Content prove that was not seen to the province of the provi	Form	990-T	- E	xempt Orga				ax Return)	OMB No 1545-0687		
A Clock but of I		f ₃	For ca	_	2018							
## Screen under seal of the presentation of the previous sentence control of the previous sentence complete Parts III-V. 1			▶	Open to Public Inspection for 501(c)(3) Organizations Only								
Solic 3	A [Name of organization ((Em	mployees trust, see						
Topic Solid Soli	B E	xempt under section -	Print	LINDEN TRUS								
1016 309(a) 309(a) 1030 1030 309(a) 1030 1030 1030 309(a) 1030 1030 1030 1030 309(a) 1030	X	=//										
Dead value of all sensors Corporation NEW YORK, NY 10019-3879	<u> </u>		1,750		1							
# Einter the number of the organization type ▶ \$01(c) corporation		529(a)	NEW YORK, NY 10019-3879									
H. Finter the number of the organization's unrelated trade or businesses. 1	C Bo	and of vear	0.0				(FET					
trade or business here describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete Parts I and III, complete Parts I III. 1 During the tax year, was the corporation a subusidary in an affiliated group or a parent-subsidiary controlled group? I business, hen complete Parts IIII. 1 During the tax year, was the corporation a subusidary in an affiliated group or a parent-subsidiary controlled group? I the books are in care of III. I consider the care and an advances I the service of III. I consider the care and the care and the care of the parent corporation. I a Gross recepts or sales I to less returns and allowances I to less returns and allowances I consider the Care of III. I consider the	ì 						· · · · · · · · · · · · · · · · · · ·					
dascribe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts IIII. I During the tax year, was the comporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If Yes, enter the name and identifying number of the parent corporation. Part II Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 16 Gross requires and allowances 1 Less returns and allowances 2 Cost of goods sold (Schedule A, Inte 7) 3 Gross profit. Subtract line 2 from lime to 4. Capital gain et income (attach Schedule B) Net gain (Loss) (from 797) Fart II, line 17) (attach Form 4797) 4. Capital gain et income (attach Schedule B) Net gain (Loss) (from 797) Fart II, line 17) (attach Form 4797) 4. Capital gain et income (attach Schedule B) Net gain (Loss) (from 797) Fart II, line 17) (attach Form 4797) Capital loss deduction for trusts 1 Income (Income) (Schedule B) RECEIVED 7 Unrelated debt-Insanced income (Schedule B) 1 Income (Income) (Schedule B) 2 Other income (Schedule B) 3 Income (Income) (Schedule B) 4 Income (Income) (Schedule B) 5 Income (Income) (Schedule B) 6 Repairs and maintenance 1 Income (Income) (Schedule B) 1 Income (Income	,		-	tion's unrelated trades or t	businesses							
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1 During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?			-	•	us sentence, complete i	arto ran	o II, complete a concadio	IVI TOT CACTI AUDITION	ai ii au	5 01		
The books are in case of KAREN SIMONSON Telephone number 2.1.2 991-3730					affiliated group or a pare	ent-subsi	diary controlled group?	▶ [Y	es X No		
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1 a Gross receipts or sales b Less returns and allowances c Cost of goods sold (Schedule A, line 7) 3 Gross profit. Subtract line 2 from line 1c 4 a Capital gain net income (attach Schedule D) b Ret gain (loss) (form 4797, Part II, line 17) (attach Form 4797) c Capital loss deduction for trusts 5 Income (loss) (form 4797, Part II, line 17) (attach Form 4797) c Capital loss deduction for trusts 5 Income (loss) (form 4797, Part II, line 17) (attach Form 4797) c Capital loss deduction for trusts 5 Income (loss) (form 4797, Part II, line 17) (attach Form 4797) c Capital loss deduction for trusts 5 Income (loss) (form 4797, Part II, line 17) (attach Form 4797) c Capital loss deduction for trusts 6 Rent income (Schedule I) 7 Unrelated debt-Innanced income (Schedule I) 8 Interest, annuties, royelhus, and rents from exchange (spaniglation), squared (spaniglation) 9 Investment income of a section 501(c)(7), (log) or (17) forpar/harbor (schedule) 9 Investment income of a section 501(c)(7), (log) or (17) forpar/harbor (schedule) 9 Investment income of a section 501(c)(7), (log) or (17) forpar/harbor (schedule) 9 Investment income of a section 501(c)(7), (log) or (17) forpar/harbor (schedule) 9 Investment income of a section 501(c)(7), (log) or (17) forpar/harbor (schedule) 9 Investment income of a section 501(c)(7), (log) or (17) forpar/harbor (schedule) 10 Compensation of officers, and rents schedule) 11 Advertising income (Schedule J) 12 Obdition (schedule) 13 Total, Combine lines 3 through 12 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salares and wages 16 Salares and wages 17 Salares and places and section 501(c)(7) forpar/harbor (schedule K) 18 Interest (attach Schedule) (see instructions for limitation rules) 19 Taxes and licenses 19 Salares and wages 19 Salares an	J Th						Teleph	one number 🕨 2	12	991-3730		
