** 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.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A F	or the	2023 calendar year, or tax year beginning	and	ending				
B c	heck if oplicable	C Name of organization			D Emp	loyer ider	ntific	ation number
	Addres	ASHBY PONDS, INC.						
F	Name change				1 2	20-56098	03	
	Initial return	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suite	E Teler	ohone nun	nber	
	Final return/	21170 ASHBY PONDS BLVD.	,			3-723-19		
•	termin- ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross	receipts \$		102,825,291.
	Ameno return		.		H(a) Is 1	this a grou	ıp ret	turn
	Application	F Name and address of principal officer: MON 1	LEONARD					Yes X No
	pendin	SAME AS C ABOVE						cluded? Yes No
<u> 1 T</u>	ax-exe	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	<u>'</u> If "	No," attac	ch a l	ist. See instructions
	/ebsit				H(c) Gr	oup exem	ption	number
		- · · · · · · · · · · · · · · · · · · ·	sociation Other	L Year	of formation	on: 2006	М	State of legal domicile: MD
Pa	rt I	Summary						
Activities & Governance		Briefly describe the organization's mission or most SATISFIES THEIR THREE PRIMARY NEEDS.	significant activities: PROVID	E A HOME	FOR SEI	NIORS TH	IAT	
na l	2	Check this box if the organization discor	ntinued its operations or dispos	sed of more	than 25%	6 of its net	asse	ets.
Ş	3	Number of voting members of the governing body	(Part VI, line 1a)				3	11
ၓၟ	4	Number of independent voting members of the gov					4	7
စ္ခ	5	Total number of individuals employed in calendar y	ear 2023 (Part V, line 2a)				5	1286
ij	6	Total number of volunteers (estimate if necessary)					6	100
둫	7 a	Total unrelated business revenue from Part VIII, col	umn (C), line 12				7a	0.
\rightarrow	b	Net unrelated business taxable income from Form	990-T, Part I, line 11	·····			7b	0.
						Year	_	Current Year
e l		Contributions and grants (Part VIII, line 1h)				3,046,09	$\overline{}$	2,453,716.
Revenue						7,003,31	$\overline{}$	99,321,272.
Be		Investment income (Part VIII, column (A), lines 3, 4,				7,470,06	-	808,943.
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			111	217,84	_	224,169.
\dashv		Total revenue - add lines 8 through 11 (must equal			11	7,737,31 279,56	$\overline{}$	102,808,100.
		Grants and similar amounts paid (Part IX, column (275,50	0.	0.
		Benefits paid to or for members (Part IX, column (A Salaries, other compensation, employee benefits (F			3:	3,308,66	<u> </u>	37,648,164.
Expenses		Professional fundraising fees (Part IX, column (A), li					0.	0.
ben		Total fundraising expenses (Part IX, column (D), line						
Μ		Other expenses (Part IX, column (A), lines 11a-11d,			91	8,685,04	18.	76,088,124.
		Total expenses. Add lines 13-17 (must equal Part I)				2,273,27	-	114,112,382.
		Revenue less expenses. Subtract line 18 from line			-1	4,535,96	51.	-11,304,282.
58				Ве	eginning of	Current Ye	ar	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)			1,12	3,470,05	50.	613,598,346.
t As	21	Total liabilities (Part X, line 26)			1,20	4,961,57	71.	701,639,855.
		Net assets or fund balances. Subtract line 21 from	line 20		-83	1,491,52	21.	-88,041,509.
	rt II	Signature Block						
		Ities of perjury, I declare that I have examined this return,					f my	knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than office	r) is based on all information of wi	nich preparer	has any kr	nowledge.		
٠.		Signature of officer				Date		
Sign		EILEEN ERSTAD, TREASURER				Date		
Here	•	Type or print name and title						
		Print/Type preparer's name	Preparer's signature	Γ	Date	Check	· 「	PTIN
Paid		JULIA FLANNERY	JULIA FLANNERY		9/27/24	if	mploye	
Prep		Firm's name RSM US LLP				Firm's EIN		12-0714325
Use		Firm's address 100 INTERNATIONAL DRIVE, S	STE 1400			I IIIII 3 LIIV		
	,	BALTIMORE, MD 21202				Phone no 4	410-	-246-9300
May	the IF	RS discuss this return with the preparer shown about	ve? See instructions					. X Yes No

<u>Form</u>	1990 (2023) ASHBY PONDS, INC.	20-5609803	Page 2
	rt III Statement of Program Service Accomplishments		<u> </u>
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission: SEE SCHEDULE 0		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes	s X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services	?Yes	No X
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, a Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth revenue, if any, for each program service reported.	ners, the total expenses, a	and
4a	(Code:) (Expenses \$99,769,554. including grants of \$376,094.) (Rev	venue \$99,32	21,272.
	ASHBY PONDS PROVIDES SERVICES NEEDED BY SENIOR RESIDENTS, WHO RESIDE IN		
	1,392 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.		
	(6)		
4b	(Code:) (Expenses \$ including grants of \$) (Rev	enue \$	
4c	(Code:) (Expenses \$ including grants of \$) (Rev	/enue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses 99,769,554.		

Form 990 (2023) ASHBY PONDS, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>			
0	, ,	8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	0		<u> </u>
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
•	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	4.41-		х
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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	15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
	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,	-10		
	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	х	
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		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Form 990 (2023)

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? 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
	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		
	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		Х
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		Х
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%			l
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
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	0=		
	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	00-		x
	"Yes," complete Schedule L, Part IV	28a		x
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		_ A
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	000		x
29	"Yes," complete Schedule L, Part IV	28c 29	х	
30	Did the organization receive more trial \$25,000 in horicast contributions? If "yes," complete Schedule M	29		
30		30		x
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization required, terminate, or dissolve and cease operations: If "Yes," complete Scriedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32	, ,	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	JZ_		
55	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	- 55		
5 T	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	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		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	L
Pai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
		_	$\Omega\Omega\Omega$	

Form 990 (2023)

ASHBY PONDS, INC.

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 1286			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
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			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
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).			
а	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	Х	
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			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Х	
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.	_		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders Cross income from members or shareholders 11a			
D	Gross income from other sources. (Do not net amounts due or paid to other sources against			
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	120		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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.	104		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
~	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
-	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Ves." complete Form 6060			

Form 990 (2023)

ASHBY PONDS, INC.

20-5609803

Page
Part VI

Governance, Management, and Disclosure.

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

							X
Sec	tion A. Governing Body and Management						
			ı			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		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		7			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision				
				. –	3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	上	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's asset	ets?		_	5		Х
6	Did the organization have members or stockholders?			. 上	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	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, st	ockho	lders, or				
	persons other than the governing body?			. L	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by th	e following:				
а	The governing body?			_ [За	Х	
b	Each committee with authority to act on behalf of the governing body?			. 🔼	3b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached and the section of the section	ched a	t the				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)				
				_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			. 1	0a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.	apters	, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			. 1	0b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the form?	1	1a	Х	
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			. 1	2a	Х	
b	$Were \ officers, \ directors, \ or \ trustees, \ and \ key \ employees \ required \ to \ disclose \ annually \ interests \ that \ could \ give \ rise$	to con	flicts?	1	2b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " γ	es," d	escribe				
	on Schedule O how this was done			1	2c	Х	
13	Did the organization have a written whistleblower policy?			. L	13	Х	
14	Did the organization have a written document retention and destruction policy?			. 上	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval	by in	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
	The organization's CEO, Executive Director, or top management official				5a	Х	
b	Other officers or key employees of the organization			. 1	5b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nent w	ith a				
	taxable entity during the year?			1	6a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	ı's				
	exempt status with respect to such arrangements?			_ 1	6b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filedVA						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	id 990	-T (section 501(c)(3)s or	าly) a	availat	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		•				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	of interest policy, a	and fir	nanc	ial	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records				
	IBI KHAN - (410) 242-2880 701 MAIDEN CHOICE LANE BALTIMODE MD 21228						
	THE MATHEM CHOICE LANE BALPIMORE MID 21228						

