** 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 Inspection

Department of the Treasury Internal Revenue Service

| Number of independent voting members of the governing body (Part VI, line 1b) 4 7 7 5 7 7 7 7 7 7 1 1 1 1 | Α | For the | 2023 calendar year, or tax year beginning | and | ending | | | | | | |
|--|-------------------------|-----------|--|---------------------------------------|---------------|-----------------------|--------------------------------|--|--|--|--|
| Comparison Com | | | C Name of organization | | | D Employer ident | tification number | | | | |
| Doing Business as 1.4-1849 849 Number and street (or P.O. box if mail is not delivered to street address) Room/sule E Telephone 179.1534 7000 79.067, 117. 17.000 17. | | Addres | s LINDEN PONDS INC. | | | | | | | | |
| Number and street (or P.D. box if mail is not delivered to street address) | F | Name | · | 14-184984 | 19 | | | | | | |
| The contributions and grants (Part VIII, Inch 1s) Solic Inches (Statistics) Soli | Е | Initial | | elivered to street address) | Room/suite | F Telephone num | her | | | | |
| City or town, state or province, country, and ZIP or foreign postal code Recommendation City or Symmetry Name and address of principal officer: ZINA JACQUE | F | Final | , | mvorod to otroot address) | Ttoom, suite | • | | | | | |
| March State March Marc | | termin- | | 7IP or foreign postal code | | G Gross receipts \$ | 79 067 117. | | | | |
| Symbol SAME AS C ABOVE Flame and address of principal officer: ZINA JACQUE Flow SAME AS C ABOVE Ves No I Tax-exempt status: X 501c(s) 501c(s) (insert no.) 4947(s)(1) or 527 1*No. 4145 1.56e instructions Website: WW, NAT 10NALSENIORCOMMUNITIES ORD H(c) Group exemption number No. 1*No. 4145 1.56e instructions No. 1*No. 4*No. 1*No. 4*No. | | Amend | | Zii di lelagii pestal eede | | | | | | | |
| Tax exempt status X | Е | | · | JACQUE | | | | | | | |
| Taxe-exempt status S S01(c)(3) S01(c) (insert no.) 4947(a)(1) or S07 Mebsite: WWW.NRTOTONLESTORCOMENTALTES, ORD Message Mess | | pendin | a | | | | — | | | | |
| The part Summary | $\overline{\mathbf{L}}$ | Tax-exe | mpt status: X 501(c)(3) 501(c) (| (insert no.) 4947(a)(1) | or 527 | 1 | | | | | |
| Part Summary | | | | | <u> </u> | 1 ′ | | | | | |
| Briefly describe the organization's mission or most significant activities: PROVIDE A HOME FOR SENIORS THAT | | | | ssociation Other | L Year | | | | | | |
| SATISTIES THEIR THREE PRIMARY NEEDS. 2 Check this box | | | | | 1 - 1000 | or rormanor, | | | | | |
| SATISTIES THEIR THREE PRIMARY NEEDS. 2 Check this box | | 1 | Briefly describe the organization's mission or most | significant activities: PROVID | E A HOME | FOR SENIORS THA | AT | | | | |
| Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 1004 | Se | | | | | | | | | | |
| Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 1004 | nar | 2 | Check this box if the organization disco | ntinued its operations or dispos | sed of more | than 25% of its net a | assets. | | | | |
| Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 1004 | Ver | 3 | | · | | 1 | 1 | | | | |
| 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) | | | | | | | 4 7 | | | | |
| Solution | o V | 5 | | | | | 5 1004 | | | | |
| Solution | itie. | 6 | | | | | 6 887 | | | | |
| Solution | ċÈi | 7 a | | | | | 7a 0. | | | | |
| 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, line 2g) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 13) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising etes (Part IX, column (A), lines 1+1) 17 Other expenses (Part IX, column (A), line 1+1e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), lines 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 20 Total assets (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Intractional distributions of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Type or print name and title Praparer Signature of officer Signature RSM US LLP Firm's address 100 INTERNATIONAL DRIVE, SUITE 1400 Phone no.410-246-9300 Phone no.410-246-9300 | _ ⋖ | b | | | | | 7b 0. | | | | |
| 9 | | | | | | Prior Year | Current Year | | | | |
| 10 10 10 10 10 10 10 10 | a) | 8 | Contributions and grants (Part VIII, line 1h) | 1,662,177 | 7. 1,364,578. | | | | | | |
| 10 10 10 10 10 10 10 10 | Ž | 9 | Program service revenue (Part VIII, line 2g) | | | 70,192,406 | 6. 75,666,996. | | | | |
| 10 10 10 10 10 10 10 10 | ě | 10 | nvestment income (Part VIII, column (A), lines 3, 4 | , and 7d) | | -14,786,348 | 1,596,046. | | | | |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 172,697. 192,862. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 31,528,046. 33,543,982. 16 Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 17 Other expenses (Part IX, column (A), line 11e) 45,536,442. 48,022,687. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 77,237,185. 81,759,531. 19 Revenue less expenses. Subtract line 18 from line 12 -19,771,505. -2,703,668. 20 Total assets (Part X, line 16) 392,694,003. 415,336,623. 21 Total liabilities (Part X, line 26) 515,880,140. 533,073,498. 22 Net assets or fund balances. Subtract line 21 from line 20 -123,186,137. -117,722,875. Part II Signature Block Signature Block Signature of officer Date Firm's address 100 International Drive, Suite 1400 Baltimore, MD 21202 Phone no.410-246-9300 Proparer Use Only Phone no.410-246-9300 | α. | 11 (| Other revenue (Part VIII, column (A), lines 5, 6d, 8c | ;, 9c, 10c, and 11e) | | 397,445 | 5. 428,243. | | | | |
| Here 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. | _ | 12 | Fotal revenue - add lines 8 through 11 (must equal | Part VIII, column (A), line 12) | | 57,465,680 | 0. 79,055,863. | | | | |
| Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising eees (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer ELLEEN ERSTAD, TREASURER Type or print name and title Print/Type preparer's name Preparer EILIER ERSTAD, TREASURER Type or print name and title Print/Type preparer's name Preparer EILIER RSSTAD, TREASURER Type or print name and title Print/Type preparer's name Preparer Firm's name RSM US LLP Firm's landerss 100 INTERNATIONAL DRIVE, SUITE 1400 BALTIMORE, MD 21202 Phone no.410-246-9300 | | 13 | Grants and similar amounts paid (Part IX, column (| (A), lines 1-3) | | 172,697 | 7. 192,862. | | | | |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 14 | 3enefits paid to or for members (Part IX, column (| | * | | | | | | |
| Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 392,694,003. 415,350,623. 21 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 -123,186,137. -117,722,875. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date ELLEEN ERSTAD, TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Firm's name RSM US LLP Firm's lame RSM US LLP Firm's lame RSM US LLP Firm's address 100 INTERNATIONAL DRIVE, SUITE 1400 BALTIMORE, MD 21202 Phone no. 410-246-9300 | S | 15 | Salaries, other compensation, employee benefits (| | 31,528,046 | 6. 33,543,982. | | | | | |
| Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 392,694,003. 415,350,623. 21 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 -123,186,137. -117,722,875. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date ELLEEN ERSTAD, TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Firm's name RSM US LLP Firm's lame RSM US LLP Firm's lame RSM US LLP Firm's address 100 INTERNATIONAL DRIVE, SUITE 1400 BALTIMORE, MD 21202 Phone no. 410-246-9300 | nse. | 16a | Professional fundraising fees (Part IX, column (A), | line 11e) | | (| 0. 0. | | | | |
| Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 392,694,003. 415,350,623. 21 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 -123,186,137. -117,722,875. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date ELLEEN ERSTAD, TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Firm's name RSM US LLP Firm's lame RSM US LLP Firm's lame RSM US LLP Firm's address 100 INTERNATIONAL DRIVE, SUITE 1400 BALTIMORE, MD 21202 Phone no. 410-246-9300 | x | b | Total fundraising expenses (Part IX, column (D), lin | e 25) 105, | 711. | | | | | | |
| 19 Revenue less expenses. Subtract line 18 from line 12 -19,771,505. -2,703,668. | Ш | '' | | | | | | | | | |
| Beginning of Current Year 20 Total assets (Part X, line 16) 392,694,003. 415,350,623. 21 Total liabilities (Part X, line 26) Secondary S | | | | | | | | | | | |
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date EILEEN ERSTAD, TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Date Check PTIN JULIA FLANNERY JULIA FLANNERY 09/27/24 self-employed P00928918 Preparer Firm's name RSM US LLP Firm's lander RSM US LLP Firm's address 100 INTERNATIONAL DRIVE, SUITE 1400 BALTIMORE, MD 21202 Phone no.410-246-9300 | _ | 19 | Revenue less expenses. Subtract line 18 from line | 12 | | | | | | | |
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date EILEEN ERSTAD, TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Date Check PTIN JULIA FLANNERY JULIA FLANNERY 09/27/24 self-employed P00928918 Preparer Firm's name RSM US LLP Firm's lander RSM US LLP Firm's address 100 INTERNATIONAL DRIVE, SUITE 1400 BALTIMORE, MD 21202 Phone no.410-246-9300 | sor | 9 | | | Ве | | | | | | |
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| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date EILEEN ERSTAD, TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Date Check PTIN JULIA FLANNERY JULIA FLANNERY 09/27/24 self-employed P00928918 Preparer Firm's name RSM US LLP Firm's lander RSM US LLP Firm's address 100 INTERNATIONAL DRIVE, SUITE 1400 BALTIMORE, MD 21202 Phone no.410-246-9300 | at Ag | 21 | , | | | | · · · · · · | | | | |
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date Here EILEEN ERSTAD, TREASURER Type or print name and title Print/Type preparer's name Preparer's signature JULIA FLANNERY Preparer Firm's name RSM US LLP Firm's name RSM US LLP Firm's address 100 INTERNATIONAL DRIVE, SUITE 1400 BALTIMORE, MD 21202 Phone no.410-246-9300 | | | | line 20 | | -123,186,137 | 7117,722,875. | | | | |
| true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date EILEEN ERSTAD, TREASURER Type or print name and title Print/Type preparer's name Preparer's signature JULIA FLANNERY Preparer Firm's name RSM US LLP Firm's address 100 INTERNATIONAL DRIVE, SUITE 1400 BALTIMORE, MD 21202 Phone no. 410-246-9300 | | | | | | | | | | | |
| Sign Signature of officer Here EILEEN ERSTAD, TREASURER Type or print name and title Print/Type preparer's name Print/Type preparer's name Preparer's signature JULIA FLANNERY Prim's name RSM US LLP Firm's name RSM US LLP Firm's address 100 INTERNATIONAL DRIVE, SUITE 1400 BALTIMORE, MD 21202 Phone no.410-246-9300 | | | | | | | my knowledge and belief, it is | | | | |
| Here EILEEN ERSTAD, TREASURER Type or print name and title Print/Type preparer's name Print/Type preparer's name | true | e, correc | , and complete. Declaration of preparer (other than office | er) is based on all information of wi | nch preparer | nas any knowledge. | | | | | |
| Here EILEEN ERSTAD, TREASURER Type or print name and title Print/Type preparer's name Print/Type preparer's name | C: | | Signature of officer | | | I Date | | | | | |
| Type or print name and title Print/Type preparer's name Preparer Print/Type preparer's name Preparer's signature JULIA FLANNERY PULIA FLANNERY Date O9/27/24 Self-employed P00928918 Preparer Firm's name RSM US LLP Firm's address 100 INTERNATIONAL DRIVE, SUITE 1400 BALTIMORE, MD 21202 Phone no.410-246-9300 | | | - | | | 2410 | | | | | |
| Print/Type preparer's name Print/Type preparer's name Preparer's signature JULIA FLANNERY Preparer Firm's name RSM US LLP Use Only Firm's address 100 INTERNATIONAL DRIVE, SUITE 1400 BALTIMORE, MD 21202 Proparer's signature 09/27/24 Firm's EIN 42-0714325 Phone no.410-246-9300 | пе | re | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| Paid JULIA FLANNERY JULIA FLANNERY 09/27/24 if | | | ** . | Dranarar'a aignatura | П | Date Check | PTIN | | | | |
| Preparer Use Only Firm's name RSM US LLP Firm's EIN 42-0714325 Use Only Firm's address 100 INTERNATIONAL DRIVE, SUITE 1400 Phone no.410-246-9300 | Pai | . | | · • | | if if | L | | | | |
| Use Only Firm's address 100 INTERNATIONAL DRIVE, SUITE 1400 BALTIMORE, MD 21202 Phone no.410-246-9300 | | - I | | | <u> </u> | 1 00.1 01.11 | .,,,,,,, | | | | |
| BALTIMORE, MD 21202 Phone no.410-246-9300 | | | 100 | riiiii S Eliv | 42-0/14323 | | | | | | |
| | 030 | Jilly | | | | Phone no 4 | 10-246-9300 | | | | |
| May the IRS discuss this return with the preparer shown above? See instructions | — Ma | v the IF | · · · · · · · · · · · · · · · · · · · | ve? See instructions | | I i lione no. 4 | X Yes No | | | | |

