the organization. Report compensation for t	•	•							•	oonouti	011110		
	ine calendar ye		indir	ig w		<u> </u>					10	~	
(A) Name and business	address							(B) Description of s	ervices	Co	(C	1) Insatio	n
ERICKSON SENIOR LIVING, LLC							_	Becomption of e			mpo	louio	
	2 21 2 2 8										11	116	255
701 MAIDEN CHOICE LANE, BALTIMORE, MI							_	MANAGEMENT – SEE S	сн. 0		11,	146,	255.
CYPRESS CONTRACTING, LLC, 23465 ROCK	HAVEN												
WAY, #130, STERLING, VA 20166								CONTRACTOR			1	905,	604.
PRESIDIO NETWORKED SOLUTIONS, 8161 M	APLE												
LAWN BLVD, #150, FULTON, MD 20759								CONTRACTOR			1	654,	293.
RUFF ROOFERS, INC													
1420 KNECHT AVE, BALTIMORE, MD 21227								CONTRACT PROFESSIO	NAL SERVICES			981,	384.
NORTHWEST ELECTRIC, INC, 12442 OWINGS	3												
MILLS BLVD, REISTERSTOWN, MD 21136								CONTRACT PROFESSIO	NAL SERVICES			559,	268.
2 Total number of independent contractors (ir	ncluding but no	ot lin	nited	d to	thos	se lis	ted	above) who received mo	ore than				
\$100.000 of compensation from the organiz	•				20								

art	: VIII			ONDS, INC	•				20-560980	3 Pa
art										Г
		Check if Schedule O	conta	ains a respor	<u>ise (</u>	or note to any line	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclu from tax und sections 512 -
S	1 a	Federated campaigns		1a						
and Other Similar Amounts		Membership dues								
Ê		Fundraising events				45,546.				
LA		B 1 1 1 1 1		1d		/				
niia		Government grants (conti				87,000.				
		All other contributions, gifts,								
ner		similar amounts not included	•	·		2,913,549.				
5	g	Noncash contributions included in				13,550.				
anc	h	Total. Add lines 1a-1f					3,046,095.			
						Business Code				
	2 a	RESIDENT FEES				623000	74,498,634.	74,498,634.		
-	b	RESIDENT DEPOSITS				623000	6,702,762.	6,702,762.		
Revenue	с	ANCILLARY FEES			_	623000	5,785,364.	5,785,364.		
eve	d	PROCESSING FEES			_	623000	16,550.	16,550.		
ŕ	е				_					
	f	All other program service	reve	nue						
		Total. Add lines 2a-2f					87,003,310.			
	3	Investment income (inclue								
							27,414,781.			27,414,
	4	Income from investment of	of tax	-exempt bor	nd p	roceeds				
	5	other similar amounts) Income from investment of tax-exempt bond proceeds Royalties								
				(i) Real		(ii) Personal				
	6 a	Gross rents	6a	218,5	11.					
	b	Less: rental expenses	6b		٥.					
		Rental income or (loss)	6c	218,5	11.					
	d	Net rental income or (loss) <u></u>				218,511.			218,5
	7 a	Gross amount from sales of		(i) Securiti	es	(ii) Other				
		assets other than inventory	7a	55,2	80.					
	b	Less: cost or other basis								
		and sales expenses	7b		Ο.					
	с	Gain or (loss)	7c	55,2	80.					
	d	Net gain or (loss)					55,280.			55,2
	8 a	Gross income from fundraisi		•						
		including \$								
		contributions reported on								
		Part IV, line 18			8a					
	b	Less: direct expenses			8b	15,993.				
	с	Net income or (loss) from	fund	raising even	ts		-663.			- (
	9 a	Gross income from gamir								
		Part IV, line 19			9a					
1		Less: direct expenses			9b	L				
1		Net income or (loss) from	-	-						
1	10 a	Gross sales of inventory,								
		and allowances			10a					
		Less: cost of goods sold			10b	4				
┡	С	Net income or (loss) from	sale	s of inventor	/					
1						Business Code				
	11 a				_					
<u>ז</u> 1						1				
1 2110	b				_					1
	с									
1 Levenue	c d									

9

10

11

ASHBY PONDS, INC.

144,245.

4,472.

19,336.

11,393.

28,034.

340,812.

2,331,528.

1,784,003.

3,766,804.

4,447,900.

2,827,164. 6,027,270.

27,059,009.

26,171,979.

18,949,764. 1,172,603.

660,697.

238,989.

282,544.

118,762,936.

42,763.

94,039.

352,888.

12,870. 52,851.

18,185.

5,992,824

698,452.

271,

33,213.

28,296.

164,182.

13,294,475

1,062,918.

Section 501(c)(3) and 501(c)(4) organizations must o	complete all columns. All othe	r organizations must con	nplete column (A).	
Check if Schedule O contains a re	sponse or note to any line in t	his Part IX		[
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizat and domestic governments. See Part IV, line 21	ions 	66,443.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	213,119.	213,119.		
3 Grants and other assistance to foreign organizations, foreign governments, and fore 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	434,992.		434,992.	
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	26,872,284.	22,379,545.	4,348,494.	144,2
8 Pension plan accruals and contributions (include				

439,323.

3,413,782.

2,148,284.

а	Management	3,766,804.	
b	Legal	12,870.	
с	Accounting	52,851.	
d	Lobbying		
е	Professional fundraising services. See Part IV, line 17		
f	Investment management fees	18,185.	
g	Other. (If line 11g amount exceeds 10% of line 25,		
	column (A), amount, list line 11g expenses on Sch O.)	10,440,724.	
12	Advertising and promotion	2,827,164.	
13	Office expenses	6,753,756.	
14	Information technology		
15	Royalties		
16	Occupancy	27,059,280.	
17	Travel	75,976.	
18	Payments of travel or entertainment expenses		
	for any federal, state, or local public officials		
19	Conferences, conventions, and meetings		
20	Interest	26,171,979.	
21	Payments to affiliates		
22	Depreciation, depletion, and amortization	18,949,764.	
23	Insurance	1,172,603.	
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.) EOUIPMENT RENTAL	691,388.	
a	~		
b	RESIDENT RELATIONS	409,160.	
С	CHARITY CARE	282,544.	
d			
е	All other expenses	120.052.055	
25	Total functional expenses. Add lines 1 through 24e	132,273,275.	

25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here

section 401(k) and 403(b) employer contributions)

Other employee benefits

Payroll taxes

Fees for services (nonemployees):

2,395.

5,989.

215,864.

	ASHBI

					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,767.	1	1,500.
	2	Savings and temporary cash investments	31,299,937.	2	36,082,229.		
	3	Pledges and grants receivable, net	, ,	3	, <u>,</u>		
	4	Accounts receivable, net		939,063.	4	1,337,471.	
	5	Loans and other receivables from any current or					, ,
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif	•	····· ►			
		under section 4958(f)(1)), and persons described				6	
	7	Notes and loans receivable, net			3,668,900.	7	10,187,100.
Assets	8	Inventories for sale or use			197,959.	8	163,203.
Ass	9	Description of the second state of the second			205,330.	9	224,283.
		Land, buildings, and equipment: cost or other			,	Ū	,
		basis. Complete Part VI of Schedule D	10a	604,865,320.			
	h	Less: accumulated depreciation			501,037,461.	10c	508,042,850.
	11	Investments - publicly traded securities		·	5,222,081.	11	5,607,251.
	12	Investments - other securities. See Part IV, line 1			5,436,430.	12	12,364,534.
	13	Investments - program-related. See Part IV, line 1			, , , -	13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			532,992,626.	15	549,459,629.
	16	Total assets. Add lines 1 through 15 (must equa			1,081,002,554.	16	1,123,470,050.
	17	Accounts payable and accrued expenses	6,751,442.	17	9,803,453.		
	18	Grants payable	, , , -	18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F			1,409,448.	21	6,770,648.
	22	Loans and other payables to any current or form			, , -		, , , .
Liabilities		trustee, key employee, creator or founder, subst					
bili		controlled entity or family member of any of thes				22	
Lia	23	Secured mortgages and notes payable to unrela		Γ		23	
	24	Unsecured notes and loans payable to unrelated		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, pay		Г			
		parties, and other liabilities not included on lines					
		of Schedule D			1,138,963,527.	25	1,188,387,470.
	26	Total liabilities. Add lines 17 through 25			1,147,124,417.	26	1,204,961,571.
		Organizations that follow FASB ASC 958, che			, , ,		
es		and complete lines 27, 28, 32, and 33.					
anc	27				-71,932,006.	27	-88,363,520.
3alá	28	Net assets with donor restrictions			5,810,143.	28	6,871,999.
Πpc		Organizations that do not follow FASB ASC 9					
Ъ		and complete lines 29 through 33.					
P	29	Capital stock or trust principal, or current funds				29	
iets	30	Paid-in or capital surplus, or land, building, or eq				30	
Ass	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances	-66,121,863.	32	-81,491,521.		
Z	33	Total liabilities and net assets/fund balances			1,081,002,554.	33	1,123,470,050.
					, , , ,		

Form 990 (2022)

ASHBY PONDS, INC.