Form 990 (2023) ASHBY PONDS, INC. 20-5609803 Page **7**

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

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

X

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

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

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

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

Name and title	(A)	(B)	J			C)	.,,,		(D)	(E)	(F)
Note	Name and title		(do		Pos	ition		200			
Comparison		hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	amount of
(1) WILLIAM NANCE		1	<u> </u>	cer an	ia a a	irecto	r/trus	tee)			
(1) WILLIAM NANCE		1 '	lirecto							•	•
(1) WILLIAM NANCE		1	e or c	stee			sated		_	,	
(1) WILLIAM NANCE			truste	al trus		yee	mper		,	1000 (120)	_
(1) WILLIAM NANCE		below	idual	tution	ъ	oldme	est co loyee	Je.	,		organizations
EXECUTIVE DIRECTOR (THRU 7/9/23)		line)	Indiv	Insti	Offic	Key	High emp	Form			
C2 REV. DR. ZINA JACQUE	(1) WILLIAM NANCE	40.00									
DIRECTOR	EXECUTIVE DIRECTOR (THRU 7/9/23)	40.00			Х				158,103.	145,622.	20,861.
SILLEEN G. ERSTAD	(2) REV. DR. ZINA JACQUE	0.10									
VICE CHAIR & VF/TREASURER	DIRECTOR	9.30	Х						0.	215,000.	0.
AND BRADSHAW	(3) EILEEN G. ERSTAD	0.90									
X	VICE CHAIR & VP/TREASURER	13.70	Х		Х				0.	167,500.	0.
S S S S S S S S S S	(4) DANA BRADSHAW	40.00									
DIRECTOR, NURSING	SALES COUNSELOR						Х		134,979.	0.	27,924.
Color Colo	(5) GISELE KOUEVI	40.00									
DIRECTOR, FINANCE (THRU 12/10/23)	DIRECTOR, NURSING					Х			156,604.	0.	4,763.
MANAGER GUPTA	(6) GREGORY FREEMAN	40.00									
MANAGER, REHABILITATION	DIRECTOR, FINANCE (THRU 12/10/23)	40.00			Х				137,082.	8,368.	7,713.
SECRETARY	(7) AASHEE GUPTA	40.00									
SECRETARY	MANAGER, REHABILITATION						Х		137,206.	0.	15,740.
STEPHANIE L. REEL	(8) MARY D. COLINS	0.10									
DIRECTOR 9,90	SECRETARY	10.30	Х		Х				0.	150,000.	0.
NURSE PRACTIONER, EHWB	(9) STEPHANIE L. REEL	0.10									
NURSE PRACTIONER, EHWB (11) DOUG BRADSHAW 5ENIOR MANAGER, FACILITIES (12) TOM CHANNON EXECUTIVE DIRECTOR (BEG 7/9/23) (13) ERIKA YOUNG ASSISTANT ADMIN CONTINUING CARE (14) BARBARA C. BISGAIER DIRECTOR (15) MICHAEL W. ROSKIEWICZ DIRECTOR (16) MONTY C. LEONARD CHAIR & PRESIDENT (17) PATRICIA M. BROWN DIRECTOR (18) W 100 MONTY C. LEONARD DIRECTOR (17) PATRICIA M. BROWN DIRECTOR (18) W 100 MONTY C. LEONARD CHAIR & PRESIDENT (19) W 100 MONTY C. LEONARD CHAIR & PRESIDENT (10) W 100 MONTY C. LEONARD CHAIR & PRESIDENT (11) W 100 MONTY C. LEONARD CHAIR & PRESIDENT (12) W 100 MONTY C. LEONARD CHAIR & PRESIDENT (13) W 100 MONTY C. LEONARD CHAIR & PRESIDENT (14) BROWN CHAIR & PRESIDENT (15) W 100 MONTY C. LEONARD CHAIR & PRESIDENT (16) W 100 MONTY C. LEONARD CHAIR & PRESIDENT (17) PATRICIA M. BROWN CHAIR & PRESIDENT (18) W 100 MONTY C. LEONARD CHAIR & PRESIDENT (19) W 100 MONTY C. LEONARD CHAIR & PRESIDENT (10) W 100 MONTY C. LEONARD CHAIR & PRESIDENT (10) W 100 MONTY C. LEONARD CHAIR & PRESIDENT (10) W 100 MONTY C. LEONARD CHAIR & PRESIDENT (10) W 100 MONTY C. LEONARD CHAIR & PRESIDENT (10) W 100 MONTY C. LEONARD CHAIR & PRESIDENT (10) W 100 MONTY C. LEONARD CHAIR & PRESIDENT (10) W 100 MONTY C. LEONARD CHAIR & PRESIDENT (10) W 100 MONTY C. LEONARD CHAIR & PRESIDENT (10) W 100 MONTY C. LEONARD CHAIR & PRESIDENT (10) W 100 MONTY C. LEONARD CHAIR & PRESIDENT (10) W 100 MONTY C. LEONARD CHAIR & PRESIDENT (10) W 100 MONTY C. LEONARD CHAIR & PRESIDENT (10) W 100 MONTY C. LEONARD CHAIR & PRESIDENT (10) W 100 MONTY C. LEONARD CHAIR & PRESIDENT (10) W 100 MONTY C. LEONARD CHAIR & PRESIDENT (10) W 100 MONTY C. LEONARD CHAIR & PRESIDENT (10) W 100 MONTY C. LEONARD CHAIR & PRESIDENT (10) W 100 MONTY C. LEONARD CHAIR & W 100 MONTY C. LEO	DIRECTOR	9.90	Х						0.	150,000.	0.
Column C	(10) AMANDA FEIGENHEIMER	40.00									
SENIOR MANAGER, FACILITIES	NURSE PRACTIONER, EHWB						Х		134,217.	0.	4,316.
Column C	(11) DOUG BRADSHAW	40.00									
EXECUTIVE DIRECTOR (BEG 7/9/23) (13) ERIKA YOUNG ASSISTANT ADMIN CONTINUING CARE (14) BARBARA C. BISGAIER DIRECTOR (15) MICHAEL W. ROSKIEWICZ DIRECTOR (16) MONTY C. LEONARD CHAIR & PRESIDENT DIRECTOR (17) PATRICIA M. BROWN DIRECTOR DIRECTOR (18) X 121,572. 0. 9,638. X 120,105. 0. 123. 0. 110,000. 0. 110,000. 0. 0. 87,500. 0. 0. 87,500. 0. 0.	SENIOR MANAGER, FACILITIES						Х		124,409.	0.	13,661.
ASSISTANT ADMIN CONTINUING CARE	(12) TOM CHANNON	40.00									
ASSISTANT ADMIN CONTINUING CARE (14) BARBARA C. BISGAIER DIRECTOR 7.90 X 0. 110,000. 0. (15) MICHAEL W. ROSKIEWICZ DIRECTOR 9.50 X 0. 110,000. 0. (16) MONTY C. LEONARD CHAIR & PRESIDENT 7.90 X X 0. 110,000. 0. (17) PATRICIA M. BROWN DIRECTOR 7.60 X 0. 87,500. 0. 87,500. 0. 87,500.	EXECUTIVE DIRECTOR (BEG 7/9/23)				Х				121,572.	0.	9,638.
(14) BARBARA C. BISGAIER DIRECTOR 7.90 X 0. 110,000. 0. (15) MICHAEL W. ROSKIEWICZ DIRECTOR 9.50 X 0. 110,000. 0. (16) MONTY C. LEONARD CHAIR & PRESIDENT 7.90 X X 0. 87,500. 0. 0. 0. 0. 0. 87,500. 0.	(13) ERIKA YOUNG	40.00									
DIRECTOR 7.90 X 0. 110,000. 0. (15) MICHAEL W. ROSKIEWICZ 0.10 0. 110,000. 0. DIRECTOR 9.50 X 0. 110,000. 0. (16) MONTY C. LEONARD 0.60 0. 87,500. 0. CHAIR & PRESIDENT 7.90 X X 0. 87,500. 0. (17) PATRICIA M. BROWN 0.10 0. 87,500. 0. DIRECTOR 7.60 X 0. 87,500. 0.	ASSISTANT ADMIN CONTINUING CARE						Х		120,105.	0.	123.
(15) MICHAEL W. ROSKIEWICZ 0.10 DIRECTOR 9.50 X 0. 110,000. 0. (16) MONTY C. LEONARD 0.60 CHAIR & PRESIDENT 7.90 X X 0. 87,500. 0. (17) PATRICIA M. BROWN 0.10 DIRECTOR 7.60 X 0. 87,500. 0.		-									
DIRECTOR 9.50 X 0. 110,000. 0. (16) MONTY C. LEONARD 0.60 Z 0.87,500. 0. CHAIR & PRESIDENT 7.90 X X 0.87,500. 0. (17) PATRICIA M. BROWN 0.10 Z 0.87,500. 0. DIRECTOR 7.60 X 0.87,500. 0.		+	Х						0.	110,000.	0.
(16) MONTY C. LEONARD 0.60 CHAIR & PRESIDENT 7.90 X X 0.87,500. 0. (17) PATRICIA M. BROWN 0.10 0.87,500. 0.8			1								
CHAIR & PRESIDENT 7.90 X X 0. 87,500. 0. (17) PATRICIA M. BROWN 0.10 DIRECTOR 0. 87,500. 0. 87,500. 0.		+	Х						0.	110,000.	0.
(17) PATRICIA M. BROWN 0.10 DIRECTOR 7.60 X 0. 87,500. 0.			1								
DIRECTOR 7.60 X 0. 87,500. 0.		7.90	Х		Х				0.	87,500.	0.
			-								
	DIRECTOR	7.60	Х						0.	87,500.	