| Form | 1990 (2023) LINDEN PONDS, INC. | 14-1849849 | Page 2 |
|------|---|----------------------|--------|
| Pa | rt III Statement of Program Service Accomplishments | | |
| | 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 | 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 | X No |
| 4 | If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as n | nescured by expenses | |
| • | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others revenue, if any, for each program service reported. | | |
| 4a | (Code:) (Expenses \$ 70,076,229. including grants of \$ 192,862.) (Revenu LINDEN PONDS, INC PROVIDES SERVICES NEEDED BY SENIOR RESIDENTS, WHO | e\$75,66 | 6,996. |
| | RESIDE IN 1,085 INDEPENDENT LIVING UNITS, 22 ASSISTED LIVING UNITS, 66 | | |
| | SKILLED NURSING BEDS AND 40 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. | | |
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| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue | e.\$ |) |
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| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue | e \$ |) |
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| 4d | Other program services (Describe on Schedule O.) | | |
| | (Expenses \$ including grants of \$) (Revenue \$ |) | |
| 4e | Total program service expenses 70,076,229. | | 200 |

Form 990 (2023) LINDEN 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_ | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | Х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | .,, | |
| | If "Yes," complete Schedule D, Part IV | 9_ | Х | |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | ١ | | |
| | or in quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | Х |
| 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, | | х | |
| | Part VI | 11a | Α | |
| D | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | 446 | х | |
| _ | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | Λ | |
| C | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | x |
| ч | 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 | 110 | | |
| u | 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 siability 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 | | х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| b | | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | Х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | 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 | L | Х |

Form 990 (2023) LINDEN PONDS, INC.

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 | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | Х |
| 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 | | х |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | Х |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | x |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L. Part I | 25b | | x |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | x |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| 21 | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | | 27 | | x |
| 28 | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 21 | | |
| 20 | | | | |
| _ | 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 | | _ ^ |
| С | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | x |
| | "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M | 29 | | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | l |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | Х | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | X | |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 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 | |
| Pa | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | \Box |
| | | | 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 | |
| | | Г | aan | (0000) |

Form 990 (2023)

LINDEN PONDS, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Page 5 14-1849849

| | | | Yes | No |
|------------|--|------|-----|-----|
| 2 a | 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 | | | |
| | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | .,, |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | Х |
| | 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 | | | x |
| L | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | |
| D | If "Yes," enter the name of the foreign country See instructions for filling requirements for FinCFN Form 114. Beneat of Foreign Bank and Financial Associate (FBAR) | | | |
| 5 0 | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Х |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | 30 | | |
| va | any contributions that were not tax deductible as charitable contributions? | 6a | | x |
| h | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | - ou | | |
| ~ | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| | 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 | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Х | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| | to file Form 8282? | 7с | | х |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | Х |
| 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 | | |
| 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: | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| | Gross income from members or shareholders 11a | | | |
| D | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | |
| 100 | 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? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | ıza | | |
| 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 | | |
| - | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | |
| | organization is licensed to issue qualified health plans | | | |
| С | Enter the amount of reserves on hand | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Х |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | |
| | excess parachute payment(s) during the year? | 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 "Yes," complete Form 6069. | | | |

LINDEN PONDS INC. Form 990 (2023) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year 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 7 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c Х on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure MA List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Own website X Another's website ___ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

IBI KHAN - (410) 242-2880

701 MAIDEN CHOICE LANE, BALTIMORE, MD

21228

Form 990 (2023) LINDEN PONDS, INC. 14-1849849 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

Х

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.

| (A) | (B) | (C) | | | | | | (D) | (E) | (F) |
|--------------------------------|-------------------|--------------------------------|--|---------|--------------|------------------------------|--------|---------------------------------|------------------------------|------------------------------|
| Name and title | Average hours per | | Position (do not check more than one box, unless person is both an | | | than o | | Reportable compensation | Reportable compensation | Estimated amount of |
| | week | | | | | r/trus | | from | from related | other |
| | (list any | rector | | | | | | the | organizations | compensation |
| | hours for related | Individual trustee or director | tee | | | Highest compensated employee | | organization (W-2/1099-MISC/ | (W-2/1099-MISC/ 1099-NEC) | from the organization |
| | organizations | truste | Institutional trustee | | yee | u beu | | 1099-NEC) | 1033 (120) | and related |
| | below | idual | tution | ъ | Key employee | est co loyee | Je. | , | | organizations |
| | line) | Indiv | Insti | Officer | Key | High | Former | | | |
| (1) JAMES CENTOLA | 40.00 | | | | | | | | | |
| EXECUTIVE DIRECTOR | | | | Х | | | | 270,776. | 0. | 9,528. |
| (2) REV. DR. ZINA JACQUE | 0.70 | | | | | | | | | |
| CHAIR & PRESIDENT | 8.70 | Х | | Х | | | | 0. | 215,000. | 0. |
| (3) DEBORAH BONARRIGO | 40.00 | | | | | | | | | |
| DIRECTOR, NURSING | | | | | Х | | | 157,102. | 0. | 20,080. |
| (4) EILEEN G. ERSTAD | 0.10 | | | | | | | | | |
| TREASURER | 14.50 | Х | | Х | | | | 0. | 167,500. | 0. |
| (5) MARY D. COLINS | 0.10 | 1 | | | | | | | | |
| SECRETARY | 10.30 | Х | | Х | | | | 0. | 150,000. | 0. |
| (6) STEPHANIE L. REEL | 0.10 | 1 | | | | | | | | |
| DIRECTOR | 9.90 | Х | | | | | | 0. | 150,000. | 0. |
| (7) LORYJANE ZURITA | 40.00 | | | | | | | | | |
| LICENSED PRACTICAL NURSE | | | | | | Х | | 131,600. | 0. | 15,102. |
| (8) MAUREEN BRENNAN | 40.00 | | | | | | | | | |
| HEALTH CARE COUNSELOR | | | | | | Х | | 127,553. | 0. | 18,192. |
| (9) ROSE JEANTY-DELMY | 40.00 | | | | | | | | | |
| LICENSED PRACTICAL NURSE | | | | | | Х | | 132,124. | 0. | 12,849. |
| (10) JULIE DIAB | 40.00 | | | | | | | | | |
| MANAGER, REHABILITATION | | | | | | Х | | 128,832. | 0. | 15,444. |
| (11) POLINA ZHESTYANNIKOVA | 40.00 | - | | | | | | | _ | |
| ASSISTANT DIRECTOR, NURSING | | | | | | Х | | 130,944. | 0. | 10,484. |
| (12) MARIANNE ROCKETT | 40.00 | - | | | | | | | | |
| DIRECTOR, FINANCE (BEG 2/6/23) | 0.10 | | | Х | | | | 120,085. | 0. | 86. |
| (13) BARBARA C. BISGAIER | 0.10 | ł | | | | | | | 440.000 | |
| VICE CHAIR & VICE PRESIDENT | 7.90 | Х | | Х | | | | 0. | 110,000. | 0. |
| (14) MICHAEL W. ROSKIEWICZ | 0.10 | | | | | | | | 440.000 | _ |
| DIRECTOR | 9.50 | Х | | | | | | 0. | 110,000. | 0. |
| (15) MONTY C. LEONARD | 0.10 | ., | | | | | | | 07 500 | _ |
| DIRECTOR | 8.40 | Х | | | | | | 0. | 87,500. | 0. |
| (16) PAMELA D. PAULK | 0.10 | | | | | | | | 07 500 | _ |
| DIRECTOR | 8.20 | Х | - | | | | | 0. | 87,500. | 0. |
| (17) PATRICIA M. BROWN | 7.60 | Ţ | | | | | | | 07 500 | _ |
| DIRECTOR 332007 12-21-23 | 1 /.00 | X | | | | L | l | 0. | 87,500. | 0. Form 990 (2023) |

Form **990** (2023)

Form 990 (2023) LINDEN PONDS, INC. 14-1849849 Page **8**

| Part VII Section A. Officers, Directors, Trus | | oloy | ees, | and | l Hig | ghes | t Co | ompensated Employee | s (continued) | - rage u |
|---|--|--------------------------------|---|---------|--------------|------------------------------|--------|---|---|--|
| (A) | (B) | | | (0 | C) | | | (D) | (E) | (F) |
| Name and title | Average hours per week | box | Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | than o | an | Reportable compensation from | Reportable compensation from related | Estimated amount of other |
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC/ 1099-NEC) | organizations (W-2/1099-MISC/ 1099-NEC) | compensation from the organization and related organizations |
| (18) IAN BROWN | 0.10 | | | | | | | | | |
| DIRECTOR (BEG 4/1/23) | 7.80 | Х | | | | | | 0. | 65,000. | 0. |
| (19) RUSSELL SHARP | 0.10 | | | | | | | | | |
| DIRECTOR (BEG 4/1/23) | 7.80 | Х | | | | | | 0. | 65,000. | 0. |
| (20) ARNOLD SPEERT | 0.10 | | | | | | | | | |
| DIRECTOR (THRU 3/31/23) | 8.10 | Х | | | | | | 0. | 22,500. | 0. |
| (21) C. JACKSON BAIN | 0.10 | | | | | | | | | |
| DIRECTOR (THRU 3/31/23) | 6.60 | Х | | | | | | 0. | 22,500. | 0. |
| (22) CHRIS RATHMANN | 0.50 | | | | | | | | | |
| ASSISTANT TREASURER | 7.00 | | | Х | | | | 0. | 0. | 0. |
| (23) JOHN HALL | 0.50 | | | | | | | | | |
| ASSISTANT TREASURER | 7.00 | | | Х | | | | 0. | 0. | 0. |
| (24) MARK EMBLEY | 0.50 | | | | | | | | | |
| ASSISTANT TREASURER | 8.00 | | | Х | | | | 0. | 0. | 0. |
| (25) NEAL GANTERT | 0.50 | | | | | | | | | |
| ASSISTANT TREASURER | 7.00 | | | Х | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
| 1b Subtotal | | | | | | | | 1,199,016. | 1,340,000. | 101,765. |
| c Total from continuation sheets to Part V | c Total from continuation sheets to Part VII, Section A | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | <u></u> | <u></u> | <u></u> | | | 1,199,016. | 1,340,000. | 101,765. |

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

Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person

5 X

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 calculat year chaing with or with | _ | |
|--|-----------------------------|---------------------|
| (A) Name and business address | (B) Description of services | (C) Compensation |
| ERICKSON SENIOR LIVING, LLC | | |
| 701 MAIDEN CHOICE LANE, BALTIMORE, MD 21228 | MANAGEMENT - SEE SCH. O | 9,546,622. |
| CALLAHAN, INC | | |
| 80 1ST ST #1, BRIDGEWATER, MA 02324 | BUILDING CONTRACTOR | 7,071,253. |
| AEROSEAL WINDOWS AND STOREFRONT | | |
| 8350 BRISTOL CT, JESSUP, MD 20794 | ARCHITECT SERVICES | 1,321,564. |
| CARPET BOSTON | | |
| 661 PLEASANT ST UNIT 1A, NORWOOD, MA 02062 | CARPET & FLOORING SERVICES | 1,083,716. |
| TARBOX CONSTRUCTION LLC | | |
| 6 TROUANTS ISLAND, MASHFIELD, MA 02050 | CONTRACTOR | 1,000,087. |
| 2 Total number of independent contractors (including but not limited to those listed | | |
| \$100,000 of compensation from the organization 24 | | |
| | | - 000 (2222) |