b Less returns and allowances 2 Cost of goods sold (Schedule A, line 7) 3 Gross profit. Subtract line 2 thon line 1c 4 Capital gain net income (attach Schedule D) 4 Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 6 Capital loss deduction for trusts 5 Income (loss) (form a partnership or an S cereperation (attach statement) 5 Income (loss) (form a partnership or an S cereperation (attach statement) 6 Rent income (Schedule C) 7 Unrelated debt-Imanced income (Schedule E) 8 Interest, annuties, royalties, and rents from 2 certificity prepagation, (statement) 9 Investment income of a section 501(c)/17, (b) or (17) viganifization (Schedule E) 9 Investment income of a section 501(c)/17, (b) or (17) viganifization (Schedule E) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule I) 12 Other income (See instructions) attach schedule I) 13 Total. Combine lines 3 through 12 14 Complementation Not Taken Elsewhere (See instructions for limitations on deductions) 15 Salaries and wages 15 Salaries and maintenance 16 Repars and maintenance 17 Bad debts 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 19 Taxes and licenses 19 Taxes and licenses 19 Taxes and licenses 20 Charitable contributions (See instructions) 21 Depreciation (attach Form 4562) 22 Less depreciation (attach Form 4562) 23 Depletion 24 Contributions to deferred compensation plans 24 Employee benefit programs 25 Employee benefit programs 26 Charitable contributions (Schedule A) 27 Excess readership costs (Schedule J) 28 Other deductions (Additions Additions 14 through 2B 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 31 Deduction for net operating loss sinsing in tax years beginning on a rafer January 1, 2018 (see instructions) 31 Unrelated business taxable income before the operating loss deduction. Subtract line 29 from line 13 32 Or.	Pa	rt I Unrelated	Trac	le or Business Inc	ome		(A) Income	(B) Expenses		(C) Net		
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Solution Composition Solution Composition Contributions Contributi					11 4797)			_ Mr				
RECEIVED 7 Unrelated debt-Inanced income (Schedule E) 8 Interest, annuties, royalties, and rents from executive propagization, schedule E) 9 Investment income of a section 501(c)(7), (20), (or (17) or partization (Schedule E)) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule I) 12 Other income (See instructions; attach schedule) 13 Total, Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 16 Repairs and maintenance 16 Interest (attach schedule) (see instructions) 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 10 Charitable contributions (See instructions) 11 Interest (attach form 4562) 21 Depreciation (attach form 4562) 22 Less depreciation claimed on Schedule A and elsewhere on return 22a 23 22b Depletion 23 Depletion 24 Contributions to deferred compensation plans 25 Employee benefit programs 25 Excess exempt expenses (Schedule I) 26 Charitable contributions (attach schedule) 27 Excess readership costs (Schedule I) 28 Contributions (attach schedule) 29 O. 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 O. 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 31 Unrelated business taxable income. Subtract line 31 from line 30 30 O. 31 Unrelated business taxable income. Subtract line 31 from line 30 30 O.	ن ج	•			ttach statement\	_		•				
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Investment income of a section 501(c)(7), (8), or (17) or partization (Schedule 3) 9 10 Exploited exempt activity income (Schedule J)	8	Interest, annuities, roy	alties, a	nd rents from a controlled	organization, (Schedule F	3 8						
11 Advertising income (Schedule J) OGDEN, UT 11 12 13 0 15 15 15 15 15 15 15	9	Investment income of	a sectio	n 501(c)(7), (2), or (17) o	rganization (Schedule 6	5 9						
12	10	Exploited exempt activ	ity inco			<u> 10</u>						
Total Combine lines 3 through 12	11				BDEN, UT	,, , , , , , , , , , , , , , , , , , ,						
Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) 14		•		· ·		_			-			
(Except for contributions, deductions must be directly connected with the unrelated business income.) 14	13 Do	Total. Combine lines	3 throu	gh 12 ot Takon Elsawbar	Co. (Co. motorotions (L		<u> </u>		
14 15 Salaries and wages 15 16 17 18 16 17 18 16 17 18 18 17 18 18 18 19 19 19 19 19	ra							income.)				
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Repairs and maintenance Repair and maintenance Repairs and maintenance Repairs and maintenanc			.0013, 011	ootors, and trastoos (cont	300.017)							
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Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) Unrelated business taxable income. Subtract line 31 from line 30 Unrelated business taxable income. Subtract line 31 from line 30				-	g loss deduction. Subtra	ct line 29	from line 13					
									31			
	32	Unrelated business to	axable ir	come. Subtract line 31 fro	om line 30				32			