Form **990** (2023)

Form 990 (2023) ASHBY PONDS. INC. 20-5609803 Page **8**

Form 990 (2023) ASHBY PONDS,									20-360960	Page o			
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A)	(B)			(0	C)			(D)	(E)	(F)			
Name and title	Average	(do		Pos		າ than d	nne	Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson i	is both	n an	compensation	compensation	amount of			
	week		cer an	ia a a	recto	or/trus	tee)	from	from related	other			
	(list any hours for	recto						the	organizations	compensation			
	related	ordi	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization			
	organizations	Individual trustee or director	In stit utio nal tru stee		99	npen		1099-NEC)	1099-NEC)	and related			
	below	dual t	ntiona	_	nploy	st col	je 1	1000 (120)		organizations			
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former						
(18) PAMELA D. PAULK	0.10												
DIRECTOR	8.20	Х						0.	87,500.	0.			
(19) IAN BROWN	0.10												
DIRECTOR (BEG 4/1/23)	7.80	Х						0.	65,000.	0.			
(20) RUSSELL SHARP	0.10												
DIRECTOR (BEG 4/1/23)	7.80	Х						0.	65,000.	0.			
(21) JASON HEALEY	40.00												
DIRECTOR, FINANCE (BEG 8/6/23)				Х				58,852.	0.	1,868.			
(22) C. JACKSON BAIN	0.10												
DIRECTOR (THRU 3/31/23)	6.60	Х						0.	22,500.	0.			
(23) ARNOLD SPEERT	0.10												
DIRECTOR (THRU 3/31/23)	8.10	Х						0.	22,500.	0.			
(24) JOHN HALL	0.50												
ASSISTANT TREASURER	7.00			Х				0.	0.	0.			
(25) CHRIS RATHMANN	0.50												
ASSISTANT TREASURER	7.00			Х				0.	0.	0.			
(26) NEAL GANTERT	0.50												
ASSISTANT TREASURER	7.00		0.	0.	0.								
1b Subtotal	1,283,129.	1,493,990.	106,607.										
c Total from continuation sheets to Part VI	I, Section A							0.	0.	0.			
d Total (add lines 1b and 1c)		1,283,129.	1,493,990.	106,607.									

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

the organization. Report compensation for the calendar year ending with or within	Title organization s tax year.	
(A)	(B)	(C)
Name and business address	Description of services	Compensation
ERICKSON SENIOR LIVING, LLC		
701 MAIDEN CHOICE LANE, BALTIMORE, MD 21228	MANAGEMENT - SEE SCH. O	12,091,766.
CYPRESS CONTRACTING, LLC, 23465 ROCK HAVEN		
WAY, #130, STERLING, VA 20166	CONTRACTOR	1,336,851.
POSITIVE GENERAL CONTRACTORS INC, 2301		
SPENCERVILLE RD, SPENCERVILLE, MD 20868	CONTRACTOR	1,079,740.
THE SHERWIN WILLIAMS CO.		
7721 FULLERTON RD, SPRINGFIELD, VA 22153	PAINTING	820,298.
BRIGHTSTAR CARE OF LEESBURG/GAINESVILLE/WIN		
21035 SYCOLIN RD, STE 055, ASHBURN, VA 2014	CONTRACT PROFESSIONAL SERVICES	551,324.
2 Total number of independent contractors (including but not limited to those listed		
\$100,000 of compensation from the organization 41		

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Form 990 ASHBY PONDS, INC. 20-5609803

Form 990 ASHBY PONDS,	INC.								20-56098	003
Part VII Section A. Officers, Directors, Tru	stees, Key En	nplo	yee	s, aı	nd H	ligh	est (Compensated Employe	ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours	(cl			ition that		ly)	Reportable compensation	Reportable compensation	Estimated amount of
	per week (list any hours for related organizations below line)	로 호		Officer	Key em ployee Highest compensated em ployee Former		Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
27) MARK EMBLEY	0.50									
ASSISTANT TREASURER	8.00			Х				0.	0.	0
otal to Part VII, Section A, line 1c					<u></u>	<u></u>				

Form 990 (2023) ASHBY PONDS

Part VIII Statement of Revenue

			Check if Schedule O c	ontair	ns a r	esponse	or note to any lin	e in this Part VIII			
								(A)	(B)	(C) Unrelated	(D) Revenue excluded
								Total revenue	Related or exempt function revenue	business revenue	from tax under
											sections 512 - 514
t t	1	а	Federated campaigns			1a					
iran		b	Membership dues			1b					
F,G		С	Fundraising events			1c	95,785.				
# i		d	Related organizations			1d					
s, C		е	Government grants (contri	butior	ns)	1e	555,878.				
ig iz		f	All other contributions, gifts, g	grants,	, and						
but			similar amounts not included	above	L	1f	1,802,053.				
		g	Noncash contributions included in li	ines 1a-	-1f	1g \$	58,867.				
Contributions, Gifts, Grants and Other Similar Amounts		h	Total. Add lines 1a-1f					2,453,716.			
							Business Code				
g.	2	а	RESIDENT FEES				623000	85,152,683.	85,152,683.		
ξ		b	RESIDENT DEPOSITS				623000	7,230,021.	7,230,021.		
Se		С	ANCILLARY FEES				623000	6,923,718.	6,923,718.		
an		d	PROCESSING FEES				623000	14,850.	14,850.		
Program Service Revenue		е									
Ą.		f	All other program service r	evenu	ue						
		g	Total. Add lines 2a-2f					99,321,272.			
	3		Investment income (includ	ing di	ividen	ds, intere	st, and				
			other similar amounts)					432,367.			432,367.
	4		Income from investment of								
	5		Royalties	<u></u>							
				L	(i)	Real	(ii) Personal				
	6	а	Gross rents	6a	2:	26,605.					
		b	Less: rental expenses	6b		0.					
		С	Rental income or (loss)	6с	2:	26,605.					
		d	Net rental income or (loss)	<u></u>				226,605.			226,605.
	7	а	Gross amount from sales of	L	(i) Se	ecurities	(ii) Other				
			assets other than inventory	7a	3	67,550.	9,026.				
		b	Less: cost or other basis								
e			and sales expenses	7b		0.	0.				
Ven		С	Gain or (loss)	7с	3	67,550.	9,026.				
Be		d	Net gain or (loss)			<u></u>		376,576.			376,576.
ther Revenue	8	а	Gross income from fundraisin								
₹			including \$	95,7	785.	of					
			contributions reported on	line 1	c). Se	e					
			Part IV, line 18			8a	14,755.				
		b	Less: direct expenses			8b	17,191.				
			Net income or (loss) from f					-2,436.			-2,436.
	9	а	Gross income from gaming								
			Part IV, line 19								
		b	Less: direct expenses			9b					
		С	Net income or (loss) from (gamin	ng acti	ivities					
	10	а	Gross sales of inventory, le								
			and allowances			10a					
		b	Less: cost of goods sold			10b					
		С	Net income or (loss) from s	sales o	of inv	entory					
σ							Business Code				
Miscellaneous Revenue	11	а									
ane		b									
cell ev		С									
Mis			All other revenue								
			Total. Add lines 11a-11d					400 000 151	00.001.00	_	4 222
	12		Total revenue. See instructio	ns				102,808,100.	99,321,272.	0.	1,033,112.