30

Form 990 (2023) LINDEN PONT
Part VIII Statement of Revenue

| | | | Check if Schedule O | conta | ains a | response | or note to any lin | e in this Part VIII | | | |
|--|----|-------------------|---|--------|---------|-----------|--------------------|---------------------|------------------------------------|----------------------------|---------------------------------|
| | | | | | | | | (A) | (B) | (C) | (D) |
| | | | | | | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under |
| | | | | | | | | | iunction revenue | business revenue | sections 512 - 514 |
| s s | 1 | а | Federated campaigns | | | 1a | | | | | |
| ran uni | | | Membership dues | | | 1b | | | | | |
| Ω. E | | | Fundraising events | | | 1c | 9,688. | | | | |
| ifts ar A | | | | | | 1d | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | | Government grants (contr | | | 1e | 198,079. | | | | |
| Sign | | | All other contributions, gifts, | | | | | | | | |
| but | | | similar amounts not included | | | 1f | 1,156,811. | | | | |
| Ē | | g | Noncash contributions included in | | | 1g \$ | 5,939. | | | | |
| a S | | h | Total. Add lines 1a-1f | | | | | 1,364,578. | | | |
| | | | | | | | Business Code | | | | |
| a l | 2 | а | RESIDENT FEES | | | | 623000 | 66,196,622. | 66,196,622. | | |
| Ş | | b | ANCILLARY FEES | | | | 623000 | 6,943,027. | 6,943,027. | | |
| Sel | | С | RESIDENT DEPOSITS | | | | 623000 | 2,524,047. | 2,524,047. | | |
| an | | d PROCESSING FEES | | 623000 | 3,300. | 3,300. | | | | | |
| Program Service Revenue | | е | | | | | | | | | |
| P. | | f | All other program service | rever | nue | | | | | | |
| | | | - | | | | | 75,666,996. | | | |
| | 3 | | Investment income (includ | | | | | | | | |
| | | | | | | | | 1,480,209. | | | 1,480,209. |
| | 4 | | Income from investment of | | | | | | | | |
| | 5 | | Royalties | | | | | | | | |
| | | | • | | (i |) Real | (ii) Personal | | | | |
| | 6 | а | Gross rents | 6a | 3 | 87,797. | | | | | |
| | | b | Less: rental expenses | 6b | | 0. | | | | | |
| | | | Rental income or (loss) | 6с | 3 | 87,797. | | | | | |
| | | d | Net rental income or (loss) | | | | | 387,797. | | | 387,797. |
| | 7 | | Gross amount from sales of | | (i) S | ecurities | (ii) Other | | | | |
| | | | assets other than inventory | 7a | 1 | 07,812. | 8,025. | | | | |
| | | b | Less: cost or other basis | | | | | | | | |
| ē | | | and sales expenses | 7b | | 0. | 0. | | | | |
| en e | | С | Gain or (loss) | 7c | 1 | 07,812. | 8,025. | | | | |
| her Revenue | | | Net gain or (loss) | | | | | 115,837. | | | 115,837. |
| ē | 8 | а | Gross income from fundraising | ng ev | ents (n | not | | | | | |
| ₽ | | | including \$ | | 688. | | | | | | |
| | | | contributions reported on | | | | | | | | |
| | | | Part IV, line 18 | | • | 8a | 28,335. | | | | |
| | | b | | | | | 9,058. | | | | |
| | | С | Net income or (loss) from | | | | | 19,277. | | | 19,277. |
| | 9 | | Gross income from gamin | | | | | | | | |
| | | | Part IV, line 19 | | | | 23,365. | | | | |
| | | b | | | | | | | | | |
| | | С | Net income or (loss) from | | | | | 21,169. | | | 21,169. |
| | 10 | | Gross sales of inventory, I | - | - | | | | | | |
| | | | and allowances | | | I | a | | | | |
| | | b | Less: cost of goods sold | | | | | | | | |
| | | | Net income or (loss) from | | | | | | | | |
| | | | , | | | , | Business Code | | | | |
| Miscellaneous Revenue | 11 | а | | | | | | | | | |
| ane Due | | b | | | | | | | | | |
| ele eve | | С | | | | | | | | | |
| isc B | | d | All other revenue | | | | | | | | |
| 2 | | | Total. Add lines 11a-11d | | | | | | | | |
| | 12 | | Total revenue See instruction | | | | | 79 055 863. | 75 666 996. | 0. | 2 024 289. |

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).

| Secu | ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons | | | | |
|----------|---|----------------|--------------------------|---|-------------------------|
| Do r | not include amounts reported on lines 6b, | (A) | (B) | (C) | _ (D) |
| | 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | 192,862. | 192,862. | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 577,657. | | 577,657. | |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 26,898,276. | 23,286,513. | 3,525,395. | 86,368. |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | 524,635. | 440,819. | 81,214. | 2,602. |
| 9 | Other employee benefits | 3,429,459. | 2,743,343. | 685,229. | 887. |
| 10 | Payroll taxes | 2,113,955. | 1,782,888. | 324,083. | 6,984. |
| 11 | Fees for services (nonemployees): | 2 264 542 | 2 264 542 | | |
| а | Management | 3,261,549. | 3,261,549. | 25. 206 | |
| b | Legal | 35,306. | | 35,306. | |
| С. | Accounting | 80,672. | | 80,672. | |
| d | Lobbying | | | | |
| e | Professional fundraising services. See Part IV, line 17 | 15,070. | | 15,070. | |
| f | Investment management fees | 13,070. | | 13,070. | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | 7,536,655. | 2,262,446. | 5,274,209. | |
| 10 | column (A), amount, list line 11g expenses on Sch 0.) | 2,626,900. | 2,626,900. | 3,214,203. | |
| 12 | Advertising and promotion | 5,958,574. | 5,158,102. | 795,417. | 5,055. |
| 13 14 | Office expenses | 0,500,071 | 0,200,202. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 5,786,352. | 5,783,335. | 3,017. | |
| 17 | Travel | 55,878. | 17,845. | 36,650. | 1,383. |
| 18 | Payments of travel or entertainment expenses | , | , . | , - | , |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | 7,058,906. | 7,058,906. | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 12,587,634. | 12,587,634. | | |
| 23 | Insurance | 893,139. | 893,139. | | |
| 24 | Other expenses. Itemize expenses not covered | | | | |
| | above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), | | | | |
| | amount, list line 24e expenses on Schedule 0.) | | | | |
| а | EQUIPMENT RENTAL | 1,768,059. | 1,757,718. | 10,143. | 198. |
| b | RESIDENT RELATIONS | 256,178. | 120,415. | 133,529. | 2,234. |
| С | CHARITY CARE | 101,815. | 101,815. | | |
| d | | | | | |
| е | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 81,759,531. | 70,076,229. | 11,577,591. | 105,711. |
| 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) | | | | |

Form 990 (2023)
Part X Balance Sheet

| | | Check if Schedule O contains a response or no | ote to any | line in this Part X | (A) Beginning of year | | (B) End of year |
|-----------------------------|-----|--|--------------|---------------------|-----------------------|--------------|-----------------|
| | 1 | Cash - non-interest-bearing | 600. | 1 | 600. | | |
| | 2 | Savings and temporary cash investments | | | 56,860,681. | 2 | 48,905,577. |
| | 3 | Pledges and grants receivable, net | , , . | 3 | , , . | | |
| | 4 | Accounts receivable, net | | | 1,995,808. | 4 | 1,857,189. |
| | 5 | Loans and other receivables from any current | | | | | |
| | " | trustee, key employee, creator or founder, sub | | | | | |
| | | controlled entity or family member of any of the | | 5 | | | |
| | 6 | Loans and other receivables from other disqua | | | | | |
| | " | under section 4958(f)(1)), and persons describe | • | , | | 6 | |
| . | 7 | Notes and loans receivable, net | | | 3,656,600. | 7 | 4,900,191. |
| Assets | 8 | Inventories for sale or use | | | 133,385. | 8 | 99,514. |
| Ass | 9 | B | | | 461,448. | 9 | 511,063. |
| 1 | | Land, buildings, and equipment: cost or other | | | ,• | | , |
| | IVA | basis. Complete Part VI of Schedule D | 102 | 414,541,802. | | | |
| | b | | | 131,294,346. | 278,055,057. | 10c | 283,247,456. |
| | 11 | Investments - publicly traded securities | 3,971,071. | 11 | 6,043,369. | | |
| | 12 | Investments - other securities. See Part IV, line | | 47,559,353. | 12 | 69,785,664. | |
| | 13 | Investments - program-related. See Part IV, line | 2.,000,000. | 13 | 05,.00,002. | | |
| | 14 | | | 14 | | | |
| | 15 | Intangible assets Other assets. See Part IV, line 11 | | | 15 | | |
| | 16 | Total assets. Add lines 1 through 15 (must eq | 392,694,003. | 16 | 415,350,623. | | |
| -+ | 17 | Accounts payable and accrued expenses | | 5,127,514. | 17 | 9,818,671. | |
| | 18 | Grants payable | -,, | 18 | -,, | | |
| | 19 | Deferred revenue | | 19 | | | |
| | 20 | Tax-exempt bond liabilities | | 150,170,444. | 20 | 147,008,064. | |
| | 21 | Escrow or custodial account liability. Complete | | 4 O - 1 - 1 - 1 - D | 1,448,200. | 21 | 1,431,100. |
| | 22 | Loans and other payables to any current or for | | | =,===,=== | | _,==,==• |
| Liabilities | 22 | trustee, key employee, creator or founder, sub | | | | | |
| iig | | controlled entity or family member of any of the | | | | 22 | |
| Lia | 23 | Secured mortgages and notes payable to unre | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelat | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, p | | | | | |
| | 20 | parties, and other liabilities not included on line | | | | | |
| | | of Schedule D | • | · | 359,133,982. | 25 | 374,815,663. |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 515,880,140. | 26 | 533,073,498. |
| \neg | | Organizations that follow FASB ASC 958, ch | eck here | X | , , - | | <u>, , , .</u> |
| မွ | | and complete lines 27, 28, 32, and 33. | icon noi c | | | | |
| Š | 27 | | | | -126,889,631. | 27 | -122,171,969. |
| 3ale | 28 | Net assets with donor restrictions | 3,703,494. | 28 | 4,449,094. | | |
| 힐 | | Organizations that do not follow FASB ASC | , , | | . , , | | |
| Ţ. | | and complete lines 29 through 33. | | | | | |
| ō | 29 | Capital stock or trust principal, or current fund | | | 29 | | |
| ets | 30 | Paid-in or capital surplus, or land, building, or o | | | | 30 | |
| Ass | 31 | Retained earnings, endowment, accumulated | | | 31 | | |
| Net Assets or Fund Balances | 32 | Total net assets or fund balances | | | -123,186,137. | 32 | -117,722,875. |
| Z | 33 | | | 392,694,003. | 33 | 415,350,623. | |

Form **990** (2023)

| Form | 1990 (2023) LINDEN PONDS, INC. | 14-184984 | 9 | Pag | ge 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 | | | 863. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 531. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -2, | 703, | 668. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | -123, | | |
| 5 | Net unrealized gains (losses) on investments | 5 | | 97, | 814. |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 8, | 069, | 116. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| _ | column (B)) | 10 | -117, | 722, | 875. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | Щ |
| | | | | 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 | • | | | |
| | 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 Sche | dule 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 | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed audit | | | 1 |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | |
| | | | Form | 990 | (2023) |

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

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

Name of the organization **Employer identification number** LINDEN PONDS INC. 14-1849849 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.)