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

Form 990 (2022) 2 Part X Balance Sheet

Form	ASHBY PONDS, INC.	20-560980	3	Pa	_{ge} 12	
	rt XI Reconciliation of Net Assets				2	
	Check if Schedule O contains a response or note to any line in this Part XI				X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	117,	737,	314.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	132,	273,	275.	
3	Revenue less expenses. Subtract line 2 from line 1	3	-14,	535,	961.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-66,	121,	863.	
5	Net unrealized gains (losses) on investments	5		-17,	796.	
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	-	815,	901.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	-81,	491,	521.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			
				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	О.				
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	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	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		1			
	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 Sche	dule O.				
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			1	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000		

Form **990** (2022)

(Form 990)

Total

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.

OMB No. 1545-0047	
2022	

Open to Public

	Inspect	ion
nlovor	idantification	numbo

Department of the Treasury Internal Revenue Service			Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.						Open to Public Inspection		
Name	of t	he organizati	on						Employer	identification number	
			ASHBY	PONDS, INC.						20-5609803	
Part		Reason	for Public (Charity Status.	(All organizations must c	omplete th	his part.) S	ee instructior	IS.		
The or	gani	ization is not a	a private found	lation because it is: (I	For lines 1 through 12, c	heck only	one box.)				
1 🗌		A church, co	nvention of ch	urches, or associatio	on of churches described	l in sectio	on 170(b)(1	I)(A)(i).			
2		A school des	cribed in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)					
3		A hospital or	a cooperative	hospital service orga	anization described in s	ection 170)(b)(1)(A)(ii	ii).			
4		A medical res	search organiz	ation operated in co	njunction with a hospital	described	l in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,	
		city, and stat	e:								
5 🗌	5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
	section 170(b)(1)(A)(iv). (Complete Part II.)										
6		A federal, sta	te, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).			
7 🗌		An organizati	on that norma	Illy receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from t	ne general p	oublic described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8 🗌		A community	r trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9 🗌		An agricultur	al research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college	
		or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or	
		university:									
10 🛛	X	An organizati	on that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersł	nip fees, and	d gross receipts from	
		activities rela	ted to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support fi	rom gross investment	
		income and u	unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the or	janization a	after June 30, 1975.	
		See section	509(a)(2). (Co	mplete Part III.)							
11		An organizati	on organized a	and operated exclusi	ively to test for public sa	fety. See	section 50	09(a)(4).			
12		An organizati	on organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	arry out the	purposes of one or	
		more publicly	v supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box on	
		lines 12a thro	ough 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	l 12g.		
а		Type I. A s	upporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	ypically by	giving	
		the suppor	ted organizatio	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting	
		organizatio	n. You must c	complete Part IV, Se	ections A and B.						
b		Type II. A s	supporting org	anization supervised	l or controlled in connect	tion with it	s supporte	ed organizatio	n(s), by hav	ving	
		control or r	nanagement o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported	
		organizatio	n(s). You mus	t complete Part IV,	Sections A and C.						
С		Type III fur	nctionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functiona	lly integrate	ed with,	
		its support	ed organizatio	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.			
d		J Type III no	n-functionally	y integrated. A supp	porting organization oper	ated in co	nnection v	vith its suppo	rted organiz	zation(s)	
			-		ation generally must sat	-		-	1 an attentiv	/eness	
		7			nplete Part IV, Sections						
е			•		written determination fro			Туре I, Туре	II, Type III		
					nally integrated supporti	ng organiz	ation.			[
			of supported o	•							
g F		vide the follow		n about the supporte (ii) EIN	d organization(s).	(iv) Is the org	anization listed	(v) Amount o	fmonoton	(vi) Amount of other	
	,	organizatior			(described on lines 1-10	in your govern	ing document?	support (see i	2	support (see instructions)	
		9	-		above (see instructions))	Yes	No				

Schedule A	(Form	990)	2022
		000	

ASHBY PONDS, INC.

20-5609803

Page **2**

Pa	Support Schedule for	-		-			•
	(Complete only if you checke			-	on failed to qualify	under Part III. If the	organization
Se	fails to qualify under the tests ction A. Public Support	s listed below, plea	se complete Part	iii.)			
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	(a) 2018	(b) 2019	(0) 2020	(u) 2021	(e) 2022	(i) iotai
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
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)			-			
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support		[1	1	1
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
-	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
-	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital						
	•						
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10						
	Gross receipts from related activities,					12	
	First 5 years. If the Form 990 is for th						
	organization, check this box and stop	•					
Se	ction C. Computation of Publi						
14	Public support percentage for 2022 (I	line 6, column (f), d	ivided by line 11,	column (f))		14	%
15	Public support percentage from 2021					15	%
16 a	33 1/3% support test - 2022. If the						x and
	stop here. The organization qualifies						
k	33 1/3% support test - 2021. If the o	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	6 or more, check th	is box
	and stop here. The organization qua	lifies as a publicly s	supported organiz	ation			
17a	10% -facts-and-circumstances test	t - 2022. If the org	anization did not				
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	e re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	ublicly supported o	organization		
k	10% -facts-and-circumstances test	t - 2021. If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the				• •		
	organization meets the facts-and-circ	umstances test. Th	e organization qu	alifies as a publicly	/ supported organi	ization	

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

Schedule A (Form 990) 2022

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

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

Section A. Public Support Calendar year (or fiscal year beginning in) (c) 2020 (e) 2022 (a) 2018 (b) 2019 (d) 2021 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 602,850 2,600,691. 3,046,095. 1,213,023 4,205,419 11,668,078. 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 58,287,717. 65,553,264 68,360,314 77,615,994. 87,018,640. 356,835,929. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 58,890,567, 66,766,287, 72,565,733 80,216,685. 90,064,735. 368,504,007. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 150,000 125,000 125,000 332,000, 258,135, 990,135. 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 0. c Add lines 7a and 7b 150,000 125,000, 125,000 332,000, 258,135 990 .135. 367,513,872. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 9 Amounts from line 6 80,216,685 90,064,735 58,890,567 66,766,287 72,565,733 368,504,007. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 18,548,405, 21,495,887, 24,236,678, 25,565,889, 27,633,292. 117,480,151. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 18,548,405, 21,495,887 24,236,678 25,565,889 27,633,292, 117,480,151. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b. whether or not the business is regularly carried on **12** Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 96,802,411. 105,782,574. 485,984,158. 77,438,972. 88,262,174. 117,698,027. **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** Section C. Computation of Public Support Percentage <u>%</u> 75.62 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 15 75.55 16 Public support percentage from 2021 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 24 17 17 % 24.25 18 Investment income percentage from 2021 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not _____X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

1

Yes

No

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.)

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A	(Form 990)) 2022		ASHBY	PONDS,	INC.

Yes

1

2

No

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

Section B. Type I Supporting Organizations

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.	
2	Did the organization operate for the benefit of any supported organization other than the supported	

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

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

10n(s) organ Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- The organization satisfied the Activities Test. Complete line 2 below. а
- h The organization is the parent of each of its supported organizations. Complete line 3 below.

c [The organization support	ed a governmental e	ntity. Describe	in Part VI how	you supported a	governmental entity	(see instruction <u>s</u>))
-----	--	--------------------------	---------------------	-----------------	----------------	-----------------	---------------------	-----------------------------	---

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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 that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- 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.

No Yes

_	edule A (Form 990) 2022 ASHBY PONDS, INC.			20-5609803 Page
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti			
1	Check here if the organization satisfied the Integral Part Test as a qualify All other Type III non-functionally integrated supporting organizations mu			Part VI). See Instructions
			Bections A through E.	(B) Current Year
ect	tion A - Adjusted Net Income		(A) Prior 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		
B	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	tion 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		
е	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		
B	Minimum Asset Amount (add line 7 to line 6)	8		
ect	tion 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		

instructions).

Schedule A (Form 990) 2022

Sche	dule A (Form 990) 2022 ASHBY PONDS, INC.				20-5609803 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continu}	ued)	
Secti	on D - Distributions			-	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	;	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(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				
а	From 2017				
b	From 2018				
c	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
	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:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
-					

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	ASHBY 1	PONDS,	INC.			20-5609803	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, l Section D, lines 5, 6, and 8	2, 3b, 3c, ines 2 and	4b, 4c, 5 3 3; Part I	5a, 6, 9a, 9b, 9c, 1 V, Section E, lines	1a, 11b, and 11c 1c, 2a, 2b, 3a, a	; Part IV, Section B, and 3b; Part V, line 1;	lines 1 and 2; Part IV, Sec ; Part V, Section B, line 1e	2; tion C.
	(See instructions.)							

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

Department of the Treasury
Internal Revenue Service

Name of the organization

Schedule B

(Form 990)

6		
i	ASHBY PONDS, INC.	20-5609803
Organization type (chec	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 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 for an *exclusively* set in the set of t

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

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

Schedule B (Form 990) (2022)

	B (Form 990) (2022)		Page 2
Name of o	rganization		Employer identification number
ASHBY PC	NDS, INC.		20-5609803
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		\$258,1	35. Person X Ayroll Image: Complete Part II for noncash contributions.)
(a) No.	(b)	(c) Total contributions	(d)
2	Name, address, and ZIP + 4	\$1,600,0	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$25,2	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$21,5	53. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$10,1	00. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$10,0	Person X Payroll

	B (Form 990) (2022)		Page
Name of o	rganization	E	mployer identification number
ASHBY PC	NNDS, INC.		20-5609803
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$10,00	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8_		\$10,00	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$9,00	0. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$9,00	0. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$7,00	0. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$6,10	0. Person X Payroll Image: Complete Part II for noncash contributions.)