Part IX Statement of Functional Expenses

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

Total expenses Total expenses Program service Management and general expenses Program service Management Program service Management Program service Management Program service Management Program service	00011	on 501(c)(3) and 501(c)(4) organizations must comple Check if Schedule O contains a respons				X
A continue A c	Do I			(B)	(C)	(D)
and domestic poverments. See Part IV, line 21 Grants and other assistance to foreign individuals. See Part IV, line 22 33 Grants and other assistance to treeign organizations, foreign governments, and foreign			lotal expenses			
2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 57 See Part IV, line 67	1	Grants and other assistance to domestic organizations				·
Individuals. See Part V, line 22 332,727. 332,727.		and domestic governments. See Part IV, line 21	43,367.	43,367.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	2	Grants and other assistance to domestic				
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members		individuals. See Part IV, line 22	332,727.	332,727.		
Individuals. See Part IV, lines 15 and 16	3	Grants and other assistance to foreign				
## Benefits paid to or for members 60,000 667,420		organizations, foreign governments, and foreign				
5 Compensation of current officers, directors, trustees, and key employees		individuals. See Part IV, lines 15 and 16				
Trustees, and Keye employees 667, 420, 667, 420,	4	Benefits paid to or for members				
6 Compensation not included above to disqualified persons (as defined under section 4956(f)(1)) and persons described in section 4956(f)(3)(8) 7 Other salaries and wages 30,117,670, 25,894,705, 4,069,651, 153,314. 8 Pension plan acruals and contributions (include section 401(k) and 403(t) employer contributions) 9 Other employee benefits 4,238,961, 3,146,965, 1,066,927, 25,069, 10 Payroll taxes 2,088,471, 1,727,289, 3550,591, 10,591, 11 Fees for services (nonemployees): a Management 3,897,516, 3,897,516, 1,727,289, 3550,591, 10,591, 10,591, 11 Fees for services (nonemployees): a Management 3,897,516, 3,897,516, 1,969, 9,590, 1,950,	5	Compensation of current officers, directors,				
persons (as defined under section 4986(f)(1)) and persons described in section 4986(f)(1)) and persons described in section 4986(f)(1)) and approach section 4986(f)(1) and 490(p) employer contributions (include section 401(g) and 490(p) employer contributions) 9 Other employee benefits		trustees, and key employees	667,420.		667,420.	
persons described in section 4958(c)(3)(8) 7 Other salaries and wages Persion plan accruals and contributions (include section 401(k) and 403(b) employer contributions 9 Other employee benefits 4,238,961, 3,146,965, 1,1066,927, 25,069, 10 Payroll taxes 10 Payroll taxes 11 Fees for services (nonemployees): 11 Fees for services (nonemployees): 12 Management 13 Ag97,516, 3,997,516, 3,997,516, 14 Legal 15 Ag91,500, 9,590, 9,690, 9,690, 0,	6	Compensation not included above to disqualified				
To Other salaries and wages 30,117,670, 25,894,705, 4,069,651, 153,314.		persons (as defined under section 4958(f)(1)) and				
8 Persion plan accruals and contributions (include section 40 (It) and 403(b) employer contributions) 9 Other employee benefits						
Section 401(k) and 403(b) employer contributions) 4, 238, 961. 3, 146, 965. 1, 066, 927. 25, 069. Other employee benefits 2, 2088, 471. 1, 727, 289. 350, 591. 10, 591. Fees for services (nonemployees): 3, 897, 516. 3, 897, 516. Amanagement 3, 897, 516. 3, 897, 516. Legal 9, 690. 9, 690. C. Accounting 58, 122. 58, 122. Lobbying Professional fundraising services. See Part IV, line 17 1 Investment management fees 29, 769. Other - (illine 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 1, 861, 389. 1, 861, 389. Advertising and promotion 1, 861, 389. 1, 861, 389. Advertising and promotion 7, 639, 300. 7, 1532, 340. 667, 135. 19, 825. Information technology 30, 241, 788. 30, 240, 802. 976. 10. Travel 70, 917. 28, 500. 39, 623. 2, 794. Payments of travel or entertainment expenses for any federal, state, or local public officials 17, 261, 853. 17, 261, 853. Depreciation, depletion, and amortization 17, 261, 853. 17, 261, 853. Insurance 1, 280, 977. 1, 280, 977. Restinative Responses not covered above, (Est insicellarous expenses on inc 24e. If line 24a amount exceeds 10% of line 25c, column (A), amount, list line 24e apprenses not covered above, (Est insicellarous expenses on tine 24e. If line 24a amount exceeds 10% of line 25c, column (A), amount, list line 24e apprenses not covered above, (Est insicellarous expenses on tine 24e. If line 24a amount exceeds 10% of line 25c, column (A), amount, list line 24e apprenses not covered above, (Est insicellarous expenses on of line 24e. If line 24e amount exceeds 10% of line 25c, column (A), amount, list line 24e apprenses not covered above, (Est insicellarous expenses on of line 24e. If line 24e apprenses on of line 24e. If line 24e amount exceeds 10% of line 25c, column (A), amount, list line 24e apprenses of line 24e. If line 24e. All other expenses 2, 2, 2, 2, 2, 2, 2,	7	Other salaries and wages	30,117,670.	25,894,705.	4,069,651.	153,314.
9 Other employee benefits	8					
10 Payroll taxes						
11 Fees for services (nonemployees): a Management	9		· · ·		· · ·	<u> </u>
a Management 3,897,516. 3,897,516. 9,690. 9,690. C b Legal 9,690. 9,690. 9,690. C c Accounting 58,122. 58,122. C d Lobbying Professional fundraising services. See Part IV, line 17	10		2,088,471.	1,727,289.	350,591.	10,591.
b Legal 9,690. 9,690. 9,690. c Accounting 58,122. 58,122. d Lobbying		` ' ' '				
C Accounting S8,122, S8,122, S8,122, S		I		3,897,516.	2 500	
d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 11,650,199. 4,864,826. 6,785,318. 55. 24 Advertising and promotion 1,861,389. 1,861,389. 13 Office expenses 7,839,300. 7,152,340. 667,135. 19,825. 14 Information technology 15 Royalties 7,8034lies 7,939,300. 7,152,340. 667,135. 19,825. 16 Occupancy 30,241,788. 30,240,802. 976. 10. 17 Travel 70,917. 28,500. 39,623. 2,794. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 Gonferences, conventions, and meetings 19 Interest 19 Linerest 19 Linerest 19 Linerest 19 Linerest 19 Linerest 11,280,977. 1,280,977. 1,280,977. 25 Depreciation, depletion, and amortization 17,261,853. 17,261,853. 18 Linurance 11,280,977. 1,28						
Professional fundraising services. See Part IV, line 17 29,769. 29,769.			58,122.		58,122.	
The state of the color of the						
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 2 Advertising and promotion 3 Office expenses 7,839,300. 7,152,340. 667,135. 19,825. 11,650,199. 4,864,826. 6,785,318. 55. 12,861,389. 10,667,135. 10,000. 10	_		20.760		20.760	
Column (A), amount, list line 11g expenses on Sch 0. 11,650,199. 4,864,826. 6,785,318. 55.			29,769.		29,769.	
12 Advertising and promotion 1 , 861 , 389 . 1 , 861 , 389 . 1 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Conferences, conventions, and meetings 10 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 24 Other expenses, Itemize expenses on line 24. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on line 24. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 26 EQUIPMENT RENATIAL 27 Depreciation, depletion, and selection of the 25 column (A), and the control of the column (B) and the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here in if following SoP 98-2 (ASC 958-720)	g	, -	11 650 100	4 964 926	6 705 210	
13 Office expenses		, , , , , , , , , , , , , , , , , , ,			0,705,310.	55.
14					667 125	10 025
15 Royalties			7,839,300.	7,152,540.	007,133.	19,625.
16 Occupancy 30,241,788. 30,240,802. 976. 10. 17 Travel 70,917. 28,500. 39,623. 2,794. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest						
17 Travel 70,917. 28,500. 39,623. 2,794. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. Conferences, conventions, and meetings. 19 Interest Payments to affiliates. 20 Interest 19 Payments to affiliates. 21 Payments to affiliates. 17,261,853. 22 Depreciation, depletion, and amortization. 17,261,853. 23 Insurance. 1,280,977. 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.) 832,466. 791,593. 40,873. 2 EQUIPMENT RENTAL 832,466. 791,593. 40,873. 3 EQUIPMENT RELATIONS 530,495. 278,068. 233,114. 19,313. 4 CHARITY CARE 523,643. 523,643. 523,643. 4 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 if following SOP 98-2 (ASC 958-720) 114,112,382. 99,769,554. 14,107,238. 235,590.			30 241 788	30 240 802	976	10
Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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.) a EQUIPMENT RENTAL b RESIDENT RELATIONS c CHARITY CARE d CHARITY CARE 523 ,643. 524 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 in if following SOP 98-2 (ASC 958-720)			· · ·			
for any federal, state, or local public officials 19 Conferences, conventions, and meetings			70,517.	20,300.	33,023.	2,751,
19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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.) a EQUIPMENT RENTAL b RESIDENT RELATIONS CHARITY CARE CHARITY CARE 523,643. 523,643. 523,643. 523,643. 523,643. 523,643. 523,643. 523,590. 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 in following SOP 98-2 (ASC 958-720)	10					
20 Interest	10					
Payments to affiliates						
Depreciation, depletion, and amortization 17,261,853.						
Insurance 1,280,977. 1,280,977. 1,280,977. 24 Other expenses. Itemize expenses on tovered 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.) a EQUIPMENT RENTAL 832,466. 791,593. 40,873. b RESIDENT RELATIONS 530,495. 278,068. 233,114. 19,313. c CHARITY CARE 523,643. 523,643. d All other expenses 7 Total functional expenses. Add lines 1 through 24e 114,112,382. 99,769,554. 14,107,238. 235,590. 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 if following SOP 98-2 (ASC 958-720)			17,261,853.	17,261,853.		
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.) a EQUIPMENT RENTAL b RESIDENT RELATIONS C CHARITY CARE All other expenses Total functional expenses. Add lines 1 through 24e All other expenses. Add lines 1 through 24e Total functional expenses. Add lines 1 through 24e 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 if following SOP 98-2 (ASC 958-720)			<u> </u>			
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.) a EQUIPMENT RENTAL b RESIDENT RELATIONS c CHARITY CARE 523,643. 523,643. CHARITY CARE 523,643. 523,643. 25 Total functional expenses. Add lines 1 through 24e All other expenses. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)						
amount, list line 24e expenses on Schedule O.) a EQUIPMENT RENTAL b RESIDENT RELATIONS CHARITY CARE CHARITY CARE All other expenses Total functional expenses. Add lines 1 through 24e 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 if following SOP 98-2 (ASC 958-720) ### ASS 146. ### Total functional expenses ### AU 0, 873. ### 40, 873. ### 40, 873. ### 19, 313. ### 19, 313. ### 14, 112, 382. ### 99, 769, 554. ### 14, 107, 238. ### 235, 590. ### 14, 107, 238. ### 235, 590. ### 14, 107, 238. ### 235, 590. ### 14, 107, 238. ### 235, 590. ### 14, 107, 238. ### 235, 590. ### 236, 236, 237. ### 236, 237.		above. (List miscellaneous expenses on line 24e. If				
EQUIPMENT RENTAL BRESIDENT RELATIONS CHARITY CARE CHARITY CARE All other expenses Total functional expenses. Add lines 1 through 24e 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 if following SOP 98-2 (ASC 958-720) RESIDENT RELATIONS STORY, 591, 593, 440, 873. 278,068. 233,114. 19,313. 278,068. 233,114. 19,313. 299,769,554. 14,107,238. 235,590.						
B RESIDENT RELATIONS CHARITY CARE CHARITY CARE All other expenses Total functional expenses. Add lines 1 through 24e 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 if following SOP 98-2 (ASC 958-720)	а		832,466.	791,593.	40,873.	
CHARITY CARE 6 All other expenses 25 Total functional expenses. Add lines 1 through 24e 114,112,382. 99,769,554. 14,107,238. 235,590. 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 if following SOP 98-2 (ASC 958-720)	b	RESIDENT RELATIONS	530,495.	278,068.	·	19,313.
e All other expenses 25 Total functional expenses. Add lines 1 through 24e 114,112,382. 99,769,554. 14,107,238. 235,590. 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 if following SOP 98-2 (ASC 958-720)	С	CHARITY CARE	523,643.	523,643.		
Total functional expenses. Add lines 1 through 24e 114,112,382. 99,769,554. 14,107,238. 235,590. 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 if following SOP 98-2 (ASC 958-720)	d					
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 if following SOP 98-2 (ASC 958-720)	е	All other expenses				
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	25		114,112,382.	99,769,554.	14,107,238.	235,590.
educational campaign and fundraising solicitation. Check hereif following SOP 98-2 (ASC 958-720)	26	Joint costs. Complete this line only if the organization				
Check here if following SOP 98-2 (ASC 958-720)		reported in column (B) joint costs from a combined				
		educational campaign and fundraising solicitation.				
		Check here if following SOP 98-2 (ASC 958-720)				