| Section 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 | 16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and | | | | | | |
| | stop here. The organization qualifies as a publicly supported organization | | | | | | |
| 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% | |
| 17a | 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-circular and facts foundation. If the organization | | | | | | |
| 10 | Private foundation. If the organization | ni did fiot check a | DUX UIT IIITE 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 | ndar 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.") | 1,069,290. | 2,566,952. | 2,545,741. | 1,662,177. | 1,364,578. | 9,208,738. |
| 2 | Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 62,836,612. | 62,411,564. | 65,869,237. | 70,220,131. | 75,718,696. | 337,056,240. |
| 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 | 63,905,902. | 64,978,516. | 68,414,978. | 71,882,308. | 77,083,274. | 346,264,978. |
| 78 | Amounts included on lines 1, 2, and 3 received from disqualified persons | 100,000. | 100,000. | 335,000. | 180,588. | 194,366. | 909,954. |
| 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 | | | | · | | 0 |
| , | amount on line 13 for the year Add lines 7a and 7b | 100,000. | 100,000. | 335,000. | 180,588. | 194,366. | 909,954. |
| | Public support. (Subtract line 7c from line 6.) | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | 345,355,024. |
| | ction B. Total Support | | | | | | , , - |
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| | Amounts from line 6 | 63,905,902. | 64,978,516. | 68,414,978. | 71,882,308. | 77,083,274. | 346,264,978. |
| | dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 775,818. | 486,831. | 431,196. | 841,289. | 1,868,006. | 4,403,140. |
| k | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| (| Add lines 10a and 10b | 775,818. | 486,831. | 431,196. | 841,289. | 1,868,006. | 4,403,140. |
| | Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | · | · | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital | | | 1,530. | 1,603. | | 3,133. |
| 13 | assets (Explain in Part VI.) | 64,681,720. | 65,465,347. | 68,847,704. | 72,725,200. | 78,951,280. | 350,671,251. |
| | First 5 years. If the Form 990 is for th | | · · · | | | | · · · · · · · · · · · · · · · · · · · |
| | check this box and stop here | | | | | | · |
| Se | ction C. Computation of Publi | c Support Per | centage | | | | |
| 15 | 15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 98.48 % | | | | | | |
| | 16 Public support percentage from 2022 Schedule A, Part III, line 15 98.70 % | | | | | | |
| Se | ction D. Computation of Inves | tment Income | Percentage | | | | |
| 17 | Investment income percentage for 20 | 123 (line 10c, colum | nn (f), divided by lir | ne 13, column (f)) | | 17 | 1.26 % |
| | Investment income percentage from 2 | • | | | | 18 | 1.05 % |
| 19a | a 33 1/3% support tests - 2023. If the | - | | | | | |
| k | more than 33 1/3%, check this box ar 33 1/3% support tests - 2022. If the | = | - | | • | | nd |
| | line 18 is not more than 33 1/3%, chec | ck this box and sto | op here. The organ | nization qualifies a | s a publicly suppo | rted organization | |
| 20 | Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions | | | | | | |

Schedule A (Form 990) 2023 LINDEN PONDS, INC. 14-1849849 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 |
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Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990) 2023 LINDEN PONDS, INC.

Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 14-1849849 Page 6

| Fai | | | | |
|------|---|------------|----------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | | • | Part VI). See instructions. |
| | All other Type III non-functionally integrated supporting organizations mus | t complete | Sections A through E. | T |
| Sect | on 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 | | |
| Sect | on B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| a | Average monthly value of securities | 1a | | |
| | Average monthly cash balances | 1b | | |
| | Fair market value of other non-exempt-use assets | 1c | | |
| | Total (add lines 1a, 1b, and 1c) | 1d | | |
| | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| | on C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| - | emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functional | | d Type III supporting orga | nization (see |
| • | instructions). | , | = .,ps sapporting orgo | |
| | | | | |

Schedule A (Form 990) 2023

| Sche | dule A (Form 990) 2023 LINDEN PONDS, INC. | | | 14-1849849 | Page 7 |
|--|---|-------------------------------|---|---------------------------------|--------|
| Par | | (a)(3) Supporting Orga | nizations (continued | <i>(</i>) | J |
| Secti | on D - Distributions | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Current | Year |
| 1 | Amounts paid to supported organizations to accomplish exe | mpt purposes | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exemp | ot purposes of supported | | | |
| | organizations, in excess of income from activity | | | 2 | |
| _3_ | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | ; | 3 | |
| _4_ | Amounts paid to acquire exempt-use assets | | 4 | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pri | 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 | 1 | 10 | 0 | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2023 | (iii) Distribut Amount fo | table |
| _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 | | | | |
| <u>d</u> | From 2021 | | | | |
| <u> e </u> | From 2022 | | | | |
| f | Total of lines 3a through 3e | | | | |
| <u>g</u> | Applied to underdistributions of prior years | | | | |
| <u>h</u> | Applied to 2023 distributable amount | | | | |
| i_ | 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: \$ | | | | |
| | Applied to underdistributions of prior years | | | | |
| | Applied to 2023 distributable amount | | | | |
| | 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: | | | | |
| | Excess from 2019 | | | | |
| | Excess from 2020 | | | | |
| | Excess from 2021 | | | | |
| <u>u</u> | Excess from 2022 | | | | |

Schedule A (Form 990) 2023

e Excess from 2023

| Schedule A | | N PONDS, INC. | | 14-1849849 Page 8 |
|------------|--|--|--|---|
| Part VI | Part IV, Section A, lines 1, 2, 3b, 3 line 1; Part IV, Section D, lines 2 ar | c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 1 nd 3; Part IV, Section E, lines | equired by Part II, line 10; Part II, lin 1a, 11b, and 11c; Part IV, Section E 1c, 2a, 2b, 3a, and 3b; Part V, line nd 6. Also complete this part for any | 3, lines 1 and 2; Part IV, Section C, 1; Part V, Section B, line 1e; Part V, |
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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

| I | INDEN PONDS, INC. | 14-1849849 | | | | |
|---|--|---|--|--|--|--|
| Organization type (check | cone): | | | | | |
| 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 | 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 | | | | | | |
| For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. | | | | | | |
| Special Rules | | | | | | |
| sections 509(a)(contributor, duri | ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support I) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, an ing 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, li | Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990). | | | | | |
| For Paperwork Reduction A | ct Notice, see the instructions for Form 990, 990-EZ, or 990-PF. | Schedule B (Form 990) (2023) | | | | |

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. | | | |
|------------|--|----------------------------|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | |
| 1 | | \$194,366. | 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 | | \$5,939. | 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 | |
| 3 | | \$\$ | Person X Payroll | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | |
| 4 | | \$153,247. | 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 | | \$5,440. | 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 | | \$ | Person X Payroll | |

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | space is needed. | |
|------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 7 | | \$10,000. | 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 |
| 8 | | \$10,100. | 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 |
| 9 | | \$5,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 10 | | \$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 |
| 11 | | \$ | 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 | | \$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

| Part I | Contributors (see instructions). Use duplicate copies of Part I if addit | tional space is needed. | |
|------------|--|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 13 | | \$5,180. | 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 | | \$6,484 | 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 |
| 15 | | \$10,200. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions \$ | Person Payroll 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.) |

| 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 | |
| | SIGNAGE | _ | | |
| 2 | | _ | | |
| | | | 12/31/23 | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | |
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| | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | |
| | | _ | | |
| | | _ | | |
| | | \$ | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | |
| | | _ | | |
| | | _ | | |
| | | \$ | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | |
| | | _ | | |
| | | _ | | |
| | | \$ | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | |
| | | _ | | |
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| | | <u> </u> | | |

| Name of o | organization | | Employer identification number |
|---------------------------|--------------------------------|--|---|
| LINDEN F | PONDS, INC. | | 14-1849849 |
| Part III | | through (e) and the following line en haritable, etc., contributions of \$1,000 or | section 501(c)(7), (8), or (10) that total more than \$1,000 for the year |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| | | (e) Transfer of gi | jift |
| | Transferee's name, address, ar | nd ZIP + 4 | Relationship of transferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| | | (e) Transfer of gi | l jift |
| | Transferee's name, address, ar | nd ZIP + 4 | Relationship of transferor to transferee |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| | | (e) Transfer of gi | l gift |
| | Transferee's name, address, ar | nd ZIP + 4 | Relationship of transferor to transferee |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| | | (e) Transfer of gi | lift |
| | Transferee's name, address, ar | nd ZIP + 4 | Relationship of transferor to transferee |
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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

LINDEN PONDS INC

Employer identification number 14-1849849

| Pa | t I Organizations Maintaining Donor Advised | d Funds or Other Similar Funds o | r Accour | nts. Complete if the |
|----|--|---|----------------|---------------------------------|
| | organization answered "Yes" on Form 990, Part IV, line | | | |
| | | (a) Donor advised 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 w | vriting that the assets held in donor advised | d funds | |
| | are the organization's property, subject to the organization's | - | | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor ad | | | |
| _ | for charitable purposes and not for the benefit of the donor or | | | |
| | | | • | Yes No |
| Pa | | | | |
| 1 | Purpose(s) of conservation easements held by the organization | | | |
| | Preservation of land for public use (for example, recreat | | historically | important land area |
| | Protection of natural habitat | Preservation of a | - | • |
| | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualifi | ed conservation contribution in the form of | a conserva | tion easement on the last |
| | day of the tax year. | | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a | |
| b | | | | |
| С | Number of conservation easements on a certified historic stru | ıcture included on line 2a | 2c | |
| d | Number of conservation easements included on line 2c acqui | | | |
| | on a historic structure listed in the National Register | | 2d | |
| 3 | Number of conservation easements modified, transferred, rele | | | during the tax |
| | year | | | - |
| 4 | Number of states where property subject to conservation eas | ement is located | | |
| 5 | Does the organization have a written policy regarding the peri | iodic monitoring, inspection, handling of | | |
| | violations, and enforcement of the conservation easements it | holds? | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, h | | | |
| | | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handle | ling of violations, and enforcing conservation | n easemen | ts during the year |
| | | | | |
| 8 | Does each conservation easement reported on line 2d above | satisfy the requirements of section 170(h)(4 | 4)(B)(i) | |
| | and section 170(h)(4)(B)(ii)? | | | Yes No |
| 9 | In Part XIII, describe how the organization reports conservation | on easements in its revenue and expense s | tatement an | nd |
| | balance sheet, and include, if applicable, the text of the footness | ote to the organization's financial statemen | its that desc | cribes the |
| | organization's accounting for conservation easements. | | | |
| Pa | t III Organizations Maintaining Collections of | | er Simila | r Assets. |
| | Complete if the organization answered "Yes" on Form | 990, Part IV, line 8. | | |
| 1a | If the organization elected, as permitted under FASB ASC 958 | 8, not to report in its revenue statement and | d balance s | heet works |
| | of art, historical treasures, or other similar assets held for pub | lic exhibition, education, or research in furt | herance of | public |
| | service, provide in Part XIII the text of the footnote to its finan | cial statements that describes these items. | | |
| b | If the organization elected, as permitted under FASB ASC 958 | 8, to report in its revenue statement and ba | lance sheet | t works of |
| | art, historical treasures, or other similar assets held for public | exhibition, education, or research in furthe | rance of pu | blic service, |
| | provide the following amounts relating to these items. | | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | |
| | (ii) Assets included in Form 990, Part X | | | \$ |
| 2 | If the organization received or held works of art, historical treatments | asures, or other similar assets for financial o | | |
| | the following amounts required to be reported under FASB AS | SC 958 relating to these 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 LINDEN POND | S, INC. | | | | | 14 | -1849849 | | Page 2 |
|--------|---|-------------------------|----------------|-----------------|----------------|---------------|-----------------------|-------------|------------|----------|
| | t III Organizations Maintaining C | ollections of Art, | Histo | orical Tre | asures, o | r Other | Similar As | sets (co | ntinued | |
| 3 | Using the organization's acquisition, accession | on, and other records, | check | any of the f | ollowing that | t make sig | nificant use o | f its | | |
| | collection items (check all that apply). | | | | | | | | | |
| а | Public exhibition | d | | _oan or exc | hange progra | am | | | | |
| b | Scholarly research | е | | Other | | | | | | |
| С | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's co | llections and explain | how the | ey further th | e organizatio | on's exem | pt purpose in | Part XIII. | | |
| 5 | During the year, did the organization solicit or | r receive donations of | art, his | torical treas | sures, or othe | er similar a | assets | | | |
| | to be sold to raise funds rather than to be ma | | | | | | | | | No |
| Par | t IV Escrow and Custodial Arrang | gements Complete | e if the o | organization | answered " | Yes" on F | orm 990, Part | IV, line 9, | or | |
| | reported an amount on Form 990, Par | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodia | an, or other intermedia | ary for o | contribution | s or other as | sets not i | ncluded | | _ | |
| | on Form 990, Part X? | | | | | | | Yes | s [| X No |
| b | If "Yes," explain the arrangement in Part XIII a | and complete the follo | wing ta | able: | | | | | | |
| | | | | | | | | Amo | ount | |
| С | Beginning balance | | | | | | 1c | | | |
| d | Additions during the year | | | | | | 1d | | | |
| е | Distributions during the year | | | | | | 1e | | | |
| f | Ending balance | | | | | | 1f | | | |
| | Did the organization include an amount on Fo | | | | | | y? | X Yes | _ | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | | | <u> L</u> | X |
| Par | t V Endowment Funds Complete if | (a) Current year | | | | | d) Three years | haak (a) [| Our voc | ırs back |
| | , , , | (a) Current year | (D) P | rior year | (c) Two yea | IS DACK (| a) Tillee years | Dack (e) | our yea | IIS DACK |
| _ | Beginning of year balance | + | | | | | | | | |
| b | Contributions | + | | | | | | | | |
| C | Net investment earnings, gains, and losses | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | |
| | and programs | | | | | | | | | |
| | Administrative expenses End of year balance | | | | | | | | | |
| g 2 | Provide the estimated percentage of the curre | ent year end halance | (line 1a | column (a) |) hold ac. | | | | | |
| a | Board designated or quasi-endowment | , | (iiiie ig % | , coluitiii (a) |) Held as. | | | | | |
| h | Permanent endowment | | -/0 | | | | | | | |
| c | | | | | | | | | | |
| · | The percentages on lines 2a, 2b, and 2c shou | · - | | | | | | | | |
| За | Are there endowment funds not in the possess | • | ion that | are held ar | nd administer | red for the | | | | |
| | organization by: | | | | | | | | Ye | s No |
| | (i) Unrelated organizations? | | | | | | | 3a | (i) | |
| | (ii) Related organizations? | | | | | | | | | |
| b | If "Yes" on line 3a(ii), are the related organization | | | | | | | | | |
| 4 | Describe in Part XIII the intended uses of the | | | | | | | | | |
| Par | t VI Land, Buildings, and Equipm | | | | | | | | | |
| | Complete if the organization answered | d "Yes" on Form 990, | Part IV | , line 11a. S | ee Form 990 | , Part X, li | ne 10. | _ | | |
| | Description of property | (a) Cost or oth | ner | (b) Cost | or other | (c) Ac | cumulated | (d) E | Book va | alue |
| | | basis (investme | ent) | basis | ` , | dep | reciation | | | |
| 1a | Land | | | 21 | ,923,457. | | | | 21,92 | 3,457. |
| b | Buildings | | | 370 | ,344,310. | 12 | 4,228,570. | . 2 | 46,11 | 5,740. |
| | Leasehold improvements | | | | | | | | | |
| d | Equipment | | | | ,815,404. | | 5,129,567. | | | 5,837. |
| | Other | | | 13 | ,458,631. | | 1,936,209. | . : | 11,52 | 2,422. |

