For calendar year 2018 or other tax year beginning

NEW YORK, NY

G Check organization type

F Group exemption number (See instructions.)

Department of the Treasury Internal Revenue Service

Check box if

B Exempt under section

X 501(c)(3

408(e)

408A

529(a)

14

15

16

17

18

19

22

₩ 23

Salaries and wages

Taxes and licenses

Bad debts

Depletion

Repairs and maintenance

Depreciation (attach Form 4562)

Employee benefit programs

Interest (attach schedule) (see instructions)

Contributions to deferred compensation plans

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J)

Total deductions. Add lines 14 through 28

Other deductions (attach schedule)

Book value of all assets at end of year

address changed

)

220(e)

530(a)

Print

Type

01

	Open to Public Inspection for 501(c)(3) Organizations Only						
Employer identification number (Employees' trust, see							
nstr	nstructions)						
Inre	3-3748063						
See	instructions)						
							
ıst	Other trust						
atec							
nor	e than one,						
rad	e or						
] Y	es No						
٠.							
2	991-3730						
	(C) Net						
	 						
	 						
	-						
							
14	1						
1 <u>4</u> 15							
16							
17							
18							
9							
20	 						

2012

RECEIVED MAR **19** 2020 Ö 23 24 25 26 27 28 29 Unrelated business taxable income before net operating loss deduction, Subtract line 29 from line 13 30

(B) Expenses

Unrelated business taxable income. Subtract line 31 from line 30 823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)

Compensation of officers, directors, and trustees (Schedule K)

Charitable contributions (See instructions for limitation rules)

Less depreciation claimed on Schedule A and elsewhere on return

Form 990-T (2018)

0.

31

32

AMENDED RETURN - SECTION 512(A)(7) REPEAL 9315800308

X 501(c) trust

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

► Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Name of organization (____ Check box if name changed and see instructions.)

10019-3879

501(c) corporation

LINDEN TRUST FOR CONSERVATION

Number, street, and room or suite no. If a P.O. box, see instructions.

156 WEST 56TH STREET, NO. 1100

City or town, state or province, country, and ZIP or foreign postal code

(Except for contributions, deductions must be directly connected with the unrelated business income)

Form 990-1	(2018) LINDEN TRUST FOR CONSERVATION	13-3748	063	Page 2				
Part I	II Total Unrelated Business Taxable Income							
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					
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		35					
36								
	lines 33 and 34		36					
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37					
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	0.				
Part I		•						
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:	, L						
	X Tax rate schedule or Schedule D (Form 1041)	▶ ~	40	0.				
41	Proxy tax. See instructions		41					
42	Alternative minimum tax (trusts only)	, F	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	0.				
Part \			44]					
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a							
b	Other credits (see instructions) 45b							
c	General business credit. Attach Form 3800 • 45c							
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 45d							
	Total credits. Add lines 45a through 45d		45e					
46	Subtract line 45e from line 44		46	0.				
47		ach schedule)	47					
48	Total tax. Add lines 46 and 47 (see instructions)		48	0.				
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	0.				
	Payments: A 2017 overpayment credited to 2018							
	2018 estimated tax payments 50b							
	Tax deposited with Form 8868 50c							
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d							
	Backup withholding (see instructions) 50e							
	Credit for small employer health insurance premiums (attach Form 8941) 50f							
	Other credits, adjustments, and payments: Form 2439							
_	Form 4136	599.						
51		0	51	599.				
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	599.				
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	nded 🕨	55	599.				
Part V	Statements Regarding Certain Activities and Other Information (see instruction)	ons)						
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							
	here >							
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	gn trust?	-	 ,				
50	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 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the be		and haliat star bus					
Sign	correct, and complete Declaration of preparer (other than taxpaver) is based on all information of which preparer has any knowledge	si oi my knowleage	and belief, it is true,					
Here	Le Cercele 3-4-2020 DIRECTOR OF FINA	**************************************	he IRS discuss this					
-	Signature of officer Date Director OF FINA Title		eparer shown below ctions)? X Ye					
				s No				
D-: 1		neck if	PTIN					
Paid	TO GEDIL I 31 T GD3 X03-40- Y 6-2-2 \(\lambda \)	lf- employed	P020938	308				
Prepa	- DVII O CONTION DAVING TIE	irm's EIN	27-1728					
Use C	665 FIFTH AVENUE	and S CIN						
		hone no. 21	2 286-26	500				
823711 01-				0-T (2018)				
				(· -)				