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1,500. 1 1,500. Cash - non-interest-bearing 36,082,229. 23,949,584. Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 1,337,471. 2,047,136. Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 10,187,100. 3,849,700. 7 Notes and loans receivable, net 163,203. 140,829. Inventories for sale or use 8 9 Prepaid expenses and deferred charges 224,283. 9 184,860. 10a Land, buildings, and equipment: cost or other 34,544,027. basis. Complete Part VI of Schedule D ______ 10a 16,422,659. 508,042,850. 18,121,368. b Less: accumulated depreciation 10b 10c 5,607,251. 7,063,520. 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12,364,534. 16,448,905. 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 549,459,629. 541,790,944. 15 15 Other assets. See Part IV, line 11 1,123,470,050. 613,598,346. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 9,803,453. 12,046,554. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 6,770,648. 1,716,049. Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 1,188,387,470. 25 687,877,252. of Schedule D 1,204,961,571. 701,639,855. 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. -88,363,520. -96,080,867. 27 Net assets without donor restrictions 27 Net assets with donor restrictions 6,871,999. 8,039,358. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances -81,491,521. 32 -88,041,509. 32 1,123,470,050. 613,598,346. 33 Total liabilities and net assets/fund balances 33

Form **990** (2023)

Form 990 (2023) ASHBY PONDS, INC. 20-5609803 Page **12**

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	102	,808,	,100.
2	Total expenses (must equal Part IX, column (A), line 25)	2	114	,112,	382.
3	Revenue less expenses. Subtract line 2 from line 1	3	-11	,304,	282.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-81	,491,	521.
5	Net unrealized gains (losses) on investments	5		148,	,157.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	3	,849,	868.
9	Other changes in net assets or fund balances (explain on Schedule O)	9		756,	269.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	coluṃn (B))	10	-88	,041,	,509.
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	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	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	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

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

Oper

2023

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

ASHBY PONDS INC 20-5609803 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	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)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	· ·				12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3)	
0	organization, check this box and stop						
	tion C. Computation of Publi			. (6)		T T	
	Public support percentage for 2023 (I					14	%
	Public support percentage from 2022					15	<u>%</u>
16a	33 1/3% support test - 2023. If the						
	stop here. The organization qualifies as a publicly supported organization						
D	b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
47~	and stop here. The organization qual	· · · · · · · · · · · · · · · · · · ·	• • •			and line 14 is 10%	
174	'a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	· ·		•	-	•	vi now the organiz	au011
L	meets the facts-and-circumstances test	_	•	*	-	17a, and line 15 is :	L
a	10% -facts-and-circumstances test	-					1070 UI
	more, and if the organization meets the				-		
10	organization meets the facts-and-circle						
10	Private foundation. If the organization	ni did fiot check a	DUX UIT III IE TO, TO	a, 100, 1/a, 01 1/1	b, check this box a	ina see instructions	

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

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

Se	ction A. Public Support	siow, picase comp	icto i art ii.j				
Cale	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	,	,	, ,	• •	, ,	
	membership fees received. (Do not						
	include any "unusual grants.")	1,213,023.	4,205,419.	2,600,691.	3,046,095.	2,453,716.	13,518,944.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	65,553,264.	68,360,314.	77,615,994.	87,018,640.	99,336,027.	397,884,239.
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	66,766,287.	72,565,733.	80,216,685.	90,064,735.	101,789,743.	411,403,183.
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	125,000.	125,000.	332,000.	258,135.	258,032.	1,098,167.
t	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.
	Add lines 7a and 7b	125,000.	125,000.	332,000.	258,135.	258,032.	1,098,167.
	Public support. (Subtract line 7c from line 6.)						410,305,016.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	66,766,287.	72,565,733.	80,216,685.	90,064,735.	101,789,743.	411,403,183.
10a	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	21,495,887.	24,236,678.	25,565,889.	27,633,292.	658,972.	99,590,718.
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	21,495,887.	24,236,678.	25,565,889.	27,633,292.	658,972.	99,590,718.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	88,262,174.	96,802,411.	105,782,574.	117,698,027.	102,448,715.	510,993,901.
14	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	on,
	check this box and stop here						
	ction C. Computation of Publi					Г	
	15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 80.30 %						
	Public support percentage from 2022		•			16	75.62 %
	ction D. Computation of Inves					Г. <u>.</u> Т	10.40
	Investment income percentage for 20					17	19.49 %
	Investment income percentage from 2	•				18	24.17 %
198	a 33 1/3% support tests - 2023. If the						Y
L	more than 33 1/3%, check this box ar 33 1/3% support tests - 2022. If the	=	-	•	•		
	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

Schedule A (Form 990) 2023 ASHBY PONDS, INC. 20-5609803 Page 4

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.)

1		Yes	No
	1		
	2		
	_		
	За		
	3b		
	3с		
	4a		
	4b		
	4c		
	_		
	5a		
	5b		
	5c		
	00		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	-	elow, the governing body of a supported organization?	11a		
b		ily member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
-		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		le organization operate for the benefit of any supported organization other than the supported			
		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion C	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			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		apported organization(s).	1		
Sec	tion C	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	-	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	•	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	signifi	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	sagus	orted organizations played in this regard.	3		
Sec	tion E	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	<u>s).</u>	
2	Activit	ties Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	upported 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 ti	he organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did th	e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one o	r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part \	11 the reasons for the organization's position that its supported organization(s) would have engaged in			
	these	activities but for the organization's involvement.	2b		
3	Paren	t of Supported Organizations. Answer lines 3a and 3b below.			
а	Did th	e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	truste	es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b	Did th	e 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.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations mu		•	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-function	nally integrated	Type III supporting orga	nization (see

Schedule A (Form 990) 2023

instructions).

Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continued)					
Secti	Section D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1					
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported						
	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 - pro	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	ne organization is responsive						
	(provide details in Part VI). See instructions.		8					
9	Distributable amount for 2023 from Section C, line 6		9					
10	Line 8 amount divided by line 9 amount		10					
		(i)	(ii)	(iii)				
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	Distributable Amount for 2023				
1	Distributable amount for 2023 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2023 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2023							
a	From 2018							
b	From 2019							
c	From 2020							
d	From 2021							
е	From 2022							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
<u>h</u>	Applied to 2023 distributable amount							
<u>i</u>	Carryover from 2018 not applied (see instructions)							
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2023 from Section D,							
	line 7: \$							
a	Applied to underdistributions of prior years							
b	Applied to 2023 distributable amount							
c	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2024. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
а	Excess from 2019							
b	Excess from 2020							
С	Excess from 2021							
d	Excess from 2022							
е	Excess from 2023							

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023 ASHBY PONDS, INC.	20-5609803	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	r 17b; Part III, line 12; 1 and 2; Part IV, Section C V, Section B, line 1e; Part	Ο,

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2023

Employer identification number

	20-5609803				
Organization type (check	x 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				
•	n is covered by the General Rule or a Special Rule . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.			
General Rule					
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling ny one contributor. Complete Parts I and II. See instructions for determining a contributor	• •			
Special Rules					
sections 509(a)(contributor, duri	cion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, ar ng the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) EZ, line 1. Complete Parts I and II.	d that received from any one			
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					
answer "No" on Part IV, I	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF ling requirements of Schedule B (Form 990).	• •			
For Paperwork Reduction A	Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2023)			

Name of organization

Employer identification number

20-5609803

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al spac	ce is needed.	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
1		\$_	258,032.	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
2		\$_	539,236.	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
3		\$_	16,642.	Person X Payroll
(a)	(b)		(c)	(d)
No. 4	Name, address, and ZIP + 4	\$_	Total contributions 384,936.	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
5		\$_	25,000.	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
6		\$_	21,700.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

ASHBY PONDS, 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		\$16,250.	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
8		\$12,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$11,000.	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
10		\$10,075.	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
11		\$10,000.	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
12		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

ASHBY PONDS, 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
13		\$10,000.	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
14		\$9,200.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$9,000.	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		\$8,500.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$	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
18		\$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

ASHBY PONDS, 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
19		\$5,200.	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
20		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$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
		\$	Person 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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Name of organization

Employer identification number

20-5609803

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	CAR	_	
8	-	_	
		\$12,500.	12/19/23
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
1 diti	CAR		
14		-	
_		_	
		\$\$	03/23/23
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncasti property given	(See instructions.)	Date received
	CAR		
16		_	
		_	
		\$	02/10/23
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I	, ,	(See instructions.)	
		_	
		_	
		_	
		_ \$	
(a)			
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I		, , ,	
	-	-	
	·	-	
	-	_ \$	
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
		+	
		-	
		<u> </u>	
		_ _{\$}	

Name of o	rganization		Employer identification number
ASHBY PC	ONDS, INC.		20-5609803
Part III	,	through (e) and the following line entrharitable, etc., contributions of \$1,000 or l e	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year y. For organizations ess 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 giff	
	Transferee's name, address, ar		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
	Transferee's name, address, ar	(e) Transfer of gift	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
	Transferee's name, address, ar	(e) Transfer of gift	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
	Transferee's name, address, ar	(e) Transfer of gift	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

ASHBY PONDS, INC.