Schedule D (Form 990) 2023

283,247,456.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

| Part VII | Investn | nents - | Other | Securities |
|----------|---------|---------|-------|-------------------|
| | | | | |

| Part VII Investments - Other Securities Complete if the organization answered "Yes" | on Form 990, Part IV, line 1 | 11b. See Form 990, Part X, line 12. |
|--|------------------------------|---|
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) BENEFICIAL INTEREST IN NATIONAL CCRC | | |
| (B) BUSINESS TRUST 1 | 64,054,568. | END-OF-YEAR MARKET VALUE |
| (C) FIXED INCOME SECURITIES | 5,731,096. | END-OF-YEAR MARKET VALUE |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) | 69,785,664. | |
| Part VIII Investments - Program Related. | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line 1 | 1c. See Form 990, Part X, line 13. |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
| (1) | | |
| (2) | | |
| (3) | | |

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

Other Assets

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

| (a) Description | (b) Book value |
|-----------------|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| | |
| (8) | |
| (9) | |
| | |

Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))

Part X Other Liabilities

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

| 1. | (a) Description of liability | (b) Book value |
|--------|---|----------------|
| (1) | Federal income taxes | |
| (2) | RESIDENT DEPOSITS (NET) | 362,695,703. |
| (3) | CLAIMS RESERVE | 767,978. |
| (4) | FUNDS HELD FOR RESIDENTS | 91,859. |
| (5) | RESIDENT REFUNDS PAYABLE | 11,097,046. |
| (6) | DEFERRED MANAGEMENT & MARKETING FEE | 163,077. |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. | (Column (b) must equal Form 990, Part X, line 25, col. (B)) | 374,815,663. |

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X 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

| Sche | dule D (Form 990) 2023 LINDEN PONDS, INC. | | | 14-18498 | 49 Page 4 |
|-------|---|---------------------------------------|---------------|----------------|------------------|
| Par | t XI Reconciliation of Revenue per Audited Financial | Statements With R | evenue per Re | turn | |
| | Complete if the organization answered "Yes" on Form 990, Part | IV, line 12a. | | | |
| 1 | Total revenue, gains, and other support per audited financial statement | s | | 1 | 87,222,715. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments | 2a | 97,814. | | |
| b | Donated services and use of facilities | | | | |
| С | Recoveries of prior year grants | | | | |
| d | Other (Describe in Part XIII.) | | 8,084,108. | | |
| е | Add lines 2a through 2d | | | 2e | 8,181,922. |
| 3 | Subtract line 2e from line 1 | | | 3 | 79,040,793. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | | 4a | 15,070. | | |
| b | Other (Describe in Part XIII.) | | | | |
| c | Add lines 4a and 4b | | | 4c | 15,070. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. lir | | | 5 | 79,055,863. |
| | rt XII Reconciliation of Expenses per Audited Financia | I Statements With E | xpenses per F | Return | |
| | Complete if the organization answered "Yes" on Form 990, Part | IV. line 12a. | | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 81,759,453. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | , , |
| a | Donated services and use of facilities | 2a | | | |
| b | | | | | |
| | Prior year adjustments Other losses | | | | |
| C | | | 14,992. | | |
| d | Other (Describe in Part XIII.) | · · · · · · · · · · · · · · · · · · · | | 0- | 14,992. |
| e | Add lines 2a through 2d | | | 2e | 81,744,461. |
| 3 | Subtract line 2e from line 1 | | | 3 | 01,711,101. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | 1 4.1 | 15 070 | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | | 15,070. | | |
| b | Other (Describe in Part XIII.) | | | | 15 070 |
| | Add lines 4a and 4b | | | 4c | 15,070. |
| | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, 1 TXIII Supplemental Information | line 18.) | | 5 | 81,759,531. |
| | | | | | |
| | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a | · | | ; Part X, line | 2; Part XI, |
| lines | 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prov | ide any additional informa | tion. | | |
| | | | | | |
| חמגם | TV TIME 2D. | | | | |
| PART | 'IV, LINE 2B: | | | | |
| DDOO | DECENTED DECIDENCE ADE DECLIDED MO MAKE GEDMAIN INCOMI | I MENU DAVMENIUG | | | |
| PROS | PECTIVE RESIDENTS ARE REQUIRED TO MAKE CERTAIN INSTAL | TEMENT PAIMENTS | | | |
| DDTC | D TO THE EINE COMMINENT OF THE CIVEN INTE THOSE AS | WANCE DEDOCTED | | | |
| PRIC | OR TO THE FINAL SETTLEMENT OF THE GIVEN UNIT. THOSE AD | DVANCE DEPOSITS | | | |
| 300 | DEDODEED ON HODY 000 DADE V LIVE 31 | | | | |
| ARE | REPORTED ON FORM 990, PART X, LINE 21. | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| PART | YX, LINE 2: | | | | |
| | | | | | |
| LINI | EN PONDS, INC. ("LPH") IS EXEMPT FROM FEDERAL INCOME | TAXES UNDER | | | |
| | | | | | |
| SECT | CION 501(C)(3) OF THE INTERNAL REVENUE CODE AND THE AF | PLICABLE STATE | | | |
| | | | | | |
| INCC | ME TAX REGULATIONS. HINGHAM CAMPUS, LLC ("HC") IS A S | SINGLE MEMBER | | | |
| | | | | | |
| LIMI | TED LIABILITY COMPANY AND HAS ELECTED TO BE DISREGARD | DED FOR FEDERAL | | | |
| | | | | | |
| AND | STATE INCOME TAX PURPOSES. HC'S FINANCIAL STATEMENT A | ACTIVITY IS | | | |
| | | | | | |
| REFI | ECTED ON LPH'S BOOKS AND RECORDS. MANAGEMENT HAS EVAL | UATED LPH'S TAX | | | |

| Schedule D (Form 990) 2023 LINDEN PONDS, INC. | 14-1849849 Page 5 |
|--|--------------------------|
| Part XIII Supplemental Information (continued) | |
| POSITIONS AND HAS CONCLUDED THAT LPH HAS TAKEN NO UNCERTAIN TAX POSITIONS | |
| THAT WOULD REQUIRE RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL | |
| STATEMENTS. | |
| | |
| PART XI, LINE 2D - OTHER ADJUSTMENTS: | |
| ADJUSTMENT TO NET ASSETS WITH DONOR RESTRICTIONS 3,738. | |
| FUNDRAISING & GAMING EXPENSES NETTED W/ REVENUE ON THE | |
| FINANCIAL STATEMENTS 11,254. | |
| CHANGE IN BENEFICIAL INTEREST IN NATIONAL CCRC BUSINESS | |
| TRUST I 7,715,364. | |
| CHANGE IN RESTRICTED NET INVESTMENT RETURN 353,752. | _ |
| TOTAL TO SCHEDULE D, PART XI, LINE 2D 8,084,108. | _ |
| | |
| PART XII, LINE 2D - OTHER ADJUSTMENTS: | |
| ADJUSTMENT TO NET ASSETS WITH DONOR RESTRICTIONS 3,738. | |
| FUNDRAISING & GAMING EXPENSES NETTED W/ REVENUE ON THE | |
| FINANCIAL STATEMENTS 11,254. | |
| TOTAL TO SCHEDULE D, PART XII, LINE 2D 14,992. | |
| | |
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| | |

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 LINDEN PONI | DS, INC. | | | | | 14-184984 | ntification number |
|---|---|--|---|---|-------|---|---|
| | Complete if the organization answe | red "Y | es" or | n Form 990, Part IV, I | ine 1 | 7. Form 990-EZ | filers are not |
| 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the | eed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursuant | tion of tion of fundra (includ | non-g gover aising of ling of onal fu | overnment grants nment grants events ficers, directors, trus undraising services? | | Yes | |
| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) fundr have con or con contribu | itrol of | (iv) Gross receipts from activity | to (d | Amount paid or retained by) fundraiser ted in col. (i) | (vi) Amount paid to (or retained by) organization |
| | | Yes | No | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Total | | | | | | | |
| List all states in which the organization or licensing. | n is registered or licensed to solicit o | ontrib | utions | or has been notified | it is | exempt from re | gistration |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| Pa | ırt I | Fundraising Events. Complete if the of fundraising event contributions and gr | | | | |
|----------------------------|---------------------------------|--|---|-----------------------------|--|--|
| | | <u> </u> | (a) Event #1 DESTINATION CELEBRATION | (b) Event #2 | (c) Other events NONE | (d) Total events (add col. (a) through col. (c)) |
| Θ | | | (event type) | (event type) | (total number) | 33 (3)) |
| Revenue | 1 | Gross receipts | 29,375. | 8,648. | | 38,023. |
| | 2 | Less: Contributions | 9,688. | | | 9,688. |
| | 3 | Gross income (line 1 minus line 2) | 19,687. | 8,648. | | 28,335. |
| | | Cash prizes | | | | |
| " | 5 | Noncash prizes | | | | |
| Direct Expenses | 6 | Rent/facility costs | | | | |
| irect E | 7 | Food and beverages | 4,320. | | | 4,320. |
| О | 8 | Entertainment | 1,300. | | | 1,300. |
| | 9 | Other direct expenses | | 110. | | 3,438. |
| | 10 | 9,058. | | | | |
| Pa | 11 11 | Net income summary. Subtract line 10 from Gaming. Complete if the organization | | | | 19,277. |
| | | \$15,000 on Form 990-EZ, line 6a. | anowored recommend | 1000, 1 41117, 11110 10, 01 | roportou moro triair | |
| | | | (a) Bingo | (b) Pull tabs/instant | (c) Other gaming | (d) Total gaming (add |
| Revenu | | | (a) Bingo | bingo/progressive bingo | (e) canon garming | col. (a) through col. (c)) |
| Revenue | | Cross revenue | | bingo/progressive bingo | | |
| Reveni | 1 | Gross revenue | | bingo/progressive bingo | 23,365. | col. (a) through col. (c)) 23,365. |
| | 1 | Gross revenue | | bingo/progressive bingo | | |
| | 2 | | | bingo/progressive bingo | 23,365. | 23,365. |
| Direct Expenses Revenu | 2 | Cash prizes | | bingo/progressive bingo | 23,365. | 23,365. |
| irect Expenses | 2 3 4 | Cash prizes Noncash prizes | | | 23,365. 1,000. | 23,365. |
| irect Expenses | 2 3 4 5 | Cash prizes Noncash prizes Rent/facility costs | | | 23,365. 1,000. | 23,365. |
| irect Expenses | 3 4 5 | Cash prizes Noncash prizes Rent/facility costs Other direct expenses | | Yes% | 1,196. X Yes 80.00 % No | 23,365. |
| irect Expenses | 2 3 4 5 | Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug | Yes % No h 5 in column (d) | Yes% | 23,365. 1,000. 1,196. X Yes 80.00 % No | 23,365. 1,000. |
| 6 Direct Expenses | 2 3 4 5 7 8 | Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conditions. | Yes % No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: M | Yes% No | 23,365. 1,000. 1,196. X Yes 80.00 % No | 23,365. 1,000. 1,196. 2,196. 21,169. |
| w o Direct Expenses | 2 3 4 5 6 7 8 | Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 | Yes % No h 5 in column (d) from line 1, column (d) ucts gaming activities: Main activities in each of these | Yes% No | 23,365. 1,000. 1,196. X Yes 80.00 % No | 23,365. 1,000. 1,196. 2,196. 21,169. |
| Direct Expenses | 2 3 4 5 6 7 8 En ls 11 " Use | Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line interest the state(s) in which the organization conducted the organization licensed to conduct gaming and income summary. | Yes% No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: Mactivities in each of these | Yes% No No A states? | 23,365. 1,000. 1,196. X Yes 80.00 % No | 23,365. 1,000. 1,196. 2,196. 21,169. |