Schedule A - Cost of Goods	s Sold. Enter	method of inver	ntory va	luation N/A		· · · · · · · · · · · · · · · · · · ·	
1 Inventory at beginning of year				Inventory at end of year			6
2 Purchases		7 Cost of goods sold. Sub					
8 Cost of labor	3		from line 5. Enter here and			Part I,	
4 a Additional section 283A costs			line 2				
(attach schedule)	49		8	Do the rules of section	263A (1	with respect to	Yes No
b Other costs (attach schedule)	4b		_]	property produced or a	cquired	for resale) apply to	<u> </u>
5 Total, Add lines 1 through 4b	5		_l	the organization?		***************************************	
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Pers	onal Property L	ease	d With Real Proper	rty)
1. Description of property							
(1)							
(2)							
(3)	<u></u>						
(4)							
		ed or accrued					
(a) From personal property (if the per rant for personal property is more 10% but not more than 50%)	าเกตก	' of rent for	porsonal	onal property (if the percentag property exceeds 50% or if ad on profit or incorno)	ge 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)		
(1)							
(2)							
(3)							
(4)							
Total	0.	Total			0.		
(c) Total Income. Add totals of columns here and on page 1, Part I, line 6, column	2(a) and 2(b). En n (A)	iter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	0.
Schedule E - Unrelated Deb	ot-Financed	Income (see	e instru	ctions)			
			2	. Gross income from		3. Doduations directly connect to debt-financed	ated with or allocable property
1. Description of debt-financed property			or allocable to debt- financed property		(a)	Straight line deprediation (attach echedule)	(b) Other deductions (attach schedule)
(1)			1				
(2)		_	<u> </u>				
(3)							
(4)							
4, Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-time	o ndjusted basis elicauble to utoed property is schedule)	6	, Column 4 divided by column 5		7. Gross income reportable (column 2 x column 8)	8. Allocable deductions (column 6 x total of columns 3(e) and 3(b))
(1)				%			
(2)				%			
(3)				%			
(4)				%			
		· · · · · · · · · · · · · · · · · · ·				Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B)
Totals				b	[_	0.	0.
Total dividends-received deductions in							0.
							Form 990-T (2018)

Form 990-T (2018) LINDEN	TRUS	T FOR	CONSI	ERVAT:	ION				13-37	<u>480</u> 63	Pag
Form 990-T (2018) LINDEN Schedule F - Interest, A	Annuitie	s, Royal	ties, and	d Rents	From Co	ntrolle	d Organiza	tions	(see ins	structions	s)
		<u> </u>			Controlled O				<u> </u>		
1. Name of controlled organization		2. Employer 3. Not up		ratated income 4. To		otal of specified 5. F		5. Part of column 4 that is included in the controlling rganization's gross income		6. Deductions directly connected with income in column 5	
											111 0012////
41				 				 			
(1)		 									
(2)											
(3)]						I		T	
(4)								-			
		<u> </u>		Ь				Ь—			
Nonexempt Controlled Organi	zations			····							
7. Taxable Income	7. Taxable Income 8. Net unrelated Incomo (loss) (aoo Instructions) 9. T		9. Total	of specified payr made					luctions directly connect income in column 10		
(1)											
	 					-			 		
(2)							ļ. ———				
_(3)										<u> </u>	
(4)											
							Add colun Enter here end line 8, c		o 1, Part I,	Enter h	d columns 6 and 11. ere and on page 1, Part i, line 6, column (B)
Totals						.			0.	1	(
Schedule G - Investme	nt Incor		2001ion	E04/-1/7	(0) 07 (17) 0.0	anization			<u> </u>	
		ne or a s	Section	501(0)(7), (8), or (ir, org	janization				
(see insti	ructions)										
1. Desc	ription of Inco	me			2. Amount of	Income	3. Deductions directly connected (attach schedule) 4. Set-a (attach schedule)				5. Total deduction and set-saides (col. 3 plus col. 4
(1)											
(2)	·····										
					 				 		