Employer identification number

20-5609803

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		Similar Funds	or Accou	nts. Complete if the
	organization answered Tes Sitt Offi 550,1 art iv, iiii	(a) Donor advi	sed funds	(b) Fur	nds 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		held in donor advis	sed funds	
	are the organization's property, subject to the organization's	-			Yes No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor or				
	impermissible private benefit?				
Pai	t II Conservation Easements. Complete if the org	ganization answered "\	es" on Form 990,	Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply	<i>'</i>)		
	Preservation of land for public use (for example, recreated	tion or education)	Preservation o	f a historically	important land area
	Protection of natural habitat	L	Preservation o	f a certified hi	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contr	ibution in the form	of a conserva	
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			<u>2a</u>	
b	-			2b	
С	Number of conservation easements on a certified historic stru			2c	
d	Number of conservation easements included on line 2c acqui				
	on a historic structure listed in the National Register				
3	Number of conservation easements modified, transferred, rele	eased, extinguished, c	r terminated by the	e organization	during the tax
_	year				
4	Number of states where property subject to conservation eas				
5	Does the organization have a written policy regarding the per				□ v □ v.
•	violations, and enforcement of the conservation easements it		and onforcing con		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations,	and emorcing con-	servation ease	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations and	enforcing conserva	ntion easemen	ts during the year
•	Amount of expenses mounted in monitoring, inspecting, mand	alling of violations, and	critorollig coriscive	tion cascinoi	its during the year
8	Does each conservation easement reported on line 2d above	satisfy the requiremen	nts of section 170(h	n)(4)(B)(i)	
Ū	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservation				
_	balance sheet, and include, if applicable, the text of the footn				
	organization's accounting for conservation easements.	3			
Pai	t III Organizations Maintaining Collections of	f Art, Historical Ti	easures, or O	ther Simila	ır Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its re	evenue statement a	and balance s	heet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education	on, or research in fo	urtherance of	public
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that d	escribes these iten	ns.	
b	If the organization elected, as permitted under FASB ASC 956	8, to report in its rever	ue statement and	balance shee	t works of
	art, historical treasures, or other similar assets held for public	exhibition, education,	or research in furt	herance of pu	blic service,
	provide the following amounts relating to these items.				
	(i) Revenue included on Form 990, Part VIII, line 1				\$
					\$
2	If the organization received or held works of art, historical treat	asures, or other simila	assets for financia	al gain, provid	е
	the following amounts required to be reported under FASB A	SC 958 relating to the	se items:		
а	Revenue included on Form 990, Part VIII, line 1				\$
b	Assets included in Form 990, Part X				\$

Sche	dule D (Form 990) 2023 ASHBY PONDS						20-560		Pa	age 2
Pai	t III Organizations Maintaining C	collections of Ar	t, Historical 1	reasures, or	r Other	Similar	Assets	(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of t	ne following that	make sig	nificant u	se of its			
	collection items (check all that apply).									
а	Public exhibition	c	Loan or	exchange progra	am					
b	Scholarly research	e	Other_							
С	Preservation for future generations									
4	Provide a description of the organization's co	· ·	•	-			se in Part	XIII.		
5	During the year, did the organization solicit of		•	•				7		7
ъ.	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran		te if the organiza	tion answered "\	Yes" on F	orm 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custodi		•					7.,	v	٦
	on Form 990, Part X?						L	Yes	X	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:					Amount		
	Danisaria a balanca					4.		Amoun		
C	Beginning balance									
a	Additions during the year									
e	Distributions during the year					1e 1f				
t 2a	Ending balance Did the organization include an amount on F						Тх	Yes		No
	If "Yes," explain the arrangement in Part XIII.					у:] 163	Х]
Par										
		(a) Current year	(b) Prior year			d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , ,	,,,,		, ,		,		
b	Contributions									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g, columr	ı (a)) held as:						
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Term endowment	<u></u> %								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held	d and administer	ed for the)		-		
	organization by:								Yes	No
	(i) Unrelated organizations?							3a(i)		
								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization			ጓ?				3b		
4 Do:	Describe in Part XIII the intended uses of the		wment funds.							
Pai) Dort IV line 11:	. Caa Farm 000	Dort V. I	ina 10				
	Complete if the organization answere		ì							
	Description of property	(a) Cost or o basis (investr	, , ,	ost or other sis (other)	` '	cumulate reciation	a	(d) Bool	k value	9
1a	Land									
	Buildings			18,063,608.		8,301,3	349.	9,	762,	259.
С	Leasehold improvements									
d	Equipment			7,333,698.		5,116,			216,	
	Other			9,146,721.		3,004,	_		142,	
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, line 10c, colui	mn (B))				18,	121,	368.

Schedule D (Form 990) 2023 ASHBY PONDS, INC. Part VII Investments - Other Securities			0-5609803 Page 3
Complete if the organization answered "Yes" of	n Form 990 Part IV line	11h See Form 990 Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d of year market value
	(b) Book value	(c) Method of Valuation. Cost of end	1-01-year market 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, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1) FINANCE LEASE RIGHT OF USE ASSETS, NET			541,250,815.
(2) OTHER CURRENT ASSETS			540,129.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col.	(B))		541,790,944.
Part X Other Liabilities	<u>,-</u> 1		
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) CLAIMS RESERVE			904,977.
(3) FUNDS HELD FOR RESIDENTS			70,885.
(4) RESIDENT DEPOSITS (NET)			672,528,547.
(5) RESIDENT REFUNDS PAYABLE			14,076,281.
(6) DEFERRED MANAGEMENT AND MARKETING FEE			296,562.
			250,502.
(9) Total. (Column (b) must equal Form 990, Part X, line 25, col.	(D)		687,877,252.
The A Coulmn in must could borm UOA Dort V line 25 col	/ - (1		

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

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

Pai	TXI Reconciliation of Revenue per Audited Financial Statem		evenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 13	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	103,672,530.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	Net unrealized gains (losses) on investments		148,157.		
b	Donated services and use of facilities				
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d	762,684.		
е	Add lines 2a through 2d			2e	910,841.
3	Subtract line 2e from line 1			3	102,761,689.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b		29,769.		
b	Other (Describe in Part XIII.)	4b	16,642.		
С	Add lines 4a and 4b			4c	46,411.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)			5	102,808,100.
Pa	rt XII Reconciliation of Expenses per Audited Financial State		xpenses per F	teturn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total expenses and losses per audited financial statements			1	114,072,386.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities				
b	Prior year adjustments				
С	Other losses	2c			
d	Other (Describe in Part XIII.)		-10,227.		
е	Add lines 2a through 2d			2e	-10,227.
3	Subtract line 2e from line 1			3	114,082,613.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b		29,769.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	29,769.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	114,112,382.
	rt XIII Supplemental Information				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa			; Part X,	line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	dditional informa	tion.		
PART	! IV, LINE 2B:				
PROS	PECTIVE RESIDENTS ARE REQUIRED TO MAKE CERTAIN INSTALLMENT I	PAYMENTS			
PRIC	OR TO THE FINAL SETTLEMENT OF THE GIVEN UNIT. THOSE ADVANCE I	DEPOSITS			
ARE	REPORTED ON FORM 990, PART X, LINE 21.				
PART	YX, LINE 2:				
	and the second s				
ASHE	BY PONDS, INC. ("APL") IS EXEMPT FROM FEDERAL INCOME TAXES UN	NDER			
SECT	'ION 501(C)(3) OF THE INTERNAL REVENUE CODE AND THE APPLICABI	LE STATE			
INCO	ME TAX REGULATIONS. MANAGEMENT HAS EVALUATED APL'S TAX POSIT	TIONS AND			
HAS	CONCLUDED THAT APL HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT	r WOULD			
REQU	VIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.				

Schedule D (Form 990) 2023 ASHBY PONDS, INC.		20-5609803	Page 5
Schedule D (Form 990) 2023 ASHBY PONDS, INC. Part XIII Supplemental Information (continued)			<u>9</u>
PART XI, LINE 2D - OTHER ADJUSTMENTS:			
SPECIAL FUNDRAISING EVENT EXPENSE NETTED WITH REVENUE ON			
FORM 990	17,191.		
ADJUSTMENT TO NET ASSETS WITH DONOR RESTRICTIONS	-10,776.		
CHANGE IN RESTRICTED NET INVESTMENT RETURN	756,269.		
TOTAL TO SCHEDULE D, PART XI, LINE 2D	762,684.		
PART XI, LINE 4B - OTHER ADJUSTMENTS:			
ERTC NETTED WITH EXPENSES ON THE FINANCIAL STATEMENTS	16,642.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
SPECIAL FUNDRAISING EVENT EXPENSE NETTED WITH REVENUE ON			
FORM 990	17,191.		
ADJUSTMENT TO NET ASSETS WITH DONOR RESTRICTIONS	-10,776.		
ERTC NETTED WITH EXPENSES ON THE FINANCIAL STATEMENTS	-16,642.		
TOTAL TO SCHEDULE D, PART XII, LINE 2D	-10,227.		