| Sch | nedule G (Form 990) 2023 LINDEN PONDS, INC. | 4-18498 | 49 | Page 3 |
|-----|--|-----------------|--------|------------------|
| 11 | Does the organization conduct gaming activities with nonmembers? | | Yes | X No |
| 12 | 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? | $lacksquare$ | Yes | X No |
| | Indicate the percentage of gaming activity conducted in: | í | | |
| | a The organization's facility | | | 00.00 % |
| | o An outside facility | 13b | | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | | |
| | LODE DOWN EDED | | | |
| | Name LORI ROHLEDER | | | |
| | 202 I TNDEN DONDC MAY UTNCHAM MA 02042 | | | |
| | Address 203 LINDEN PONDS WAY - HINGHAM, MA 02043 | | | |
| 15: | a Does the organization have a contract with a third party from whom the organization receives gaming revenue? | | Yes | X No |
| | 2 Does the organization have a contract with a time party from whom the organization receives garning revenue: | | | |
| t | If "Yes," enter the amount of gaming revenue received by the organization \$ and the amoun | t | | |
| _ | of gaming revenue retained by the third party \$ | • | | |
| | c If "Yes," enter name and address of the third party: | | | |
| | - · · · · · · · · · · · · · · · · · · · | | | |
| | Name | | | |
| | | | | |
| | Address | | | |
| | | | | |
| 16 | Gaming manager information: | | | |
| | | | | |
| | Name | | | |
| | | | | |
| | Gaming manager compensation \$ | | | |
| | | | | |
| | Description of services provided | | | |
| | | | | |
| | | | | |
| | | | | |
| | Director/officer Employee Independent contractor | | | |
| | | | | |
| | Mandatory distributions: | | | |
| a | a Is the organization required under state law to make charitable distributions from the gaming proceeds to | | ., | T7 |
| | retain the state gaming license? | | Yes | X No |
| t | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | Э | | |
| Da | organization's own exempt activities during the tax year \$ art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v): and | LD+ | 0 | 0 - 40 - |
| Га | | ı Part III, III | nes 9, | <i>9</i> b, 10b, |
| | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | | | |
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332083 09-13-23 Schedule G (Form 990) 2023

| Schedule G | (Form 990) Supplemental Info | LINDEN PONDS, I | INC. | 14-1849849 | Page 4 |
|------------|---------------------------------|---------------------|------|------------|--------|
| Part IV | Supplemental Info | rmation (continued) | | | |
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

| | LINDEN PONDS, | INC. | | | | | | 14-1849849 | | | | |
|--|---|---------|------------------------------------|--------------------------|----------------------------------|--|---------------------------------------|---------------------------------------|--|--|--|--|
| Part I General Information on Grants and Assistance | | | | | | | | | | | | |
| 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection | | | | | | | | | | | | |
| criteria used to award the grants or assistance? | | | | | | | | | | | | |
| 2 Desci | | | | | | | | | | | | |
| Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any | | | | | | | | | | | | |
| recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. | | | | | | | | | | | | |
| 1 (a) Na | ame 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 | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table | | | | | | | | | | | | |

Schedule I (Form 990) 2023 LINDEN PONDS, INC. 14-1849849 Page 2

| Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. | | | | | | | | | |
|---|--------------------------|--------------------------|---------------------------------------|---|---------------------------------------|--|--|--|--|
| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance | | | | |
| | | | | | | | | | |
| EDUCATIONAL SCHOLARSHIPS - SEE PART IV | 65 | 192,862. | 0. | | | | | | |
| | | , | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |
| 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 LIN | IDEN | | | | | | | |
| PONDS. ONLY MEDICAL LEAVES OF ABSENCE ARE ALLOWABLE | E DURING THE | TWO | | | | | | | |
| YEARS. OTHER REQUESTS FOR A LEAVE OF ABSENCE WILL I | BE REVIEWED A | AND | | | | | | | |
| DETERMINED CASE BY CASE. A SCHOLAR CANDIDATE MUST I | HAVE BEEN EME | PLOYED BY | | | | | | | |
| LINDEN PONDS ON OR BEFORE SEPTEMBER 30, OF THE STAI | RT OF THEIR J | UNIOR | | | | | | | |
| YEAR IN HIGH SCHOOL. THE CANDIDATE MUST ALSO ACHIEV | /E 700 HOURS | OF WORK | | | | | | | |
| DURING A TIME SPAN THAT BEGINS NO EARLIER THAN JUNI | I 1, OF THEIR | JUNIOR | | | | | | | |
| YEAR OF HIGH SCHOOL (300 OF 700 HOURS MUST BE COMPLETED BY THE END OF | | | | | | | | | |

LINDEN PONDS, INC. 14-1849849 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.

LINDEN PONDS, INC.

Employer identification number 14-1849849

| Pá | art I Questions Regarding Compensation | | | |
|------------|--|----|-----|----|
| | | | Yes | No |
| 1 a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, | | | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant 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 follow a written policy regarding payment or | | | |
| | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | |
| | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | | |
| | additional, and officers, morading the GEG, Exceeding Director, regarding the forms checked of time fat. | _ | | |
| 3 | Indicate which, if any, of the following the organization used to establish the compensation of the organization's | | | |
| • | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to | | | |
| | establish compensation of the CEO/Executive Director, but explain 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 | | | |
| | Approval by the board of compensation committee | | | |
| 1 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | |
| 4 | | | | |
| _ | organization or a related organization: | 4a | | х |
| | Receive a severance payment or change-of-control payment? | 4b | | х |
| | Participate in or receive payment from a supplemental nonqualified retirement plan? | 4c | | x |
| C | Participate in or receive payment from an equity-based compensation arrangement? | 40 | | 44 |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| 3 | | | | |
| _ | contingent on the revenues of: The organization? | 5a | | х |
| | | 5b | | x |
| D | Any related organization? | 30 | | 44 |
| e | If "Yes" on line 5a or 5b, describe in Part III. | | | |
| 6 | | | | |
| - | contingent on the net earnings of: | 6- | | х |
| | The organization? | 6a | | |
| O | Any related organization? | 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, did the organization provide any nonfixed payments | | v | |
| _ | not described on lines 5 and 6? If "Yes," describe in Part III | 7 | Х | |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | | ų, |
| _ | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | Х |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| | Regulations section 53.4958-6(c)? | 9 | | I |

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

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023 LINDEN PONDS, INC. 14-1849849 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 | /-2 and/or 1099-MIS0 compensation | C and/or 1099-NEC | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | 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) JAMES CENTOLA | (i) | 218,462. | 48,000. | 4,314. | 9,150. | 378. | 280,304. | 0. |
| EXECUTIVE DIRECTOR | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) REV. DR. ZINA JACQUE | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| CHAIR & PRESIDENT | (ii) | 215,000. | 0. | 0. | 0. | 0. | 215,000. | 0. |
| (3) DEBORAH BONARRIGO | (i) | 137,474. | 17,418. | 2,210. | 4,461. | 15,619. | 177,182. | 0. |
| DIRECTOR, NURSING | (ii) | 0. | 0. | 0. | 0. | 0. | 0, | 0. |
| (4) EILEEN G. ERSTAD | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| TREASURER | (ii) | 167,500. | 0. | 0. | 0. | 0. | 167,500. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
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| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

SCHEDULE K (Form 990)

Supplemental Information on Tax-Exempt Bonds
Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,

complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions explanations, and any additional information in Part VI.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

2023
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

LINDEN PONDS, INC. Employer identification number 14-1849849

| HINDEN TONDS, II | | | | | | | | | 14 10 | 1501 | | | |
|--|----------------------|-------------|-----------------|---|----------|-----------------|---------------|-----|----------|-------|----|-------|-----|
| Part I Bond Issues | | | | | | | | | | | | | |
| (a) Issuer name | (b) Issuer EIN | (c) CUSIP# | (d) Date issued | (e) Issu | ie price | (f) Description | on of purpose | | | | | | |
| | | | | | | | | | | of is | | finar | cin |
| | | | | | | | | Yes | No | Yes | No | Yes | N |
| MASSACHUSETTS DEVELOPMENT FINANCE | | | | | | | | | | | | | i |
| A AGENCY | 04-3431814 | 57584YMJ5 | 11/15/18 | 117,9 | | REFUND OF PR | | _ | Х | | Х | | Х |
| | | | | | | PART REFUND/ | PART NEW | | _ | | | | l |
| B PUBLIC FINANCE AUTHORITY | 27-3866124 | 74442PXH3 | 03/01/22 | 45,2 | 75,421. | MONEY | | | Х | | Х | | Х |
| | | | | | | | | | | | | | ĺ |
| С | | | | | | | | + | \vdash | | | | |
| _ | | | | | | | | | | | | | i |
| D. D | | | | | | | | | | | | | |
| Part II Proceeds | | | 1 | | I | _ | | | | | | | |
| A A constant of the control of | | | 11 | .,345,000. | | B 620,000. | C | | | | D | | |
| 1 Amount of bonds retired | | | | .,545,000. | | 020,000. | | | | | | | |
| 2 Amount of bonds legally defeased | | | | ,991,780. | | 45,275,421. | | | | | | | |
| Total proceeds of issue Gross proceeds in reserve funds | | | | ,906,281. | | 13,273,121. | | | | | | | |
| Gross proceeds in reserve funds Capitalized interest from proceeds | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | - | ,026,956. | | 904,290. | | | | | | | _ |
| | | | | , , , , , , , , | | , , , , , , | | | | | | | |
| Working capital expenditures from proceeds | | | | | | | | | | | | | _ |
| 10 Capital expenditures from proceeds | | | | | | 601,392. | | | | | | | |
| | | | 100 | ,058,543. | · | | | | | | | | |
| | | | | | | 26,413,758. | | | | | | | |
| ** ** * * * * * * * * * * * * * * * * * | | | | 2018 | | | | | | | | | |
| · | | | Yes | No | Yes | No | Yes | No | | Yes | | No | |
| 14 Were the bonds issued as part of a refunding | issue of tax-exempt | bonds (or, | | | | | | | | | | | |
| if issued prior to 2018, a current refunding iss | ue)? | | Х | | Х | | | | | | | | |
| 15 Were the bonds issued as part of a refunding | issue of taxable bon | nds (or, if | | | | | | | | | | | |
| issued prior to 2018, an advance refunding is: | sue)? | | | Х | | Х | | | | | | | |
| 16 Has the final allocation of proceeds been made | le? | | Х | | | Х | | | | | | | |
| 17 Does the organization maintain adequate boo | | | | | | | | | | | | | |
| final allocation of proceeds? | | | Х | | Х | | | | | | | | |