(3)											<u> </u>
(4)					<u> </u>				<u></u>		
			_		Enter here and o Part I, line 9, co	on page 1, lumn (A)					Enter here and on pag Part I, line 9, column (I
Totals				•		0.					
Schedule I - Exploited	Evamnt	Activity	Income	Other	Than Adv	ertieln	a Income		<u></u>		<u> </u>
(see instru		Activity	moonic	, O tiloi	man Au	01 (1511	ig intoonio				
(300 11311	1				T				γ——		7
Description of exploited sotivity			directly of with pro of un	penses connected oduction related s income	4. Net incom from unrelated business (co minus colum gain, compute through	l trade or slumn 2 n 3). If a a cols 5	5. Gross inco from activity is is not unrelat business inco	that ted	6. Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)	 					-					1
(1) (2) (3)	 				 				 		
\ <u><</u> 1			<u> </u>		 		 				
(3)			L		<u> </u>				L		<u></u>
(4)											
Totals	page 1	re and on I, Part I, col (A).	page 1	re and on I, Part I, col. (B)						,	Enter here and on page 1, Part II, line 26
Schedule J - Advertision	a lace		note esta-		L		······································			· · · · · · ·	
						<u> </u>					
Part I Income From	Periodic	als Rep	orted or	n a Con	solidated	Basis					
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	or (lose) (co	ising gain ol. 2 minus ain, comput arough 7.	5. Circula income		6. Read		7. Excess readership costs (column 8 minus column 5, but not more than column 4)
(1)											1
(2)					⊣				t ———		
							 				
(3)					 ,				 		
(4)									<u> </u>		
Totals (carry to Part II, line (5))	▶		0.	0	<u>.l</u>						Form 990-T (20
											LOLU 200- 1 (50

AS ORIGINALLY FILED

Form 990-T (2018) LINDEN TRU	13-3748063 Pa					
Part'II: Income From Periodical Columns 2 through 7 on a	•		ate Basis (For eac	h periodical listed	in Part II, fill	ln .
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (lose) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readersh oosts	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(2)						
(4)						
Totals from Part 1	0.	0.	,		_	0.
	Enter here and on page 1, Pert I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).]	,	• •	Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	0.	0.	•	÷ji _		0.
Schedule K - Compensation	of Officers, L	Directors, and	Trustees (see ins	structions)		
1. Name			2. Title	3. Percen time devote busines	id to	Compensation attributable to unrelated business
(1)					%	
(2)					%	
(3)					%	
(4)					%	
Total. Enter here and on page 1. Part II. II	ne 14				D	0.

FOOTNOTES

STATEMENT 19

THE FORM 990-T HAS BEEN AMENDED DUE TO THE PASSAGE OF H.R. 1865 FURTHER CONSOLIDATION APPROPRIATIONS ACT, 2020, WHICH WAS SIGNED INTO LAW ON DECEMBER 20, 2019. THE NEW LEGISLATION REPEALS THE TAX ON QUALIFIED TRANSPORTATION FRINGE BENEFITS ("QTFB"), WHICH WAS ORIGINALLY PASSED AS PART OF THE TAX CUTS AND JOBS ACT ("TCJA"), AND IS RETROACTIVE TO THE DATE OF ENACTMENT. THEREFORE, LINE 34, "AMOUNTS PAID FOR DISALLOWED FRINGES" WAS CHANGED TO "0".

FORM 990-T	OTHER CREDITS AND PAYMENTS	STATEMENT 20
DESCRIPTION		AMOUNT
TAX PAID WITH ORIGINAL	RETURN	599.
TOTAL INCLUDED ON FORM	990-T, PAGE 2, PART V, LINE 50G	599.