Form 990-	(2018) LINDEN TRUST FOR CONSERVATION 1	3-374	18063	Page 2
Part				***************************************
33	'Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	0.
34	Amounts paid for disallowed fringes		34	4,985.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35		
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
	lines 33 and 34		36	4,985.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,			
	enter the smaller of zero or line 36		38	<u>3,985.</u>
Part I	V Tax Computation		, , , , _	
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	>	39	
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:			
	X Tax rate schedule or Schedule D (Form 1041)		40	<u>599.</u>
41	Proxy tax. See instructions		41	
42	Alternative minimum tax (trusts only)		42	
43	Tax on Noncompliant Facility Income. See instructions		43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	599.
Part \			т	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a			
b	Other credits (see instructions) 45b		4	
C .	General business credit. Attach Form 3800		4	
đ	Credit for prior year minimum tax (attach Form 8801 or 8827)		 	
e 40	Total credits. Add lines 45a through 45d		45e	599.
46	Subtract line 45e from line 44 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attack)		46	333.
47		schedule)	47	599.
48	Total tax. Add lines 46 and 47 (see instructions)		49	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 Payments: A 2017 overpayment credited to 2018		49	<u> </u>
	Payments: A 2017 overpayment credited to 2018 2018 estimated tax payments 50b		1 1	
		,300.	1	
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d	, 500.	1 1	
	Backup withholding (see instructions) 50e		┪	
	Credit for small employer health insurance premiums (attach Form 8941)		1	
	Other credits, adjustments, and payments: Form 2439		1	
v	Form 4136 Other Total 50g		1	
51	Total payments. Add lines 50a through 50g		51	1,300.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached		52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	•	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	>	54	701.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	d 🕨	55	701.
Part \	/I Statements Regarding Certain Activities and Other Information (see instruction	s)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority			Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		,	<u> </u>
	here			$-\frac{x}{x}$
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	trust?		X
	If "Yes," see instructions for other forms the organization may have to file.			
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$			
٥.	Under penalties of erjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	f my knowled	dge and belief, it	is true,
Sign		м	ay the IRS discus	ss this return with
Here	DIRECTOR OF FINAL	TOT	e preparer showr	
	Signature of officer Date / Title	ins	structions)? X	Yes No
	Print/Type preparer's name Preparer's signature Date Chec	k 🛄 1	f PTIN	
Paid	MAD	employed		0000
Prepa	rer JOSEPH L. ALI, CPA 0			93808
Use C	DIV Firm's name ► PKF O'CONNOR DAVIES, LLP Firm	n's EIN 🕨	27-1	728945
	665 FIFTH AVENUE	_	10 00-	0.600
		ne no. 2	12 286	
823711 01	09-19		For	n 990-T (2018)