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

Schedule K (Form 990) 2023

Schedule K (Form 990) 2023 LINDEN PONDS, INC. 14-1849849 Page 2

Part III Private Rusiness Use

| Par | t III Private Business Use | | | | | | | | |
|-----|---|-----|----|-----|----|-----|----|-----|----|
| | | A | | В | | Ç | | Γ |) |
| 1 | Was the organization a partner in a partnership, or a member of an LLC, | Yes | No | Yes | No | Yes | No | Yes | No |
| | which owned property financed by tax-exempt bonds? | Х | | X | | | | | |
| 2 | Are there any lease arrangements that may result in private business use of | | | | | | | | |
| | bond-financed property? | Х | | X | | | | | |
| За | Are there any management or service contracts that may result in private | | | | | | | | |
| | business use of bond-financed property? | Х | | X | | | | | |
| b | If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside | | | | | | | | |
| | counsel to review any management or service contracts relating to the financed property? | Х | | Х | | | | | |
| С | Are there any research agreements that may result in private business use of | | | | | | | | |
| | bond-financed property? | | Х | | Х | | | | |
| d | If "Yes" to line 3c, does the organization routinely engage bond counsel or other | | | | | | | | |
| | outside counsel to review any research agreements relating to the financed property? | | | | | | | | |
| 4 | Enter the percentage of financed property used in a private business use by entities | | | | | | | | |
| | other than a section 501(c)(3) organization or a state or local government | | % | | % | | % | | % |
| 5 | Enter the percentage of financed property used in a private business use as a | | | | | | | | |
| | result of unrelated trade or business activity carried on by your organization, | | | | | | | | |
| | another section 501(c)(3) organization, or a state or local government | | % | | % | | % | | % |
| 6 | Total of lines 4 and 5 | | % | | % | | % | | % |
| _7 | Does the bond issue meet the private security or payment test? | | Х | | Х | | | | |
| 8a | Has there been a sale or disposition of any of the bond-financed property to a non- | | | | | | | | |
| | governmental person other than a 501(c)(3) organization since the bonds were issued? | | Х | | Х | | | | |
| b | If "Yes" to line 8a, enter the percentage of bond-financed property sold or | | | | | | | | |
| | disposed of | | % | | % | | % | | % |
| С | If "Yes" to line 8a, was any remedial action taken pursuant to Regulations | | | | | | | | |
| | sections 1.141-12 and 1.145-2? | | | | | | | | |
| 9 | Has the organization established written procedures to ensure that all | | | | | | | | |
| | nonqualified bonds of the issue are remediated in accordance with the | | | | | | | | |
| | requirements under Regulations sections 1.141-12 and 1.145-2? | Х | | X | | | | | |
| Par | t IV Arbitrage | | | | | | | | |
| | | Ą | | В | | (| Ç | |) |
| 1 | Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and | Yes | No | Yes | No | Yes | No | Yes | No |
| | Penalty in Lieu of Arbitrage Rebate? | | Х | | Х | | | | |
| 2 | If "No" to line 1, did the following apply? | | | | | | | | |
| a | Rebate not due yet? | Х | | Х | | | | | |
| | Exception to rebate? | | Х | | Х | | | | |
| | No rebate due? | | Х | | Х | | | | |
| | If "Yes" to line 2c, provide in Part VI the date the rebate computation was | | | | | | | | |
| | performed | | | | | | | | |
| 3 | Is the bond issue a variable rate issue? | X | | X | | | | | |
| | | | | | | | | | |

Schedule K (Form 990) 2023 LINDEN PONDS, INC. 14-1849849 Page **3**

| Part IV Arbitrage (continued) | | | | | | | | |
|--|-------------|----------------|----------|----|-----|----|-----|----|
| | Α | | | В | | С | |) |
| 4a Has the organization or the governmental issuer entered into a qualified | Yes | No | Yes | No | Yes | No | Yes | No |
| hedge with respect to the bond issue? | | Х | | Х | | | | |
| b Name of provider | | | | | | | | |
| c Term of hedge | | | | | | | | |
| d Was the hedge superintegrated? | | | | | | | | |
| e Was the hedge terminated? | | | | | | | | |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? | | Х | | Х | | | | |
| b Name of provider | | | | | | | | |
| c Term of GIC | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 Were any gross proceeds invested beyond an available temporary period? | | Х | | Х | | | | |
| 7 Has the organization established written procedures to monitor the | | | | | | | | |
| requirements of section 148? | Х | | Х | | | | | |
| Part V Procedures To Undertake Corrective Action | | | | | | | | |
| | | A | | В | | С | |) |
| Has the organization established written procedures to ensure that violations | Yes | No | Yes | No | Yes | No | Yes | No |
| of federal tax requirements are timely identified and corrected through the | | | | | | | | |
| voluntary closing agreement program if self-remediation isn't available under | | | | | | | | |
| applicable regulations? | х | | Х | | | | | |
| Part VI Supplemental Information. Provide additional information for responses to questions | on Schedule | e K. See instr | uctions. | | | | | |
| PART III, LINE 1: | | | | | | | | |
| THE ORGANIZATION IS THE SOLE MEMBER OF A DISREGARDED ENTITY WHICH OWNS | | | | | | | | |
| BOND-FINANCED PROPERTY. | | | | | | | | |
| | | | | | | | | |
| PART III, LINES 4 & 6, COLUMNS A: | | | | | | | | |
| THE PERCENTAGE IS LESS THAN 1%. | | | | | | | | |
| | | | | | | | | |
| PART III, LINES 4 & 6, COLUMNS B: | | | | | | | | |
| THE PERCENTAGE IS LESS THAN 3%. | | | | | | | | |
| | | | | | | | | |
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SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Inspection **Employer identification number**

| LINDEN PONDS, INC. | 14-1849849 | | | | | | | |
|--|------------|--|--|--|--|--|--|--|
| 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 - LINDEN 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 | | | | | | | | |
| TUDED TUDED | | | | | | | | |

Name of the organization **Employer identification number** LINDEN PONDS, INC. 14-1849849 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? LINDEN 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 EXISTING MANAGEMENT AND MARKETING AGREEMENT HAS BEEN AMENDED TO CLARIFY CERTAIN MATTERS. ESL IS A MARYLAND LIMITED LIABILITY COMPANY WHICH MANAGES LARGE SCALE CONTINUING CARE RETIREMENT COMMUNITIES. TAX-EXEMPT BONDS HAVE BEEN ISSUED FOR THE BENEFIT OF THE ORGANIZATION, AND THE MANAGEMENT AGREEMENT COMPLIES WITH REV. PROC. 2017-13. 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. JAMES CENTOLA EXECUTIVE DIRECTOR AND MARIANNE ROCKETT, DIRECTOR, FINANCE (BEG 2/6/23), ARE LEASED EMPLOYEES FROM THE MANAGEMENT COMPANY. THE FILING ORGANIZATION REIMBURSES THE MANAGEMENT COMPANY FOR THEIR COMPENSATION WHICH IS REPORTED ON FORM 990, PART VII, SECTION A.

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

Name of the organization **Employer identification number** LINDEN PONDS, INC. 14-1849849 FORM 990, PART VI, SECTION A, LINE 6: DID THE ORGANIZATION HAVE MEMBERS OR STOCKHOLDERS? LINDEN 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 LINDEN PONDS, AS WELL AS CERTAIN OTHER ORGANIZATIONS SPECIFIED IN ITS GOVERNING DOCUMENTS. AS REQUIRED BY THE REGULATIONS RELATING TO "SUPPORTING ORGANIZATIONS." CERTAIN MEMBERS OF THE BOARD OF DIRECTORS OF NSC WILL ALSO BE MEMBERS OF THE BOARD OF DIRECTORS OF THE ORGANIZATION. FORM 990, PART VI, SECTION A, LINE 7A: DID THE ORGANIZATION HAVE MEMBERS, STOCKHOLDERS, OR OTHER PERSONS WHO HAD THE POWER TO ELECT OR APPOINT ONE OR MORE MEMBERS OF THE GOVERNING BODY? THE BOARD OF DIRECTORS MAY NOMINATE A SLATE OF CANDIDATES FOR CONSIDERATION BY THE MEMBER, BUT THE MEMBER HAS SOLE DISCRETION TO ELECT DIRECTORS WHETHER OR NOT NOMINATED BY THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION A, LINE 7B: ARE ANY GOVERNANCE DECISIONS OF THE ORGANIZATION RESERVED TO (OR SUBJECT TO APPROVAL BY) MEMBERS, STOCKHOLDERS, OR PERSONS OTHER THAN THE GOVERNING BODY? CERTAIN EXTRAORDINARY ACTIONS OF THE CORPORATION REQUIRE THE APPROVAL OF THE MEMBER UNDER APPLICABLE STATE LAW. UNDER THE ORGANIZATION'S BYLAWS, CERTAIN GOVERNANCE DECISIONS ARE MADE BY THE BOARD WITH THE CONSENT OF THE

| Name of the organization LINDEN PONDS, INC. | Employer identification number |
|---|--------------------------------|
| 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. | |
| | |

| Schedule O (Form 990) 2023 | Page 2 |
|---|---|
| Name of the organization LINDEN PONDS, INC. | Employer identification number 14-1849849 |
| 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 LINDEN PONDS, INC.'S | |
| AFFAIRS, COMMITTEE MEMBERS, PROSPECTIVE DIRECTORS, AND SENIOR STAFF | |
| PROVIDING SERVICES TO THE ORGANIZATION UNDER A MANAGEMENT AGREEMENT | |
| COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT ANNUALLY AND AS | |
| POTENTIAL CONFLICTS ARISE DURING THE YEAR. THE DIRECTOR CONFLICT OF | |
| INTEREST STATEMENTS ARE REVIEWED BY THE BOARD CHAIR. IF THE CONFLICT | |
| INVOLVES A COVERED EMPLOYEE, THE CHAIR DETERMINES WHETHER A CONFLICT EXISTS | |
| AND, IF SO, HOW IT IS TO BE HANDLED, OR THE CHAIR MAY REFER THE MATTER TO | |
| THE BOARD OF DIRECTORS FOR CONSIDERATION. FOR ALL OTHER CONFLICTS, THE | |
| BOARD OF DIRECTORS OR A COMMITTEE OF DISINTERESTED DIRECTORS WILL DETERMINE | |
| WHETHER A CONFLICT ACTUALLY EXISTS. A COVERED PERSON MAY NOT PARTICIPATE IN | |
| ANY DISCUSSION OR DEBATE BY THE BOARD BUT MAY ANSWER QUESTIONS OR PROVIDE | |
| CLARIFYING INFORMATION UNLESS ANY BOARD MEMBER OBJECTS. | |
| FORM 990, PART VI, SECTION B, LINE 15: | |
| DID THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S CEO, | |
| EXECUTIVE DIRECTOR, OR TOP MANAGEMENT OFFICIAL, OR OTHER OFFICERS OR KEY | |
| EMPLOYEES, INCLUDE A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, | |
| COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION | |
| AND DECISION? | |
| THE BOARD HAS APPROVED A DIRECTORS' COMPENSATION POLICY WHICH ESTABLISHES | |
| THE PROCESS BY WHICH ALL DIRECTOR COMPENSATION IS DETERMINED. A REVIEW OF | |
| THE DIRECTORS' COMPENSATION IS CONDUCTED EACH FISCAL YEAR. AN INDEPENDENT | |
| 000040 44 44 00 | Schodula () (Form 990) 2022 |

| Name of the organization LINDEN PONDS, INC. | Employer identification number |
|---|--------------------------------|
| COMPENSATION CONSULTANT IS PERIODICALLY RETAINED TO PERFORM AN ANALYSIS OF | |
| LINDEN 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). | |
| | |
| FORM 990, PART VII, SECTION A: | |
| REPORTABLE COMPENSATION FROM THE ORGANIZATION AND FROM RELATED | |

| Name of the organization LINDEN PONDS, INC. | Employer identification number 14-1849849 |
|---|---|
| | 14 1043043 |
| ORGANIZATIONS. | |
| | |
| THE COMPENSATION INCLUDED IN COLUMNS D AND E FOR THE BOARD DIRECTORS | IS |
| FOR SERVICES PERFORMED FOR THE FILING ORGANIZATION AND ALL RELATED | |
| ORGANIZATIONS INCLUDED ON SCHEDULE R, PART II. | |
| | |
| FORM 990, PART VII, SECTION B: | |
| TNDEDENDENT CONTRACTORS COMPENSATION | |
| | |
| THE AMOUNT INCLUDED IN COLUMN (C) FOR ERICKSON SENIOR LIVING IS FOR | |
| PAYMENTS MADE FOR MANAGEMENT SERVICES AND THE DIRECT AND SHARED COSTS | |
| | |
| ALLOCATED TO THE COMMUNITY. DIRECT AND SHARED COSTS INCLUDE SALARIES | |
| AND BENEFITS FOR MANAGEMENT PERSONNEL, AND THE USE OF SERVICES SUCH A | S |
| FINANCE, LEGAL, HUMAN RESOURCES, INFORMATION SERVICES, AND OPERATIONS | J. |
| | |
| FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: | |
| CHANGE IN BENEFICIAL INTEREST IN NATIONAL CCRC BUSINESS | |
| TRUST I 7,71 | 5,364. |
| CHANGE IN RESTRICTED NET INVESTMENT RETURN 35 | 3,752. |
| TOTAL TO FORM 990, PART XI, LINE 9 8,06 | 9,116. |
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SCHEDULE R (Form 990)