	B (Form 990) (2022)		Page 2
Name of o	rganization	Emplo	oyer identification number
ASHBY PO	NDS, INC.	2	0-5609803
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$5,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$5,000.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$87,000.	Person X Payroll Noncash (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.)

Schedule	B (Form 990) (2022)			Page 3
Name of o	rganization		Employe	r identification number
ASHBY PO	DNDS, INC.		20-	5609803
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed	d.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
14	VEHICLE	_		
		\$5,	,000.	07/01/22
(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
		_		
		\$		

Schedule B (Form 990) (2022)

Schedule B (F	Form 990)	(2022)
---------------	-----------	--------

Page 4

Name of o	organization		Employer identification number
ASHBY PC	ONDS, INC.		20-5609803
	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)	through (e) and the following line entry charitable, etc., contributions of \$1,000 or le	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year /. For organizations ss for the year. (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990) Department of the Treasury	Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		OMB No. 1545 202 Open to P
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	-	Inspection
Name of the organizati	on	Employe	r identification ı
	ASHBY PONDS, INC.		20 - 5609803
Part I Organiza	ations Maintaining Donor Advised Funds or Other Similar Funds or Ac	counts.	Complete if the
organizatio	n answered "Vee" on Form 990. Dort IV, line 6		

	organization answered "Yes" on Form 990, Part IV, line	e 6.		
		(a) Donor advised f	unds (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 v	vriting that the assets held i	in donor advised func	ls
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant	funds can be used o	nly
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any o	ther purpose conferri	ng
	impermissible private benefit?			
Par	t II Conservation Easements. Complete if the org	anization answered "Yes" o	on Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recreat	tion or education)	Preservation of a histo	rically important land area
	Protection of natural habitat	F	Preservation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contributio	on in the form of a cor	servation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
с	Number of conservation easements on a certified historic stru	ucture included in (a)		2c
d	Number of conservation easements included in (c) acquired a	fter July 25,2006, and not o	on a	
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or tern	ninated by the organiz	zation during the tax
	year			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the period	iodic monitoring, inspection	, handling of	
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, and e	enforcing conservatio	n easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enfor	cing conservation eas	sements during the year
8	Does each conservation easement reported on line 2(d) above			
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation		-	
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's fin	ancial statements that	at describes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Treas	ures or Other S	imilar Assets
1 41	Complete if the organization answered "Yes" on Form			
10	If the organization elected, as permitted under FASB ASC 956		in statement and hale	unce sheet works
ia	of art, historical treasures, or other similar assets held for pub	· ·		
	service, provide in Part XIII the text of the footnote to its finan			
h	If the organization elected, as permitted under FASB ASC 956			sheet works of
D	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	exhibition, education, or re		
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical trea	asures or other similar asse		
2	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1	-		\$
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2022
// (Concurre D (i onin COO) LOLL