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization ASHBY PONDS	S. INC.					20-560980	ntification number
	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, li	ine 17		
1 Indicate whether the organization rais a	ed funds through any of the following e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-govern govern dising of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	ustody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total 3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit c		 utions	or has been notified	it is e	exempt from re	gistration
				-			

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 (d) Total events NONE (add col. (a) through BCF GALA HOLIDAY BAZAAR col. (c)) (event type) (event type) (total number) 95,108. 15,432. 110,540. 1 Gross receipts 2 Less: Contributions 80,353. 15,432. 95,785. 3 Gross income (line 1 minus line 2) 14,755. 14,755. 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 10,315. 10,315. **7** Food and beverages 3,500. 3,500. 8 Entertainment 2,489. 3,376. 9 Other direct expenses 17,191. 10 Direct expense summary. Add lines 4 through 9 in column (d) -2,436. 11 Net income summary. Subtract line 10 from line 3, column (d) 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. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses % Yes Yes Yes 6 Volunteer labor No 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** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sch	nedule G (Form 990) 2023 ASHBY PONDS, INC. 20	-560980	3	Page 3
11	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:			
a	a The organization's facility	13a		%
	a An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No
k	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
c	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			
47	Mandataw, diatributions			
	Mandatory distributions:			
•	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		Vac	☐ No
	retain the state gaming license? Discription Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		103	140
	organization's own exempt activities during the tax year \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and I	Part III lin	AS 0 (2h 10h
-	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, IIII	00 0, 1	56, 166,
		_		

332083 09-13-23 Schedule G (Form 990) 2023

Schedule G (Fo	orm 990)	ASHBY PONDS	, INC.		20-5609803	Page 4
Part IV S	orm 990) Supplemental Inforn	nation _{(contin}	ued)			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

2023

OMB No. 1545-0047

Open to Public Inspection

Name of the organization							Employer identification number
ASHBY PONDS,							20-5609803
Part I General Information on Grants a							
1 Does the organization maintain records		-			-		
criteria used to award the grants or assis	stance?						Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to recipient that received more than					anization answered "Y	es" on Form 990, Part	: IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
DOGEORG MICHIGAN DODDERG							
DOCTORS WITHOUT BORDERS 333 SEVENTH AVENUE							
NEW YORK, NY 10001	13-3433452	501(C)(3)	13,456.	0.			GENERAL SUPPORT
US FUND FOR UNICEF 125 MAIDEN LANE							
NEW YORK, NY 10038	13-1760110	501(C)(3)	13,456.	0.			GENERAL SUPPORT
2 Enter total number of section 501(c)(3) a	l nd government org	L ganizations listed in the	l e line 1 table				2.
3 Enter total number of other organization	s listed in the line	1 table					0.

Schedule I (Form 990) 2023 ASHBY PONDS, INC. 20-5609803 Page 2

Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	990, Part IV, line 22.	
(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	128	332,727.	0.		
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
SCHEDULE I, PART I, LINE 2					
SCHOLAR CANDIDATES MUST BE CURRENTLY EMPLOYED YEAR-	-ROUND AT ASH	IBY			
PONDS. ONLY MEDICAL LEAVES OF ABSENCE ARE ALLOWABLE	DURING THE	TWO			
YEARS. OTHER REQUESTS FOR A LEAVE OF ABSENCE WILL I	BE REVIEWED A	ND			
DETERMINED CASE BY CASE. A SCHOLAR CANDIDATE MUST H	IAVE BEEN EMF	LOYED BY			
ASHBY PONDS ON OR BEFORE SEPTEMBER 30, OF THE START	r OF THEIR JU	NIOR			
YEAR IN HIGH SCHOOL. THE CANDIDATE MUST ALSO ACHIEV	/E 700 HOURS	OF WORK			
DURING A TIME SPAN THAT BEGINS NO EARLIER THAN JUNE					
YEAR OF HIGH SCHOOL (300 OF 700 HOURS MUST BE COMPI					

ASHBY PONDS, INC. 20-5609803 Page 2

Part IV Supplemental Information

Schedule I (Form 990)

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 2023 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.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

ASHBY PONDS, INC.

Employer identification number 20-5609803

Pá	art I Questions Regarding Compensation	<u>.</u>			
				Yes	No
1 a	Check the appropriate box(es) if the organization provided an	ny of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any re	elevant information regarding these items.			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization	on follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described a	above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing	ng or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, r	regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used t	to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check a	any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but ex	xplain in Part III.			
	Compensation committee	Written employment contract			
	X Independent compensation consultant	X Compensation survey or study			
	Form 990 of other organizations	X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, S	Section A, line 1a, with respect to the filing			
	organization or a related organization:				
а	Receive a severance payment or change-of-control payment?)	4a		Х
b	b Participate in or receive payment from a supplemental nonqualified retirement plan?				
С	Participate in or receive payment from an equity-based compe	ensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the a	applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organization	ons must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, d	lid the organization pay or accrue any compensation			
	contingent on the revenues of:				
а	The organization?		. 5a		Х
b	Any related organization?		. 5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, d	lid the organization pay or accrue any compensation			
	contingent on the net earnings of:				
а	The organization?		. 6a		Х
			. 6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a, d				
			. 7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or account of the second of the	crued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53	3.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttak	ble presumption procedure described in			
	Regulations section 53.4958-6(c)?		. 9		

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

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023 ASHBY PONDS, INC. 20-5609803 Page 2

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	J-2 and/or 1099-MISO 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)	124,686.	31,233.	2,184.	4,763.	6,096.	168,962.	0.	
EXECUTIVE DIRECTOR (THRU 7/9/23)	(ii)	114,843.	28,767.	2,012.	4,387.	5,615.	155,624.	0.	
(2) REV. DR. ZINA JACQUE	(i)	0.	0.	0.	0.	0.	0.	0.	
DIRECTOR	(ii)	215,000.	0.	0.	0.	0.	215,000.	0.	
(3) EILEEN G. ERSTAD	(i)	0.	0.	0.	0.	0.	0.	0.	
VICE CHAIR & VP/TREASURER	(ii)	167,500.	0.	0.	0.	0.	167,500.	0.	
(4) DANA BRADSHAW	(i)	125,964.	8,799.	216.	4,730.	23,194.	162,903.	0.	
SALES COUNSELOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) GISELE KOUEVI	(i)	143,592.	12,510.	502.	4,264.	499.	161,367.	0.	
DIRECTOR, NURSING	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) GREGORY FREEMAN	(i)	120,522.	16,022.	538.	1,001.	6,268.	144,351.	0.	
DIRECTOR, FINANCE (THRU 12/10/23)	(ii)	7,357.	978.	33.	61.	383.	8,812.	0.	
(7) AASHEE GUPTA	(i)	126,430.	10,257.	519.	4,142.	11,598.	152,946.	0.	
MANAGER, REHABILITATION	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

ASHBY PONDS, INC. 20-5609803 Schedule J (Form 990) 2023 Page 3

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 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 AND GREGORY FREEMAN ARE LISTED IN SCHEDULE J. PART II AND ARE EMPLOYEES 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-2S. UNDER THE MANAGEMENT AGREEMENT, ASHBY PONDS, INC. REIMBURSES ESL FOR THE COST OF SERVICES PERFORMED FOR ASHBY PONDS, INC.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Inspection

Employer identification number

ASHBY PONDS, INC. 20-5609803 Types of Property Part I (a) (b) (c) (d) Number of Noncash contribution Check if Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 Cars and other vehicles 54,500. GROSS PROCEEDS FROM SALE 6 Х 11 Boats and planes 7 Intellectual property 8 Securities - Publicly traded Securities - Closely held stock 10 Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles Food inventory 19 Drugs and medical supplies 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 4,367. (DONATED SIGNAGE 25 Other Other 26 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement _____29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? 32a If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2023

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Inspection

OMB No. 1545-0047

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

Employer identification number Name of the organization ASHBY PONDS, INC. 20-5609803 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, INNOVATION AND ADVOCACY, WE CREATE UNPARALLELED VALUE AND OPPORTUNITIES FOR EVERY LIFE WE TOUCH. AS PART OF THE NATIONAL SENIOR COMMUNITIES ENTERPRISE, 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 MATERIAL DIFFERENCES IN VOTING RIGHTS AMONG MEMBERS OF THE GOVERNING BODY. OR IF THE GOVERNING BODY DELEGATED BROAD AUTHORITY TO AN EXECUTIVE COMMITTEE OR SIMILAR COMMITTEE, EXPLAIN IN SCHEDULE O. UNDER THE BYLAWS OF THE ORGANIZATION. THE BOARD HAS DELEGATED AUTHORITY TO AN EXECUTIVE COMMITTEE COMPRISED OF THE ORGANIZATION'S CHAIR, VICE CHAIRS PRESIDENT, SECRETARY 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 AFFAIRS 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.