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory va	aluation N/A					
1 Inventory at beginning of year 1			$\overline{}$	Inventory at end of ye	ar		6 _		
2 Purchases	Purchases 2			7 Cost of goods sold. Subtract line 6					
3 Cost of labor	3			from line 5. Enter here	and in l	Part I,	1		
4a Additional section 263A costs			Ì	line 2		į	7		
(attach schedule)	4a		8	Do the rules of section	1 263A (1	with respect to		Yes	No
 Other costs (attach schedule) 	_	property produced or	acquired	for resale) apply to		., <u>r</u>	لـــــــــــــــــــــــــــــــــــــ		
5 Total, Add lines 1 through 4b	5			the organization?					<u> </u>
Schedule C - Rent Income (see instructions)	(From Real	Property and	Pers	sonal Property I	_ease	d With Real Prope	erty) 		
1. Description of property									
(1)			-		-				
(2)									
(3)									
(4)									
		ed or accrued				0(0)0			
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	than	of rent for	personal	onal property (if the percenta property exceeds 50% or if ad on profit or income)	ige	3(a) Deductions directly columns 2(a) and	d 2(b) (atta	ch schedule)	n
(1)									
(2)				· —		ļ			
(3)									
(4)	·								
Total	0.	Total			0.	ļ., <u>-</u>			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	1 (A)	>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)			0.
Schedule E - Unrelated Deb	t-Financed	income (see	instruc	ctions)					
			2	. Gross income from		Deductions directly conn to debt-finance			
Description of debt-financed property				or allocable to debt- financed property (8		(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)			╁		 		+		
(2)									
(3)									
(4)									
Amount of everage acquisition debt on or allocable to dobt-financed property (attach schedule)	of or a	adjusted basis allocable to nced property n schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		Allocable deduct umn 6 x total of co 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%	ļ		<u> </u>		
(4)	<u> </u>		<u> </u>	%	<u> </u>				
						nter here and on page 1, Part I, line 7, co'umn (A)		ar here and on pag t 1, line 7, column	
Totals				>		0.			0.
Total dividends-received deductions in	cluded in column	18				>			0.
								Form 990-T	(2018)

1. Name of periodical	2. Gro adverts sncon	sing	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							l
(2)				!			
(3)							
(4)							<u> </u>
Totals (carry to Part II, line (5))	>	0.	0.				0.
101210 (0211) 10 1 21111 1110 (07)							5 990-T (0040)

Form **990-T** (2018)

Form 990-T (2018) LINDEN TRUST FOR CONSERVATION 13-37480

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in Page 5 columns 2 through 7 on a line-by-line basis.) 7. Excess readership costs (column 6 minus column 5, but not more than column 4) Advertising gain
or (loss) (col. 2 minus
col. 3). If a gain, compute
cols. 5 through 7. 2. Gross advertising 3. Direct 5. Circulation 6. Readership 1. Name of periodical advertising costs ıncome costs (1) (2) (3) (4) Ō. 0. 0. Totals from Part i Enter here and on Enter here and Enter here and on page 1, Part I, line 11, col (A) page 1, Part I, line 11, col (B) 0. 0. 0 Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of time devoted to business 4. Compensation attributable to unrelated business 2. Title 1. Name (1) (2) (3) % (4) %

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0.

Total. Enter here and on page 1, Part II, line 14