OMB No. 1545-0047

Copen to Public Inspection

Employer identification number 20-5609803

Partial Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 3 Using the organization accession, and other records, check any of the following that make significant use of its continued) a Deplote exhibition d b Different exhibition d c Provide accessificion of the organization socilections and explain how they further the organization's exempt purpose in Part XIII. 5 Diring the year, did the organization socilections and explain how they further the organization's exempt purpose in Part XIII. 6 Other The organization and program Yee No 7 Provide accessificant of the organization socilection? Yee No Part V Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 900, Part X, line 21, nor resported an amount on form 900, Part X, line 21, tor escrow or custodial account fability? Yes No b H*res,* explain the arrangement in Part XIII. Check here If the organization analysis on Part XIII. Amount X 8 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account fability? X Yes No 0 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account fability? X	Sche	dule D (Form 990) 2022 ASHBY PONDS	1						20-560		Pa	age 2
collection lemis (check all that apply): a b b Scholarly research c Other b Scholarly research c Other Other meaning the exact the organization is collections and explain how they further the organization's exampt purpose in Part XIII. c Provide acception of the organization science domains of art. historical ressures, or other similar assets to be soft or base tunks rather than to be maintained as part of the organization science/organization. Yes No Part V Escrow and CutsOdial Arrangements. Complete if the organization science/organization answered "Yes" on Form 990, Part X, line 21, or reported an amount on Form 990, Part X, line 21, for secrow or cutsodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation in has been provided on Part XIII. No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation in has been provided on Part XIII. Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation in has been provided on Part XIII. Yes No b If Yes," explain the arrangement in Part XIII. Check here if the explanation in has been provided on Part XIII. Yes No b Corthoutors (b) Prior year (c) Threy years back. (d) Three years bac	Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, o	r Other	⁻ Simila	r Assets	(continu	led)	
a Public exhibition definition de Loan or exchange program b Scholary research of future generations de plain how they further the organization's exempt purpose in Part XII. During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered 'Yes' on Form 990, Part XI. Use School and Arrangements. Compute if the organization answered 'Yes' on Form 990, Part XI. to see sold to raise funds rather than to be maintained as part of the organization answered 'Yes' on Form 990, Part XI. to see sold to raise funds and the rate end of the intermediary for contributions or other assets not included on Form 990, Part XI. the 21. Is the organization an agent, trustee, custodial or other intermediary for contributions or other assets not included in Figs." No b if 'Yes, "explain the arrangement in Part XIII explain the arrangement in Part XIII expla	3	Using the organization's acquisition, accession	on, and other record	s, check	any of the	following that	: make si	gnificant ı	use of its			
b Scholary research e Other		collection items (check all that apply):										
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they three the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrew and Custodial Arrangements. Compute if the organization answered 'Yes' on Form 990, Part X, line 91, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodial or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, tores, explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance Intermediary for contributions or custodial account liability? Yes No D the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? X Yes No D at the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? X Yes No B at the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? X Yes No B organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? X Yes No	а	Public exhibition	c	ı 🗌 ı	Loan or exc	change progra	am					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization alloit or receive donations of art, historical treasures, or other similar assets to be add to raise funds rather than to be maintained as part of the organization's collection? Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, line 2. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X, line 2.1, line 2.1, for escrow or custodial account liability? Each organization and the year tell Distributions during the year tell Distributions during the year tell Distributions during the year tell Tell Distributions during the year tell Tell Distributions during the year tell tel	b	Scholarly research	e		Other							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be mantalined as part of the organization is collection? No Part V Escrow and Outstodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part V, line 9, or reported an amount on Form 990, Part X, line 21. If a is the organization angent, fustace, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Ves X No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1	с	Preservation for future generations										
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be mantalined as part of the organization is collection? No Part V Escrow and Outstodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part V, line 9, or reported an amount on Form 990, Part X, line 21. If a is the organization angent, fustace, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Ves X No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1	4	Provide a description of the organization's co	ellections and explain	n how the	ey further tl	ne organizatio	n's exen	npt purpo	se in Part	XIII.		
to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Amount c Beginning balance 1c Amount Id d Additions during the year 1e Id Id 2a bid the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? X Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII X Part V Endowment FundS. Complete if the organization answered 'Yes' on Form 990, Part X, line 10. X Yes No b Contributions abeginning of year balance abeginning of year balance (b) Prior year (c) Two years back (c) Four years back (c) Four years back c Chram so escholarships abed organization site and administered for the organization site	5				•	-						
Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X (III on therm fintermediary for contributions or other assets not included on Form 990, Part X (III on therm fintermediary for contributions or other assets not included on Form 990, Part X (III on therm fintermediary for contributions or other assets not included on Form 990, Part X (IIII on the Form Form 990, Part X, line 21, for escrow or custodial account liability? No b If "Yes," explain the arrangement in PATXIII. Check here if the explanation has been provided on Part XIII No No b If "Yes," explain the arrangement in PATXIII. Check here if the explanation the scenario and how or custodial account liability? X Ves No D If "Yes," explain the arrangement in PATXIII Check here if the explanation answered "Yes" on Form 990, Part IV, line 10. X Yes No 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (b) Four year										Yes		No
reported an amount on Form 990, Part X, line 21. Image: Construction of the intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Image: Construction of the constru	Par									ine 9. or		
on Form 990, Part X?					5				, , ,			
on Form 990, Part X?	1a	Is the organization an agent, trustee, custodi	an or other intermed	liarv for c	ontribution	s or other ass	sets not i	ncluded				
b If "Yes," explain the arrangement in Part XIII and complete the following table:										Yes	X	No
c Beginning balance Id d Additions during the year Id e Distributions during the year Id 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? X Yes No 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? X Yes No Part V Endowment Funds. Complete if the organization answered "Ves" on Form 990, Part XII. (d) Three years back (e) Four years back (e) Four years back (c) Two years back (c) Four years back (c) Three years back (c) Four years back (c) Two years back (c) Three years back (c) Four years bac	b								······			
d Additions during the year 1d e Distributions during the year 1d f Ending balance 1t 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? X Yes No b If 'Yes," explain the arangement in Part XIII. Check here if the explanation has been provided on Part XIII X Yes No b If 'Yes," explain the arangement in Part XIII. Check here if the organization answered 'Yes' on Form 990, Part IV, line 10. X Yes No b Contributions (a) Current year (b) Prior year (c) Two years back (c) Three years back (e) Four years back a Grants or scholarships (a) Current year (b) Prior year (c) Two years back (c) Three years back (e) Four years back c Net investment explanation (c) Two years back (c) Three years back (c) Three years back (c) Three years back d Grants or scholarships (c) Three expenditures for facilities (c) Three expenditures for facilities (c) Three years back										Amount		
d Additions during the year 1d e Distributions during the year 1d f Ending balance 1t 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? X Yes No b If 'Yes," explain the arangement in Part XIII. Check here if the explanation has been provided on Part XIII X Yes No b If 'Yes," explain the arangement in Part XIII. Check here if the organization answered 'Yes' on Form 990, Part IV, line 10. X Yes No b Contributions (a) Current year (b) Prior year (c) Two years back (c) Three years back (e) Four years back a Grants or scholarships (a) Current year (b) Prior year (c) Two years back (c) Three years back (e) Four years back c Net investment explanation (c) Two years back (c) Three years back (c) Three years back (c) Three years back d Grants or scholarships (c) Three expenditures for facilities (c) Three expenditures for facilities (c) Three years back	c	Beginning balance						10				
e Distributions during the year 1e f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? X Yes No Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? X Yes No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. X Yes No 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Grants or scholarships (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back d Grants or scholarships (a) Current year (b) Prior year (c) Two years back (e) Four years back e Other expenditures for facilities (a) Current year end balance (ine 1g, column (a) held as: (a) Current year end balance (ine 1g, column (a) held as: a Board designated or quasi-endowment % 7 Tem endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (j) I								·				
f Ending balance If 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? X Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (b) Prior year (c) Two years back (d) Three years back (e) Four years back d Grants or scholarships (b) Prior year (c) Two years back (d) Three years back (e) Four years back f Administrative expenses (b) Prior year (c) Two years back (e) Four years back (e) Four years back g End of year balance (f) Administrative expenses (f) Administrative expenses (f) Administrative expenses (f) Four year g End of ye												
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Other expenditures for facilities and programs A doministrative expenses Gother expenses Gother expenses Gother expenses Gother estimated percentage of the current year	f											
b If Yes, * explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Image: Complete if the organization answered "Yes" on Form 300, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (e) Four years back c Net investment earnings, gains, and losses (c) Two years back (c) Two years back (e) Four years back c Other expenditures for facilities (c) Two years back (c) Two years back (c) Two years back (e) Four years back c Other expenditures for facilities (c) Two years back (c) Two years	2a								X	Yes		No
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (c) Two years back (d) Three years back (e) Four years back c Other expenditures for facilities (c) Two years back (d) Three years back (e) Four years back g End of year balance (c) Two sears back (c) Two years back <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>· · · · · · · · · · · · · · · · · · ·</th> <th>····· ∟</th> <th></th> <th>X</th> <th> </th>								· · · · · · · · · · · · · · · · · · ·	····· ∟		X	
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance								0.				<u> </u>
1a Beginning of year balance						1			/ears back	(e) Four	years I	back
b Contributions	1a	Beginning of year balance										
c Net investment earnings, gains, and losses	b											
d Grants or scholarships	c											
e Other expenditures for facilities and programs	d											
and programs												
f Administrative expenses	C											
g End of year balance	f											
2 Provide the estimated percentage of the current year end balance (line 1g, column (al)) held as: a Board designated or quasi-endowment% b Permanent endowment% c Term endowment% mthe percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations												
a Board designated or quasi-endowment% b Permanent endowment% c Term endowment% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	-		iont year and balance	 	oolumn (a							
b Permanent endowment% c Term endowment% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (iii) Related organizations is endowment funds. Part VI Land, Buildings, and Equipment. Secret or ther (c) Accumulated (d) Book value Description of property (a) Cost or other (b) Cost or other (c) Accumulated 1a Land b Buildings (c) Acade (d) Book value (c) Acade (d)	2			e (۱۱۱۱۱۱۲ این ۵۷	, column (a	ij) field as.						
c Term endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (d) Cost or other basis (other) (f) Book value (i) Cost or other basis (other) <li< th=""><th>a h</th><th></th><th></th><th>70</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></li<>	a h			70								
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iiii) Related organizations (iii) Related organizations (iiii) Related organizations (iiii) Related organizations (iiii) Related organizations (iii) Related organizations (iiii) Related organizations (iii) Related organizations (iiii) Related organizations (iiii) Related organizations (iiii) Related organizations (iii) Related organizations (iii) Related organization answered "Yes" on Schedule R? (iiii) Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated depreciation (d) Book value (d) Book value (investment) (b) Cost or other basis (investment) (c) Accumulated depreciation (c) Accumulated depreciation (c) Accumulated depreciation (c) Leasehold improvements (c) Leasehold improvements (c) Accumulated depreciation<!--</th--><th>U O</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th>	U O											
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (iii) Related organizations (iiii) Related organizations (iii) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (i) Cost or other basis (other) (i) Accumulated depreciation (i) Cost or other cost of the cost or other basis (other) (i) Accumulated depreciation (i) Accumulated depre	C		, -									
organization by: Yes No (i) Unrelated organizations 3a(i) 3b 3b 3d(i) 3b 3b 3d(i) 3b 3b 3b 3d(i) 3b 3c(i) 3b 3c(i) 3c(i) 3c(i) 3b 3c(i) <	20		-	tion that	oro hold o	nd administor	od for th	•				
(i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings 590, 618, 766. c Leasehold improvements	38		ssion of the organiza	ation that	. are neio ai	nu auminister		е			Vas	No
(ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation b Buildings 590, 618, 766. 88, 172, 127. 502, 446, 639. c Leasehold improvements 7, 248, 609. 5, 260, 040. 1, 988, 569. e Other 6, 997, 945. 3, 390, 303. 3, 607, 642.		c										
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land												
4 Describe in Part XII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land												
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land										30		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land				wment it	unas.							
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Landb Buildings590, 618, 766.88,172,127.502,446,639.c Leasehold improvementsd Equipment7,248,609.5,260,040.1,988,569.e Other6,997,945.3,390,303.3,607,642.) Part IV	line 11a S	See Form 990	Part X	line 10				
basis (investment) basis (other) depreciation 1a Land											volue	
b Buildings 590,618,766. 88,172,127. 502,446,639. c Leasehold improvements d Equipment 7,248,609. 5,260,040. 1,988,569. e Other 6,997,945. 3,390,303. 3,607,642.					• •		• • •				value	;
b Buildings 590,618,766. 88,172,127. 502,446,639. c Leasehold improvements d Equipment 7,248,609. 5,260,040. 1,988,569. e Other 6,997,945. 3,390,303. 3,607,642.	1a	Land										
c Leasehold improvements	b	Buildings			590	,618,766.		88,172,	127.	502,4	146,0	539.
d Equipment 7,248,609. 5,260,040. 1,988,569. e Other 6,997,945. 3,390,303. 3,607,642.												
e Other	d	Equipment			7	,248,609.		5,260,	040.			
					6	,997,945.		3,390,	303.	3,0	507,6	542.
				X. colum	n (B). line 1	0c.)				508,0)42,8	350.

Schedule D (Form 990) 2022

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-of-year market value (a) Description of security or category (including name of security) (b) Book value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value COMMUNITY LOAN RECEIVABLE 549,459,629. (1) (2) (3) (4) (5) (6) (7) (8) (9) 549,459,629. Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value 1 (1) Federal income taxes CLAIMS RESERVE 946,331. (2)FUNDS HELD FOR RESIDENTS 64,467. (3) RESIDENT DEPOSITS (NET) 624,020,583. (4) RESIDENT REFUNDS PAYABLE 15,611,283. (5) CAPITAL LEASE OBLIGATION 547,454,781. (6)DEFERRED MANAGEMENT AND MARKETING FEE 290,025. (7) (8) (9) 1,188,387,470. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2022

X

Sche	dule D (Form 990) 2022 ASHBY PONDS, INC.			20-56	09803	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With R	evenue per Ret	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	L .				
1	Total revenue, gains, and other support per audited financial statements			1	116,8	300,425.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-17,796.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d			-813,908.			
е	Add lines 2a through 2d			2e		331,704.
3	Subtract line 2e from line 1			3	117,6	532,129.
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	18,185.			
b	Other (Describe in Part XIII.)	. 4b	87,000.			
С	Add lines 4a and 4b			4c		185,185.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	117,7	737,314.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem		Expenses per R	leturn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a					
1	Total expenses and losses per audited financial statements			1	132,1	.84,232.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	. 2a				
b	Prior year adjustments	. 2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	. 2d	-70,858.			
е	Add lines 2a through 2d			2e	-	-70,858.
3	Subtract line 2e from line 1			3	132,2	255,090.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	18,185.			
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		18,185.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	132,2	273,275.
Pa	rt XIII Supplemental Information.					

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

PART IV, LINE 2B:

PROSPECTIVE RESIDENTS ARE REQUIRED TO MAKE CERTAIN INSTALLMENT PAYMENTS

PRIOR TO THE FINAL SETTLEMENT OF THE GIVEN UNIT. THOSE ADVANCE DEPOSITS

ARE REPORTED ON FORM 990, PART X, LINE 21.