Employer identification number Name of the organization ASHBY PONDS, INC. 20-5609803 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 JANUARY 1, 2023. THE NEW MANAGEMENT AND MARKETING AGREEMENT MADE SEVERAL CHANGES, INCLUDING THE MODIFICATION OF THE MANAGEMENT FEE TO 4.5% THROUGH "STABILIZATION" AS DEFINED IN THE NEW AGREEMENT (TO OCCUR NO LATER THAN DECEMBER 31, 2030), AND TO CHANGE THE EXPIRATION DATE OF THE AGREEMENT TO THE EARLIER OF DECEMBER 31, 2050 OR ACQUISITION. 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 (THRU 7/9/23), TOM CHANNON, EXECUTIVE DIRECTOR (BEG 7/9/23), GREGORY FREEMAN, DIRECTOR, FINANCE (THRU 12/10/23), AND JASON HEALEY, DIRECTOR, FINANCE (BEG 8/6/23), ARE LEASED EMPLOYEES FROM THE MANAGEMENT COMPANY. THE FILING ORGANIZATION REIMBURSES THE MANAGEMENT

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization **Employer identification number** ASHBY PONDS, INC. 20-5609803 COMPANY FOR THEIR COMPENSATION WHICH IS REPORTED ON FORM 990, PART VII, SECTION A. 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?

Name of the organization ASHBY PONDS, INC.	Employer identification number 20-5609803
THE MEMBER UNDER APPLICABLE STATE LAW. UNDER THE ORGANIZATION'S BYLAWS,	
CERTAIN GOVERNANCE DECISIONS ARE MADE BY THE BOARD WITH THE CONSENT OF THE	
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.	

Employer identification number Name of the organization ASHBY PONDS, INC. 20-5609803 FORM 990, PART VI, SECTION B, LINE 12C: 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?

Name of the organization ASHBY PONDS, INC.	Employer identification number 20-5609803
THE PROCESS BY WHICH ALL DIRECTOR COMPENSATION IS DETERMINED. A REVIEW OF	
THE DIRECTORS' COMPENSATION IS CONDUCTED EACH FISCAL YEAR. AN INDEPENDENT	_
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 2023 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).	

332212 11-14-23 Schedule O (Form 990) 2023

Schedule O (Form 990) 2023		Page 2
Name of the organization ASHBY PONDS, INC.		Employer identification number 20-5609803
FORM 990, PART VII, SECTION A:		
REPORTABLE COMPENSATION FROM THE ORGANIZATION AND FROM RELA	FED	
ORGANIZATIONS.		
THE COMPENSATION INCLUDED IN COLUMNS D AND E FOR THE BOARD I	DIRECTORS IS	
FOR SERVICES PERFORMED FOR THE FILING ORGANIZATION AND ALL I	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	G IS FOR	
PAYMENTS MADE FOR MANAGEMENT SERVICES AND THE DIRECT AND SHA	ARED COSTS	
ALLOCATED TO THE COMMUNITY. DIRECT AND SHARED COSTS INCLUDE	SALARIES	
AND BENEFITS FOR MANAGEMENT PERSONNEL, AND THE USE OF SERVICE	CES SUCH AS	
FINANCE, LEGAL, HUMAN RESOURCES, INFORMATION SERVICES, AND	OPERATIONS.	
FORM 990, PART IX, LINE 11G, OTHER FEES:		
CONTRACT PROFESSIONAL SERVICES:		
PROGRAM SERVICE EXPENSES	4,864,826.	
MANAGEMENT AND GENERAL EXPENSES	6,785,318.	
FUNDRAISING EXPENSES	55.	
TOTAL EXPENSES	11,650,199.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	11,650,199.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
CHANGE IN RESTRICTED NET INVESTMENT RETURN	756,269.	
222242 14 14 22		Schodulo ((Earm 990) 2022

SCHEDULE R (Form 990)

Name of the organization

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

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

ASHBY PONDS, INC.

Attach to Form 990.

501(C)(3)

LINE 10

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

20-5609803

(a)	(b)	(c)	(d)	(e))	((f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	me End-of-yea	r assets	l	ontrolling ntity	g
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 99	0, Part IV, line 34, I	Decause it had one	or more	related tax-exer	npt	
(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	1	(f) ct controlling entity	cont	g) 512(b)(13) rolled tity?
Ü		Toroigir oddiriry)		501(c)(3))		,	Yes	No
ANN'S CHOICE, INC - 52-2095427								
10000 ANN'S CHOICE WAY	CONTINUING CARE RETIREMENT				NATION	AL SENIOR		
WARMINSTER, PA 18974	COMMUNITY	PENNSYLVANIA	501(C)(3)	LINE 10	COMMUN	ITIES, INC		Х
AVERY POINT, INC - 92-2254866								
1000 AVERY POINT WAY	CONTINUING CARE RETIREMENT				NATION	AL SENIOR		
RICHMOND, VA 23233	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUN	ITIES, INC		X
BETHESDA NSC RETIREMENT COMMUNITY, INC -								
92-2205771, 816 CONNECTICUT AVE, NW, 7TH FL,	CONTINUING CARE RETIREMENT				NATION	AL SENIOR		
WASHINGTON, DC 20006	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUN	ITIES, INC		Х
BROOKSBY VILLAGE, INC - 52-2126755								
100 BROOKSBY VILLAGE DRIVE	CONTINUING CARE RETIREMENT	1			NATION	AL SENTOR	1	1

MARYLAND

COMMUNITY

COMMUNITIES, INC

PEABODY, MA 01960

ASHBY PONDS, INC. 20-5609803

Part II Continuation of Identification of Related Tax-Exempt Organizations

Schedule R (Form 990)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	organiz	rolled zation?
GEDAR ORDER WILLIAGE TWO E2 2104015				301(0)(3))		Yes	No
CEDAR CREST VILLAGE, INC - 52-2184915					NAMIONAL GENIOD		
1 CEDAR CREST VILLAGE DRIVE	CONTINUING CARE RETIREMENT	MADWI AND	E01/G\/3\	T TND 10	NATIONAL SENIOR		17
POMPTON PLAINS, NJ 07444	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		X
EAGLE'S TRACE, INC - 03-0498683					ALL MICHAEL GRAFFOR		
14703 EAGLE VISTA DRIVE	CONTINUING CARE RETIREMENT		E01/G\/3\		NATIONAL SENIOR		l
HOUSTON, TX 77077	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		Х
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		х
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 -					,		
20-4356247, 816 CONNECTICUT AVE NW, 7TH				LINE 12C,			
FLOOR, WASHINGTON, DC 20006	SUPPORTING ORGANIZATION	MARYLAND	501(C)(3)	III-FI	N/A		х
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		х
RIDERWOOD VILLAGE, INC - 52-2126753					,		
3110 GRACEFIELD ROAD	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
SILVER SPRING, MD 20904	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х

Schedule R (Form 990) ASHBY PONDS, INC. 20-5609803

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	(f) Direct controlling	contr	g) 512(b)(13) rolled
of related organization		foreign country)	section	status (if section 501(c)(3))	entity		zation?
SEABROOK VILLAGE, INC - 52-2126751				(70)		Yes	No
3000 ESSEX ROAD	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
TINTON FALLS, NJ 07753	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х
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		х
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
WOODLEIGH CHASE, INC - 92-2217836					<u> </u>		
816 CONNECTICUT AVE NW, 7TH FLOOR	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
WASHINGTON, DC 20006	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х
					,		
-							
	 						
							
							

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	1	j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disproportion allocations?		Code V-UBI amount in box 20 of Schedule	Gene mana parti	ral or aging ner?	Percentage ownership
		country)		sections 512-514)		455515	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		x	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		x	N/A
]											
]											
]											
]											
	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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	ent	tion b)(13) rolled tity?
		Courti y)						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
]								

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

Х

Yes No

Part V	Transactions With Related Organizations.	Complete if the organization answered	"Yes" on Form 990, Part IV, line 34, 35b, or 36.
allv	Transactions with Related Organizations.	Complete if the organization answered	163 011 0111 330,1 art 14, line 04, 030, 01 00.

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

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

b	Gift, grant, or capital contribution to related organization(s)				1b		Х			
С	c Gift, grant, or capital contribution from related organization(s)									
	d Loans or loan guarantees to or for related organization(s)									
	e Loans or loan guarantees by related organization(s)									
f	Dividends from related organization(s)				1f		Х			
	Sale of assets to related organization(s)				1g		Х			
	Purchase of assets from related organization(s)				1h		Х			
i	Exchange of assets with related organization(s)				1i		<u>х</u>			
j	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		<u>х</u>			
I	Performance of services or membership or fundraising solicitations for related organization(s)									
	m Performance of services or membership or fundraising solicitations by related organization(s)									
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
0	Sharing of paid employees with related organization(s)				10	Х				
р	Reimbursement paid to related organization(s) for expenses				1 p	Х				
q Reimbursement paid by related organization(s) for expenses										
r	Other transfer of cash or property to related organization(s)				1r		X			
s Other transfer of cash or property from related organization(s)										
2	If the answer to any of the above is "Yes," see the instructions for information on who mus	st complete thi	s line, including covered re	elationships and transaction thresholds.						
	•	(b) ransaction type (a-s)	(c) Amount involved	(d) Method of determining amount invo	olved					
(1)										
(2)										
(O)										
(3)										
(4)										
(4)										
(E)										
(5)										
(6)										
	3 09-28-23	'		Schedule F	(Forn	n 990)	2023			

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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
	_								000) 0000

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