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

Name of the organization

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

| LINDEN PONDS, INC. | 14-1849849 | | | | |
|--|---|---|-------------------------|---------------------------|-------------------------------|
| Part I Identification of Disregarded Entities. Comp | plete if the organization answered "Yes" | on Form 990, Part IV, line 33. | | | |
| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
| HINGHAM CAMPUS, LLC - 52-2227702 | | | | | |
| 300 LINDEN PONDS WAY | | | | | |
| HINGHAM, MA 02043 | OWNER OF LAND AND BUILDING | MARYLAND | 0. | 328,638,228. | LINDEN PONDS, INC. |
| | | | | | |
| | | | | | |
| | | | | | |
| Part II Identification of Related Tax-Exempt Organ | izations. Complete if the organization ar | nswered "Yes" on Form 990, Pa | art IV, line 34, becaus | se it had one or more | related tax-exempt |

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section | (f) Direct controlling entity | Section 5 contr enti | olled |
|--|--------------------------------|---|-------------------------------|---------------------------------------|--------------------------------------|----------------------------|-------|
| | | | | 501(c)(3)) | | Yes | No |
| ANN'S CHOICE, INC - 52-2095427 | | | | | | | I |
| 10000 ANN'S CHOICE WAY | CONTINUING CARE RETIREMENT | | | | NATIONAL SENIOR | | İ |
| WARMINSTER, PA 18974 | COMMUNITY | PENNSYLVANIA | 501(C)(3) | LINE 10 | COMMUNITIES, INC | | Х |
| ASHBY PONDS, INC - 20-5609803 | | | | | | | · |
| 21170 ASHBY PONDS BLVD. | CONTINUING CARE RETIREMENT | | | | NATIONAL SENIOR | | I |
| ASHBURN, VA 20147 | COMMUNITY | MARYLAND | 501(C)(3) | LINE 10 | COMMUNITIES, INC | | Х |
| AVERY POINT, INC - 92-2254866 | | | | | | | |
| 1000 AVERY POINT WAY | CONTINUING CARE RETIREMENT | | | | NATIONAL SENIOR | | I |
| RICHMOND, VA 23233 | COMMUNITY | MARYLAND | 501(C)(3) | LINE 10 | COMMUNITIES, INC | | Х |
| BETHESDA NSC RETIREMENT COMMUNITY, INC - | | | | | | | |
| 92-2205771, 816 CONNECTICUT AVE, NW, 7TH FL, | CONTINUING CARE RETIREMENT | | | | NATIONAL SENIOR | | İ |
| WASHINGTON, DC 20006 | COMMUNITY | MARYLAND | 501(C)(3) | LINE 10 | COMMUNITIES, INC | | Х |

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

Schedule R (Form 990) 2023

Schedule R (Form 990) LINDEN PONDS, INC. 14-1849849

Part II Continuation of Identification of Related Tax-Exempt Organizations

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | contr organiz | zation? |
|--|---------------------------------|---|-------------------------------|--|-------------------------------|------------------|---------|
| BROOKSBY VILLAGE, INC - 52-2126755 | | | | (7()) | | Yes | No |
| 100 BROOKSBY VILLAGE DRIVE | _ CONTINUING CARE RETIREMENT | | | | NATIONAL SENIOR | | |
| PEABODY MA 01960 | COMMUNITY | MARYLAND | 501(C)(3) | LINE 10 | COMMUNITIES, INC | | х |
| CEDAR CREST VILLAGE, INC - 52-2184915 | | | | | , | | |
| 1 CEDAR CREST VILLAGE DRIVE | CONTINUING CARE RETIREMENT | | | | NATIONAL SENIOR | | |
| POMPTON PLAINS, NJ 07444 | COMMUNITY | MARYLAND | 501(C)(3) | LINE 10 | COMMUNITIES, INC | | х |
| EAGLE'S TRACE, INC - 03-0498683 | | | | | , | | |
| 14703 EAGLE VISTA DRIVE | CONTINUING CARE RETIREMENT | | | | NATIONAL SENIOR | | |
| HOUSTON, TX 77077 | COMMUNITY | MARYLAND | 501(C)(3) | LINE 10 | COMMUNITIES, INC | | х |
| 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 |
| 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 FL, | CONTINUING CARE RETIREMENT | | | | NATIONAL SENIOR | | l |
| WASHINGTON, DC 20006 | COMMUNITY | MARYLAND | 501(C)(3) | LINE 10 | COMMUNITIES, INC | | Х |
| NATIONAL SENIOR COMMUNITIES, INC - |] | | | | | | |
| 20-4356247, 816 CONNECTICUT AVE NW, 7TH | 1 | | | 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 |] | | | | | | ĺ |
| 3110 GRACEFIELD ROAD | CONTINUING CARE RETIREMENT | | | | NATIONAL SENIOR | | İ |
| SILVER SPRING, MD 20904 | COMMUNITY | MARYLAND | 501(C)(3) | LINE 10 | COMMUNITIES, INC | | Х |

Schedule R (Form 990) LINDEN PONDS, INC. 14-1849849

Part II Continuation of Identification of Related Tax-Exempt Organizations

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section | (f) Direct controlling entity | contr | g) 512(b)(13) rolled zation? |
|--|----------------------------|---|-------------------------------|---------------------------------------|-------------------------------|-------|--|
| | | ,,, | | 501(c)(3)) | | Yes | No |
| SEABROOK VILLAGE, INC - 52-2126751 | | | | | | | |
| 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 | | | | | | | |
| 816 CONNECTICUT AVE, NW, 7TH FL | CONTINUING CARE RETIREMENT | | | | NATIONAL SENIOR | | |
| WASHINGTON, DC 20006 | COMMUNITY | MARYLAND | 501(C)(3) | LINE 10 | COMMUNITIES, INC | | х |
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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) | (1 | h) | (i) | (| j) | (k) | | | | | | |
|--|------------------|---|---------------------------|---|-----------------------|-----------------------------------|-------------------------------|----|-------------------------------|-----|-------|-------|------------------|--|---|------|---------------|-------------------------|
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign | Direct controlling entity | Predominant income (related, unrelated, excluded from tax under | Share of total income | Share of end-of-year assets | Disproportionate allocations? | | Disproportionate allocations? | | 1 ' ' | | Disproportionate | | Code V-UBI amount in box 20 of Schedule | mana | aging ner? | Percentage ownership |
| | | country) | | sections 512-514) | | | Yes | No | K-1 (Form 1065) | Yes | No | | | | | | | |
| NATIONAL CCRC BUSINESS TRUST | | | NATIONAL | | | | | | | | | | | | | | | |
| I - 26-6455718, 701 MAIDEN | | | SENIOR | | | | | | | | | | | | | | | |
| CHOICE LANE, BALTIMORE, MD | CHARITABLE | | COMMUNITIES, | | | | | | | | | | | | | | | |
| 21228 | BUSINESS TRUST | MD | INC | EXCLUDED | 1,826,061. | 63,000,979. | | x | N/A | | x | 5.27% | | | | | | |
| 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 | | х | N/A | | | | | | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | ent | ction b)(13) rolled tity? |
|--|--------------------------------|---|-------------------------------|---|--|--|--------------------------------|-----|------------------------------------|
| THE TALON BAR - 56-2520131 | | , | | | | | | Yes | No |
| 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 |
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Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

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

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?

| а | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | | | 1a | | Х | | | |
|---|---|--|-----|------------|-------|----------------|------|--|--|--|
| | b Gift, grant, or capital contribution to related organization(s) | | | | | | | | | |
| С | c Gift, grant, or capital contribution from related organization(s) | | | | | | | | | |
| | | | | | 1d | | Х | | | |
| | | | | | 1e | | Х | | | |
| | | | | | | | | | | |
| f | Dividends from related organization(s) | | | | 1f | | Х | | | |
| g | Sale of assets to related organization(s) | | | | 1g | | X | | | |
| h | Purchase of assets from related organization(s) | | | | 1h | | Х | | | |
| i | Exchange of assets with related organization(s) | | | | 1i | | Х | | | |
| j | Lease of facilities, equipment, or other assets to related organization(s) | | | | 1j | | Х | | | |
| | | | | | | | | | | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | | | | 1k | | Х | | | |
| - 1 | Performance of services or membership or fundraising solicitations for related organization | tion(s) | | | 11 | | X | | | |
| | | | | | 1m | Х | | | | |
| j Lease of facilities, equipment, or other assets to related organization(s) k Lease of facilities, equipment, or other assets from related organization(s) l 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 Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses 1p q Rother transfer of cash or property to related organization(s) 1r S Other transfer of cash or property from related organization(s) 1s | | | | | | | | | | |
| 0 | o Sharing of paid employees with related organization(s) | | | | | | Х | | | |
| | | | | | | | | | | |
| р | Reimbursement paid to related organization(s) for expenses | ant, or capital contribution from related organization(s) rol oan guarantees to or for related organization(s) 1d 1c rol oan guarantees by related organization(s) ds from related organization(s) 41f assets to related organization(s) 51g 52s of assets from related organization(s) 53s of assets from related organization(s) 54s of facilities, equipment, or other assets to related organization(s) 54s of facilities, equipment, or other assets from related organization(s) 55s of assets with related organization(s) 56s of assets with related organization(s) 57s of facilities, equipment, or other assets to related organization(s) 58s of assets with related organization(s) 59s of assets with related organization(s) 50s of facilities, equipment, or other assets from related organization(s) 50s of facilities, equipment, or other assets from related organization(s) 50s of facilities, equipment, or other assets from related organization(s) 50s of facilities, equipment, or other assets from related organization(s) 50s of facilities, equipment, or other assets from related organization(s) 50s of facilities, equipment, or other assets from related organization(s) 50s of facilities, equipment, or other assets from related organization(s) 51s of facilities, equipment, or other assets from related organization(s) 51s of facilities, equipment, or other assets from related organization(s) 51s of facilities, equipment, or other assets from related organization(s) 51s of facilities, equipment, or other assets from related organization(s) 51s of facilities, equipment, or other assets from related organization(s) 51s of facilities, equipment, or other assets from related organization(s) 51s of facilities, equipment, or other assets from related organization(s) 51s of facilities, equipment, or other assets from related organization(s) 51s of facilities, equipment, or other assets from related organization(s) 51s of facilities, equipment, or other assets from related organization(s) 51s of facilities, e | | | X | | | | | |
| q | Reimbursement paid by related organization(s) for expenses | | | | 1q | | Х | | | |
| | | | | | | | | | | |
| r | Other transfer of cash or property to related organization(s) | | | | 1r | | Х | | | |
| s | | | | | 1s | | Х | | | |
| | | | | | | | | | | |
| | (a) | (b) | (c) | (d) | | | | | | |
| | Name of related organization | | | | olved | | | | | |
| | | type (a-s) | | | | | | | | |
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| 6) | | | | | | | | | | |
| 3216 | 3 09-28-23 | | | Schedule F | (Forn | n 990) | 2023 | | | |

Schedule R (Form 990) 2023 LINDEN PONDS, INC. 14-1849849 Page 4

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 |
|--|-------------------------|---|---|---------------------------------------|--|--------------------|-------------------------|------------------------|--------------------------|
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