PART X, LINE 2:

ASHBY PONDS, INC. ("APL") IS EXEMPT FROM FEDERAL INCOME TAXES UNDER

SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND THE APPLICABLE STATE

INCOME TAX REGULATIONS. MANAGEMENT HAS EVALUATED APL'S TAX POSITIONS AND

HAS CONCLUDED THAT APL HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT WOULD

REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

Schedule D (Form 990) 2022 ASHBY PONDS, INC. Part XIII Supplemental Information (continued)		20-5609803	Page 5
PART XI, LINE 2D - OTHER ADJUSTMENTS:			
SPECIAL FUNDRAISING EVENT EXPENSE NETTED WITH REVENUE ON			
FORM 990	15,993.		
ADJUSTMENT TO NET ASSETS WITH DONOR RESTRICTIONS	149.		
CHANGE IN RESTRICTED NET INVESTMENT RETURN	-830,050.		
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-813,908.		
PART XI, LINE 4B - OTHER ADJUSTMENTS:			
ERTC NETTED WITH EXPENSES ON THE FINANCIAL STATEMENTS	87,000.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
SPECIAL FUNDRAISING EVENT EXPENSE NETTED WITH REVENUE ON			
FORM 990	15,993.		
ADJUSTMENT TO NET ASSETS WITH DONOR RESTRICTIONS	149.		
ERTC NETTED WITH EXPENSES ON THE FINANCIAL STATEMENTS	-87,000.		
TOTAL TO SCHEDULE D, PART XII, LINE 2D	-70,858.		

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047	
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19,	or if the	2022	
Department of the Treasury		Attach to Form 990	or Forr	n 990	-EZ.			Open to Public	
Internal Revenue Service		Inspection							
Name of the organization Employer identification ASHBY PONDS, INC. 20-5609803									
	complete this part	Complete if the organization answe	ered "Y	'es" or	n Form 990, Part IV, li	ine 1	7. Form 990	-EZ filers are not	
 a Mail solicitat b Internet and c Phone solicitat d In-person solicitation 2 a Did the organization key employees list b If "Yes," list the 1000000000000000000000000000000000000	tions l email solicitations itations olicitations on have a written o ted in Form 990, Pa) highest paid indiv	f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	-	ו 🗌	Yes No be	
compensated at least \$5,000 by the (i) Name and address of individual or entity (fundraiser)		(ii) Activity	have custody		(iv) Gross receipts from activity			y) to (or retained by)	
			Yes	No					
Total			<u></u>						
3 List all states in wh or licensing.	ich the organizatio	n is registered or licensed to solicit (contrib	utions	or has been notified	it is	exempt from	registration	

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

ASHBY PONDS, INC.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
		GALA	HOLIDAY BAZAAR		col. (c)
		(event type)	(event type)	(total number)	
1	Gross receipts	49,033.	11,843.		60,876,
2	Less: Contributions	33,703.	11,843.		45,546
3	Gross income (line 1 minus line 2)	15,330.			15,330
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs				
6 7	Food and beverages	7,572.			7,572
8	Entertainment	3,500.			3,500.
9	Other direct expenses	4,141.	780.		4,921.
10		h 9 in column (d)			15,993.
11	Net income summary. Subtract line 10 from I	ine 3, column (d)			-663.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than

\$15,000 on Form 990-EZ, line 6a.

Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
S	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
irect E>	4	Rent/facility costs				
D	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	Yes %	Yes %	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:			
		he organization licensed to conduct gaming ac No," explain:				Yes No
		ere any of the organization's gaming licenses re Yes," explain:			/ear?	Yes No
IJ						

Scł	nedule G (Form 990) 2022 ASHBY PONDS, INC. 20-	560980	3	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	🗌 No
13	Indicate the percentage of gaming activity conducted in:			
1	a The organization's facility	13a		%
	b An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
15:	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗆 '	Yes	No No
	 b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$ c If "Yes," enter name and address of the third party: 			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
4	Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$		Yes	No No
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, lin	es 9, 9	9b, 10b,

Part IV Supplemental Information (continued)							

SCHEDULE I (Form 990)	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.						OMB No. 1545-0047
Department of the Treasury Attach to Form 990. Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.							Open to Public Inspection
Name of the organization		Go to www.irs	s.gov/Form990 for	the latest inform	ation.		Employer identification number
0	PONDS, INC.						20-5609803
Part I General Information of	n Grants and Assistance						
 Does the organization maintai criteria used to award the gran Describe in Part IV the organization 	nts or assistance?	-			-		
Part II Grants and Other Assi	stance to Domestic Organiz nore than \$5,000. Part II can	ations and Domestic	c Governments. C	Complete if the org	anization answered "Y	es" on Form 990, Part	t IV, line 21, for any
1 (a) Name and address of orga or government	anization (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
DOCTORS WITHOUT BORDERS 333 SEVENTH AVENUE							
NEW YORK, NY 10001	13-3433452	501(C)(3)	17,354.	0.			GENERAL SUPPORT
US FUND FOR UNICEF 125 MAIDEN LANE							
NEW YORK, NY 10038	13-1760110	501(C)(3)	26,031.	0.			GENERAL SUPPORT
FOOD BANK OF THE ROCKIES 10700 EAST 45TH AVE DENVER, CO 80239	84-0772672	501(C)(3)	0.	11,353.	FAIR MARKET VALUE	N95 MASKS	GENERAL SUPPORT
 Enter total number of section Enter total number of other or 			e line 1 table			1	3. 0.

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

Schedule I (Form 990) 2022

Schedule I (Form 990) 2022

ASHBY PONDS, INC.

20-5609803

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(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
EDUCATIONAL SCHOLARSHIPS - SEE PART IV	115	213,119.	0.		
Part IV Supplemental Information Provide the informat	ion required in Dort L lin	a 2: Dort III. oolumn	(b): and any other of	l Iditional information	1

SCHEDULE I, PART I, LINE 2

SCHOLAR CANDIDATES MUST BE CURRENTLY EMPLOYED YEAR-ROUND AT ASHBY

PONDS. ONLY MEDICAL LEAVES OF ABSENCE ARE ALLOWABLE DURING THE TWO

YEARS. OTHER REQUESTS FOR A LEAVE OF ABSENCE WILL BE REVIEWED AND

DETERMINED CASE BY CASE. A SCHOLAR CANDIDATE MUST HAVE BEEN EMPLOYED BY

ASHBY PONDS ON OR BEFORE SEPTEMBER 30, OF THE START OF THEIR JUNIOR

YEAR IN HIGH SCHOOL. THE CANDIDATE MUST ALSO ACHIEVE 700 HOURS OF WORK

DURING A TIME SPAN THAT BEGINS NO EARLIER THAN JUNE 1, OF THEIR JUNIOR

YEAR OF HIGH SCHOOL (300 OF 700 HOURS MUST BE COMPLETED BY THE END OF

ASHBY PONDS, INC.

THEIR JUNIOR YEAR OF HIGH SCHOOL TO QUALIFY).

ANY HOURS WORKED PRIOR TO JUNE 1, OF THE START OF THEIR JUNIOR YEAR DO NOT COUNT TOWARDS THE 700 HOURS REQUIREMENT. CANDIDATES MUST ACHIEVE THE 700 HOUR REQUIREMENT AS WELL AS FULFILL THE TWO-YEAR MINIMUM EMPLOYMENT REQUIREMENT. CANDIDATES MUST BE IN "GOOD STANDING" FROM THEIR ORIGINAL DATE OF HIRE THROUGH THEIR LAST DAY OF WORK. TO MAINTAIN "GOOD STANDING," SCHOLAR CANDIDATES, AS EMPLOYEES, MUST ABIDE BY ALL EMPLOYMENT POLICIES AND PROCEDURES, TO INCLUDE GIVING TWO WEEKS NOTICE TO THEIR SUPERVISOR WHEN TERMINATING EMPLOYMENT. SCHOLAR CANDIDATES MUST COMPLETE EACH STEP AS OUTLINED IN THE PROGRAM DESCRIPTION BY THE RESPECTIVE DUE DATE. FURTHERMORE, CANDIDATES MUST TURN IN PROOF OF FULL-TIME STATUS WITHIN THE DATES SPECIFIED IN THE PROGRAM DESCRIPTION FOR EACH SPRING AND FALL SEMESTER THEY ATTEND SCHOOL. FAILURE TO DO SO WILL DISQUALIFY THE SCHOLAR THAT SEMESTER AND WILL COUNT TOWARDS ONE OF THE TWO ALLOWABLE SEMESTER LAPSES. CANDIDATES SHOULD INTEND TO GO TO COLLEGE OR TRADE SCHOOL AFTER HIGH SCHOOL. SCHOLAR CANDIDATES MUST ATTEND SCHOOL FULL-TIME (12 CREDIT HOURS EACH SEMESTER) AFTER HIGH SCHOOL. SCHOLAR CANDIDATES MUST BE ACCEPTED AND/OR REGISTERED IN THE FALL OF 2022 AT A TRADE SCHOOL, COLLEGE, OR UNIVERSITY TO BENEFIT. (IN EXCEPTIONAL CASES, A SCHOLAR CANDIDATE MAY ARRANGE TO START SCHOOL UP TO TWO SEMESTERS AFTER BEING INDUCTED INTO THE PROGRAM, BUT THEY MUST MAKE ARRANGEMENTS WITH THE RESIDENT LIFE DEPARTMENT. THESE TWO SEMESTERS WILL COUNT AS THE TWO ALLOCABLE SEMESTER LAPSES.) SCHOLARS WHO LAPSE FROM THE PROGRAM FOR MORE THAN A TOTAL OF TWO SEMESTERS AFTER BEING INDUCTED INTO THE PROGRAM ARE NO LONGER ELIGIBLE TO RECEIVE THE

AWARD.

CHEDULE J Compensation Information				OMB No. 1545-0047		
Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	2022				
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	20	22			
epartment of the Treasury	Attach to Form 990.	Open to Public				
ternal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	Inspe				
lame of the organizatio		er identificatio	on num	ber		
	ASHBY PONDS, INC. 20 S Regarding Compensation	-5609803				
Part I Question	s Regarding Compensation		<u>v</u>			
	iste hervise) if the eventiantice and ideal and of the following to even be a second listed on Four 200		Yes	No		
	iate box(es) if the organization provided any of the following to or for a person listed on Form 990,					
	line 1a. Complete Part III to provide any relevant information regarding these items.					
First-class or						
Travel for con						
	cation and gross-up payments Demonstration fees					
	Discretionary spending account					
h If any of the haves	on line to are obsolved, did the exception follow a written policy recording permant or					
•	on line 1a are checked, did the organization follow a written policy regarding payment or provision of all of the expenses described above? If "No," complete Part III to explain	1b				
	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,	ai				
		2				
trustees, and onice	ers, including the CEO/Executive Director, regarding the items checked on line 1a?					
Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization's					
	ector. Check all that apply. Do not check any boxes for methods used by a related organization to					
· · ·	ation of the CEO/Executive Director, but explain in Part III.					
Compensatio						
	ther organizations X Approval by the board or compensation committee					
Duning the upon of	el environment listed en Farm 000. Det VIII. Castien A. line 1a with menset to the films					
	d any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
-	elated organization:	1.	x			
	ce payment or change-of-control payment?	41	^	x		
	ceive payment from a supplemental nonqualified retirement plan?			x		
	ceive payment from an equity-based compensation arrangement?	<u>4c</u>	_	<u>л</u>		
I res to any of i	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
Only continue 501/	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
•						
contingent on the		Fo		х		
The organization?	ration?	<u>5a</u>	-+	X		
	zation?	<u>5b</u>				
	or 5b, describe in Part III.					
	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
contingent on the		6.		х		
The organization?		<u>6a</u>		X		
	zation?	<u>6b</u>		Δ		
	or 6b, describe in Part III.					
	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	_	v			
	nes 5 and 6? If "Yes," describe in Part III	7	X			
	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v		
	eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X		
	lid the organization also follow the rebuttable presumption procedure described in	-				
Regulations section	n 53.4958-6(c)?	9				

20-5609803

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) WILLIAM NANCE	(i)	215,755.	55,000.	3,670.	8,700.	10,798.	293,923.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) REV. DR. ZINA JACQUE	(i)	0.	0.	0.	0.	0.	0.	0.
VICE CHAIR & VP	(ii)	187,500.	0.	0.	0.	0.	187,500.	0.
(3) DANA BRADSHAW	(i)	141,309.	9,025.	210.	4,552.	23,011.	178,107.	٥.
SALES COUNSELOR	(ii)	٥.	0.	0.	0.	0.	٥.	٥.
(4) EILEEN G. ERSTAD	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT/TREASURER	(ii)	161,875.	0.	0.	0.	0.	161,875.	0.
(5) E. MICHELLE BOHREER	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER PRESIDENT	(ii)	0.	0.	135,625.	0.	0.	135,625.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4A:

SEVERANCE PAYMENT, MICHELLE BOHREER - \$135,625.

PART I, LINE 7:

THE EMPLOYEES LISTED ON FORM 990, PART VII, SECTION A, LINE 1A RECEIVED A

DISCRETIONARY BONUS DURING THE YEAR.

SCHEDULE J, PART VII

WILLIAM NANCE IS LISTED IN SCHEDULE J, PART II AND IS AN EMPLOYEE OF

ERICKSON SENIOR LIVING ("ESL"), AN UNRELATED ORGANIZATION TO ASHBY

PONDS, INC., IN ACCORDANCE WITH THE MANAGEMENT AGREEMENT BETWEEN ASHBY

PONDS, INC. AND ESL. SEE SCHEDULE O EXPLANATION FOR FORM 990, PART VI,

SECTION A, LINE 3. THEREFORE, FOR IRS MATCHING PURPOSES, ESL IS THE

ISSUER OF THE FORM W-2. UNDER THE MANAGEMENT AGREEMENT, ASHBY PONDS,

INC. REIMBURSES ESL FOR THE COST OF SERVICES PERFORMED FOR ASHBY PONDS,

INC.

Schedule J (Form 990) 2022

SCHEDULE O (Form 990)	-EZ	OMB No. 1545-0047	
Department of the Treasury Internal Revenue Service	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.		Open to Public Inspection
Name of the organization		1	r identification number 609803
FORM 990, PART III,	LINE 1, DESCRIPTION OF ORGANIZATION MISSION:		
MISSION STATEMENT -	HOME IS BELONGING, PEACE OF MIND, LOVE AND		
ACCEPTANCE. WELCOME	: HOME !		
VISION STATEMENT -	ASHBY PONDS, INC. CELEBRATES AGING! GROUNDED IN		
INCLUSION, INNOVATI	ON AND ADVOCACY, WE CREATE UNPARALLELED VALUE AND		
OPPORTUNITIES FOR E	VERY LIFE WE TOUCH. AS PART OF THE NATIONAL SENIOR		
COMMUNITIES ENTERPR	RISE, WE LEVERAGE OUR STRONG FINANCIAL FOUNDATION AND		
GOVERNANCE FOR THE	BENEFIT OF SENIORS AND THOSE WHO SUPPORT THEM.		
FORM 990, PART VI,	SECTION A, LINE 1A:		
IF THERE ARE MATERI	AL DIFFERENCES IN VOTING RIGHTS AMONG MEMBERS OF THE		
GOVERNING BODY, OR	IF THE GOVERNING BODY DELEGATED BROAD AUTHORITY TO AN		
EXECUTIVE COMMITTEE	OR SIMILAR COMMITTEE, EXPLAIN IN SCHEDULE O.		
UNDER THE BYLAWS OF	THE ORGANIZATION, THE BOARD HAS DELEGATED AUTHORITY TO		
AN EXECUTIVE COMMIT	TEE COMPRISED OF THE ORGANIZATION'S CHAIR, VICE CHAIRS,		
PRESIDENT, SECRETAR	Y AND TREASURER. THE EXECUTIVE COMMITTEE HAS AND MAY		
EXERCISE ALL OF THE	POWERS AND AUTHORITY OF THE BOARD IN THE MANAGEMENT OF		
THE BUSINESS AND AF	FAIRS OF THE ORGANIZATION EXCEPT FOR THOSE ACTIONS		
RESERVED SOLELY TO	THE MEMBER OR THE DIRECTORS UNDER THE GENERAL LAWS OF		

THE STATE OF MARYLAND.

FORM 990, PART VI, SECTION A, LINE 1B:

ENTER THE NUMBER OF VOTING MEMBERS INCLUDED ON LINE 1A, ABOVE, WHO ARE

INDEPENDENT.

Name of the organization

ASHBY PONDS, INC.

THE BOARD MEMBERS THAT ARE DEEMED NOT INDEPENDENT ON THE FORM 990 ARE THOSE

INDIVIDUALS WHO RECEIVE COMPENSATION AS AN OFFICER OR OTHER EMPLOYEE FROM

THE ORGANIZATION OR FROM A RELATED ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 3:

DID THE ORGANIZATION DELEGATE CONTROL OVER MANAGEMENT DUTIES CUSTOMARILY

PERFORMED BY OR UNDER THE DIRECT SUPERVISION OF OFFICERS, DIRECTORS, OR

TRUSTEES, OR KEY EMPLOYEES TO A MANAGEMENT COMPANY OR OTHER PERSON?

ASHBY PONDS, INC. ENTERED INTO A NEW MANAGEMENT AND MARKETING AGREEMENT TO

REPLACE THE EXISTING AMENDED & RESTATED MANAGEMENT AND MARKETING AGREEMENT

ALREADY IN EFFECT WITH ERICKSON SENIOR LIVING, LLC ("ESL"). THE AGREEMENT

WAS EFFECTIVE AS OF APRIL 30, 2020. WHILE BASED IN LARGE PART ON THE PRIOR

AGREEMENT, AMONG OTHER THINGS, THE NEW MANAGEMENT AND MARKETING AGREEMENT

EXTENDS THE TERM BEYOND THE PRIOR EXPIRATION, INCLUDES VARIOUS OBJECTIVE

PERORMANCE REQUIREMENTS ON THE PART OF THE MANAGER AS WELL AS CERTAIN

NON-COMPETITION PROVISIONS BENEFITTING THE COMMUNITY. ESL IS A MARYLAND

LIMITED LIABILITY COMPANY WHICH MANAGES LARGE SCALE CONTINUING CARE

RETIREMENT COMMUNITIES.

THE FOLLOWING OFFICERS ARE LISTED IN PART VII, AS NON-COMPENSATED OFFICERS

OF THE FILING ORGANIZATION, JOHN HALL, CHRIS RATHMANN, NEAL GANTERT, AND

MARK EMBLEY. THEIR DUTIES ARE CONSIDERED PERFORMED PRO BONO. WILLIAM NANCE,

EXECUTIVE DIRECTOR AND GREGORY FREEMAN, DIRECTOR OF FINANCE, ARE LEASED

EMPLOYEES FROM THE MANAGEMENT COMPANY. THE FILING ORGANIZATION REIMBURSES

THE MANAGEMENT COMPANY FOR THEIR COMPENSATION WHICH IS REPORTED ON FORM

990, PART VII, SECTION A.

Schedule O (Form 990) 2022

Name of the organization

ASHBY PONDS, INC.

Page 2 Employer identification number 20-5609803

FORM 990, PART VI, SECTION A, LINE 6:

DID THE ORGANIZATION HAVE MEMBERS OR STOCKHOLDERS?

ASHBY PONDS, INC.'S SOLE MEMBER IS NATIONAL SENIOR COMMUNITIES, INC.

("NSC"). NSC IS A MARYLAND NON-STOCK CORPORATION. NSC IS A "SUPPORTING

ORGANIZATION" WITH RESPECT TO ASHBY PONDS, AS WELL AS CERTAIN OTHER

ORGANIZATIONS SPECIFIED IN ITS GOVERNING DOCUMENTS. AS REQUIRED BY THE

REGULATIONS RELATING TO "SUPPORTING ORGANIZATIONS," CERTAIN MEMBERS OF THE

BOARD OF DIRECTORS OF NSC WILL ALSO BE MEMBERS OF THE BOARD OF DIRECTORS OF

THE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7A:

DID THE ORGANIZATION HAVE MEMBERS, STOCKHOLDERS, OR OTHER PERSONS WHO HAD

THE POWER TO ELECT OR APPOINT ONE OR MORE MEMBERS OF THE GOVERNING BODY?

THE BOARD OF DIRECTORS MAY NOMINATE A SLATE OF CANDIDATES FOR CONSIDERATION

BY THE MEMBER, BUT THE MEMBER HAS SOLE DISCRETION TO ELECT DIRECTORS

WHETHER OR NOT NOMINATED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B:

ARE ANY GOVERNANCE DECISIONS OF THE ORGANIZATION RESERVED TO (OR SUBJECT TO

APPROVAL BY) MEMBERS, STOCKHOLDERS, OR PERSONS OTHER THAN THE GOVERNING

BODY?

CERTAIN EXTRAORDINARY ACTIONS OF THE CORPORATION REQUIRE THE APPROVAL OF

THE MEMBER UNDER APPLICABLE STATE LAW. UNDER THE ORGANIZATION'S BYLAWS,

CERTAIN GOVERNANCE DECISIONS ARE MADE BY THE BOARD WITH THE CONSENT OF THE

Schedule O (Form 990) 2022	Page 2
Name of the organization	Employer identification number
ASHBY PONDS, INC.	20-5609803
MEMBER AS SHARED POWERS AND CERTAIN GOVERNANCE DECISIONS ARE RESERVED TO	
THE MEMBER. SHARED POWERS INCLUDE AMENDMENTS TO ANY OF THE COMMUNITY	
DOCUMENTS (EXCEPT WHERE IT INVOLVES A RESERVED POWER), APPROVAL OF ALL	
CONTRACTS WITH OR PAYMENTS TO THE MEMBER OR OTHER RELATED ENTITIES (OTHER	
THAN GOVERNANCE COSTS OF THE MEMBER), AUTHORIZING THE FILING OF ANY	
BANKRUPTCY, CHANGES TO SHARED POWERS, A SIGNIFICANT EXPANSION OR NEW LINE	
OF BUSINESS JUST INVOLVING THE ORGANIZATION, AND SELECTION OF THE	
MANAGEMENT COMPANY. RESERVED POWERS OF THE MEMBER INCLUDE: APPROVAL OF	
POLICIES AFFECTING MORE THAN ONE COMMUNITY; SPONSORSHIP OF A NEW COMMUNITY;	
PAYMENT OF REASONABLE AMOUNTS TO COVER THE MEMBER'S OPERATING COSTS; THE	
EXECUTION OF JOINT PURCHASE CONTRACTS OR SIMILAR AGREEMENTS ALONG WITH	
AFFILIATE(S); THE DISPOSITION OR PLEDGE OF ALL OR SUBSTANTIALLY ALL OF THE	
ORGANIZATION'S ASSETS (OTHER THAN A PLEDGE IN CONNECTION WITH AN ASSET OR	
FINANCING TRANSACTION); COMPENSATION OF OFFICERS, DIRECTORS AND ADVISORY	
COMMITTEE MEMBERS; AND APPROVAL OF CONTRACTS, AMENDMENTS, ETC. AFFECTING	
THE ORGANIZATION AND ONE OR MORE RELATED ENTITIES OR THE RESIDENTS OF THEIR	
COMMUNITIES.	
FORM 990, PART VI, SECTION B, LINE 11B:	
HAS THE ORGANIZATION PROVIDED A COMPLETE COPY OF THIS FORM 990 TO ALL	

MEMBERS OF ITS GOVERNING BODY BEFORE FILING THE FORM?

THE CHAIR OF THE AUDIT, INVESTMENT, AND TREASURY COMMITTEE APPOINTS THE

REVIEWER OF THE FORM 990. ONCE THAT REVIEW IS COMPLETE, THE FULL BOARD IS

GIVEN THE OPPORTUNITY TO REVIEW THE FINAL VERSION OF FORM 990 BEFORE IT IS

FILED AND ASK QUESTIONS OF THE REVIEWER REGARDING THE FORM.

Name of the organization

ASHBY PONDS, INC.

20-5609803

DID THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITOR AND ENFORCE

COMPLIANCE WITH THE POLICY?

ALL DIRECTORS, OFFICERS, KEY EMPLOYEES, EMPLOYEES AND VOLUNTEERS IN A

POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER ASHBY PONDS, INC.'S

AFFAIRS, COMMITTEE MEMBERS, PROSPECTIVE DIRECTORS, AND SENIOR STAFF

PROVIDING SERVICES TO THE ORGANIZATION UNDER A MANAGEMENT AGREEMENT

COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT ANNUALLY AND AS

POTENTIAL CONFLICTS ARISE DURING THE YEAR. THE DIRECTOR CONFLICT OF

INTEREST STATEMENTS ARE REVIEWED BY THE BOARD CHAIR. IF THE CONFLICT

INVOLVES A COVERED EMPLOYEE, THE CHAIR DETERMINES WHETHER A CONFLICT EXISTS

AND, IF SO, HOW IT IS TO BE HANDLED, OR THE CHAIR MAY REFER THE MATTER TO

THE BOARD OF DIRECTORS FOR CONSIDERATION. FOR ALL OTHER CONFLICTS, THE

BOARD OF DIRECTORS OR A COMMITTEE OF DISINTERESTED DIRECTORS WILL DETERMINE

WHETHER A CONFLICT ACTUALLY EXISTS. A COVERED PERSON MAY NOT PARTICIPATE IN

ANY DISCUSSION OR DEBATE BY THE BOARD BUT MAY ANSWER QUESTIONS OR PROVIDE

CLARIFYING INFORMATION UNLESS ANY BOARD MEMBER OBJECTS.

FORM 990, PART VI, SECTION B, LINE 15:

DID THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S CEO,

EXECUTIVE DIRECTOR, OR TOP MANAGEMENT OFFICIAL, OR OTHER OFFICERS OR KEY

EMPLOYEES, INCLUDE A REVIEW AND APPROVAL BY INDEPENDENT PERSONS,

COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION

AND DECISION?

THE BOARD HAS APPROVED A DIRECTORS' COMPENSATION POLICY WHICH ESTABLISHES

THE PROCESS BY WHICH ALL DIRECTOR COMPENSATION IS DETERMINED. A REVIEW OF

THE DIRECTORS' COMPENSATION IS CONDUCTED EACH FISCAL YEAR. AN INDEPENDENT

Name of the organization	
	Employer identification number
ASHBY PONDS, INC.	20-5609803
COMPENSATION CONSULTANT IS PERIODICALLY RETAINED TO PERFORM AN ANALYSIS OF	
ASHBY PONDS, INC.'S COMPENSATION USING COMPARABLES OF BOTH FOR-PROFIT AND	
NON-PROFIT PEERS. A COMMITTEE OF THE NSC BOARD REVIEWS THE CONSULTANT'S	
REPORT AND MAKES A RECOMMENDATION TO THE ORGANIZATION AS TO APPROPRIATE	
COMPENSATION OF DIRECTORS. THE COMMITTEE OF THE NSC BOARD HAS ACCESS TO THE	
CONSULTANT'S REPORT AND AN OPPORTUNITY TO QUESTION THE CONSULTANT ABOUT THE	
PROCESS, METRICS, AND COMPARABLES THAT WERE USED IN DETERMINING THE	
RECOMMENDED COMPENSATION. THE BOARD THEN VOTES ON THE COMPENSATION	
RECOMMENDATIONS AND A CONTEMPORANEOUS RECORD IS MADE OF THE MEETING AND THE	
VOTE. A NEW COMPENSATION STUDY WAS UNDERTAKEN IN THE FALL OF 2021 WHICH DID	
NOT RECOMMEND ANY CHANGE TO THE CURRENT STRUCTURE. COMPENSATION IS	
APPROACHED ON AN OVERALL BASIS AND THE TOTAL VALUE OF ALL FORMS OF	
COMPENSATION IS ESTABLISHED AND MONITORED. THERE IS A COMPREHENSIVE	
COMPENSATION REVIEW PERFORMED ANNUALLY FOR THE EXECUTIVE DIRECTOR AND OTHER	
KEY MANAGEMENT PERSONNEL. THE COMPENSATION IS REVIEWED, DOCUMENTED, AND	
APPROVED BY THE BOARD DURING THE BUDGET PROCESS.	
FORM 990, PART VI, SECTION C, LINE 19:	
DESCRIBE WHETHER (AND IF SO, HOW) THE ORGANIZATION MADE ITS GOVERNING	

DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE

TO THE PUBLIC DURING THE TAX YEAR.

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND THE FINANCIAL

STATEMENTS ARE AVAILABLE UPON REQUEST TO REVIEW AT THE EXECUTIVE DIRECTOR'S

OFFICE FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).

FORM 990, PART VII, SECTION A:

REPORTABLE COMPENSATION FROM THE ORGANIZATION AND FROM RELATED

	Schedule O	(Form	990	2022
--	------------	-------	-----	------

Name of the organization

ASHBY PONDS, INC.

Employer identification number 20-5609803

ORGANIZATIONS.

THE COMPENSATION INCLUDED IN COLUMNS D AND E FOR THE BOARD DIRECTORS IS

FOR SERVICES PERFORMED FOR THE FILING ORGANIZATION AND ALL RELATED

ORGANIZATIONS INCLUDED ON SCHEDULE R, PART II.

FORM 990, PART VII, SECTION B:

INDEPENDENT CONTRACTORS COMPENSATION.

THE AMOUNT INCLUDED IN COLUMN (C) FOR ERICKSON SENIOR LIVING IS FOR

PAYMENTS MADE FOR MANAGEMENT SERVICES AND THE DIRECT AND SHARED COSTS

ALLOCATED TO THE COMMUNITY. DIRECT AND SHARED COSTS INCLUDE SALARIES

AND BENEFITS FOR MANAGEMENT PERSONNEL, AND THE USE OF SERVICES SUCH AS

FINANCE, LEGAL, HUMAN RESOURCES, INFORMATION SERVICES, AND OPERATIONS.

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

REVERSAL OF CAPITAL CONTRIBUTION TO RELATED ORGANIZATION 14,149.

-830,050.

-815,901.

CHANGE IN RESTRICTED NET INVESTMENT RETURN

TOTAL TO FORM 990, PART XI, LINE 9

FORM 990, PART X, LINE 23

MORTGAGES AND OTHER NOTES PAYABLE

THE WORKING CAPITAL LOAN AGREEMENT PROVIDES THAT THE ORGANIZATION'S

PAYMENT OBLIGATION MAY BE DEFERRED WITHOUT PENALTY TO ALLOW THE

ORGANIZATION TO MAINTAIN CERTAIN REQUIRED CASH ON HAND UNTIL SUCH TIME

AS IT IS ABLE TO RESUME MAKING PAYMENTS ON THE LOAN AND MEET THE

Name of the organization	Employer identification number 20-5609803
ASHBY PONDS, INC.	20-5609803
EQUIREMENTS FOR CASH RESERVES (IF PAYMENT WOULD CAUSE THE ORGANIZATION	
O FALL BELOW REGULATORY REQUIREMENTS FOR CASH RESERVES). THERE WAS NO	
OUTSTANDING BALANCE ON THE WCLA LOAN AS OF DECEMBER 31, 2022 AND 2021,	
RESPECTIVELY.	

	_		_	_	
-		-	~	-	÷

232161 09-14-22 LHA

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

Name of the organization

ASHBY PONDS, INC.

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
ANN'S CHOICE, INC - 52-2095427							
10000 ANN'S CHOICE WAY	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
WARMINSTER, PA 18974	COMMUNITY	PENNSYLVANIA	501(C)(3)	LINE 10	COMMUNITIES, INC		х
AVERY POINT, INC - 92-2254866							
1000 AVERY POINT WAY	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
RICHMOND, VA 23233	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х
BETHESDA NSC RETIREMENT COMMUNITY, INC -							
92-2205771, 816 CONNECTICUT AVE, NW, 7TH FL,	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
WASHINGTON, DC 20006	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х
BROOKSBY VILLAGE, INC - 52-2126755							
100 BROOKSBY VILLAGE DRIVE	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
PEABODY, MA 01960	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2022



Open to Public

Inspection

Employer identification number

20-5609803

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled zation?
				501(c)(3))		Yes	No
CEDAR CREST VILLAGE, INC - 52-2184915							
1 CEDAR CREST VILLAGE DRIVE	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
POMPTON PLAINS, NJ 07444	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		Х
EAGLE'S TRACE, INC - 03-0498683							
14703 EAGLE VISTA DRIVE	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
HOUSTON, TX 77077	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		Х
FAIRFAX NSC RETIREMENT COMMUNITY, INC -							
92-2217836, 816 CONNECTICUT AVE NW, 7TH	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
FLOOR, WASHINGTON, DC 20006	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		X
FOX RUN VILLAGE, INC - 52-2291271							
41000 13 MILE ROAD	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
NOVI, MI 48377	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х
GREENSPRING VILLAGE, INC 52-2095427							
7440 SPRING VILLAGE DRIVE	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
SPRINGFIELD, VA 22150	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х
HIGHLAND SPRINGS, INC - 51-0536892							
8000 FRANKFORD ROAD	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
DALLAS, TX 75252	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х
LANTERN HILL, INC 37-1742780							
535 MOUNTAIN AVENUE	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
NEW PROVIDENCE, NJ 07974	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х
LINDEN PONDS, INC - 14-1849849							
300 LINDEN PONDS WAY	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
HINGHAM, MA 02043	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х
MARIS GROVE, INC - 55-0878964					,		
100 MARIS GROVE WAY	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
GLEN MILLS, PA 19342	COMMUNITY	PENNSYLVANIA	501(C)(3)	LINE 10	COMMUNITIES, INC		x
MATTHEWS NSC RETIREMENT COMMUNITY, INC -					,		
92-2269292, 816 CONNECTICUT AVE NW, 7TH	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
FLOOR, WASHINGTON, DC 20006	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х
NATIONAL SENIOR COMMUNITIES, INC -				1	,		
20-4356247, 816 CONNECTICUT AVE NW, 7TH				LINE 12C,			
FLOOR, WASHINGTON, DC 20006	SUPPORTING ORGANIZATION	MARYLAND	501(C)(3)	III-FI	N/A		x
OAK CREST VILLAGE, INC - 52-1874053							
8800 WALTHER BOULEVARD	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
PARKVILLE, MD 21234	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		x

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled zation?
				501(c)(3))		Yes	No
RIDERWOOD VILLAGE, INC - 52-2126753					NAME ON ALL OF ALL OF		
3110 GRACEFIELD ROAD	CONTINUING CARE RETIREMENT		501 (2) (2)	1.0	NATIONAL SENIOR		
SILVER SPRING, MD 20904	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		X
SEABROOK VILLAGE, INC - 52-2126751							
3000 ESSEX ROAD	CONTINUING CARE RETIREMENT		501 (2) (2)	1.0	NATIONAL SENIOR		
TINTON FALLS, NJ 07753	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		X
TALLGRASS CREEK, INC - 87-0765641							
13800 METCALF AVENUE	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
OVERLAND PARK, KS 66223	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		X
WIND CREST, INC - 51-0549976							
3235 MILL VISTA ROAD	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
HIGHLANDS RANCH, CO 80129	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х
			1				
					1		<u> </u>

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

		-					<u> </u>		1	1	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	1)	(i)	(j	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	1	Disproportionate Code V-UBI allocations? 20 of Schedule		mana partr	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No
NATIONAL CCRC BUSINESS TRUST											
I - 26-6455718, 701 MAIDEN											
CHOICE LANE, BALTIMORE, MD	CHARITABLE										
21228	BUSINESS TRUST	MD	N/A	N/A	N/A	N/A		x	N/A		N/A
NATIONAL CCRC STATUTORY TIER											
IV TRUST - 85-3943847, 701]										
MAIDEN CHOICE LANE,	CHARITABLE										
BALTIMORE, MD 21228	BUSINESS TRUST	MD	N/A	N/A	N/A	N/A		x	N/A		N/A
]										
	7										
	7										
	1										
	1										
	1										

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(cont	(i) b)(13) rolled tity?
		country)				455015		Yes	No
THE TALON BAR COMPANY - 56-2520131									
701 MAIDEN CHOICE LANE	LIQUOR LICENSE HOLDER								
BALTIMORE, MD 21228	FOR EAGLE'S TRACE	TX	N/A	C CORP	N/A	N/A	N/A		х
	-								
	-								
	-								

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

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Ye	es l
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)		X	
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			_
f Dividends from related organization(s)			
g Sale of assets to related organization(s)			
h Purchase of assets from related organization(s)	<u>1h</u>		
i Exchange of assets with related organization(s)	<u>1i</u>		
j Lease of facilities, equipment, or other assets to related organization(s)		+	_
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			
m Performance of services or membership or fundraising solicitations by related organization(s)		X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o Sharing of paid employees with related organization(s)			_
p Reimbursement paid to related organization(s) for expenses		x	
q Reimbursement paid by related organization(s) for expenses	1q	+	+
r Other transfer of cash or property to related organization(s)			
s Other transfer of cash or property from related organization(s)	1s		

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
<u>(</u> 4)				
<u>(5)</u>				
<u>(6)</u>				

Schedule R (Form 990) 2022 ASHBY PONDS, INC.

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

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

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

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 ASHBY Part VII Supplemental Information

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