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|------|-----|
| Form | 330 |

### \*\* 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.

Information about Form 990 and its instructions is at www.irs.gov/form990.



Department of the Treasury Internal Revenue Service

| B checket  | A For the 2015 calendar year, or tax year beginning and ending   |                 |   |                 |                              |                               |
|--|--|-----------------|---|-----------------|------------------------------|-------------------------------|
|  | B c<br>a   | heck if pplicab | e: C Name of organization   |                 | D Employer identifi          | cation number                 |
| Doing business as       22-3498690         Wather       Number and street (or P.0. box if mail is not delivered to street address)       Room/suite         Ast 4       OUTDLOOK DRIVE       201         Ast 4       OUTDLOOK DRIVE       201         Market       Ast 4       OUTDLOOK DRIVE         Ast 4       OUTDLOOK DRIVE       201         Ast 4       Ast 4       Ast 4         Ast 4       Ast 4       Ast 4         Ast 5       C ABOVE       H(a) Is this a group return<br>for subordinates incluster? [X] ves       No         Hold State as active ast 5       SAME AS C ABOVE       H(b) Group exemption number > 1000       No         J Webstet: > WWN SPRINGPOINTSL.ORG       H(c) Group exemption number > 1000       No the organization ' I association _ Other > L Year of formation: _ M State of legal domicle: NJ         Part 1       Summary       I Street Rest 1000       ME as 2000 (Part V, line 1a)       3       13         A       Number of individuals employed in calendary year 2015 (Part V, line 1a)       3       13       13         A       Number of inding members of the governing body (Part V, line 1a) <td></td> <td>Addre</td> <td>SPRINGPOINT SENIOR LIVING, INC.</td> <td></td> <td></td> <td></td>  |  | Addre           | SPRINGPOINT SENIOR LIVING, INC.   |                 |                              |                               |
| Image: Second Secon |  | Name            |   |                 | 22-3                         | 498690                        |
| Image: Second Secon |  | □Initial        |   | Room/suite      | E Telephone numbe            | <br>r                         |
| and one of control town, state or province, country, and 2IP or foreign postal code       Great recents \$ 177, 219, 024.         Chyperter       FArme and address of principal officier.GARY T. PUMA       H(a) Is this a group returm         SAME AS C ABOVE       H(b) Are all subordinates includer?X is a group returm         I Taxexempt status: X is 01(c)(3)       01(c)() 		 (insert nc.)       4947(a)(1) or 527       H(a) Is this a group returm         J Website: ►       WWN SPRINGPOINTSL.ORG       H(c) Group exemption number ►       8048         K Form of ranzization: X corporation       Trust       Association       Other ►       L varie of tormation:       M State of legal domicile:NJ         Pert I       Summary       1       Briefly describe the organization discontinued its operations or disposed of more than 22% of its not assets.       3       13         3       Number of voting members of the governing body (Part V, line 1a)       3       13         4       Number of voting members of the governing body (Part V, line 2a)       5       2198         6       Total number of undividuals employed in calendar year 2015 (Part V, line 2b)       7a       128, 049, 367, 1331, 176, 543.         7       Total number of volume and grants (Part VIII, column (A), lines 3, 4, and 70)       128, 049, 367, 1331, 176, 543.       143, 233, 478, 1332, 022.         8       Contributions and grants (Part VII, column (A), li   |  | Final<br>returr | 4814 OUTLOOK DRIVE  | 201             |                              |                               |
| Image: Provide and address of principal officer.GARY T. PUMA       for subordinates includer?       [] Yes No         SAME AS C ABOVE       H(b) Are all subordinates includer?       [] Yes No         I Taxexempt status: [] Sol1(0(3) _001(c)() (] (insert no.) _0497(a)(1) or _577       [] H(b) Are all subordinates includer?       [] Yes No         J Website: ▶ WWW. SPRINGPOINTSL.ORG       H(c) Group exemption number ▶ 8048         K Form of organization: [] Corporation _] Trust _] Association _] Other ▶ L Year of formation: M State of legal domicile: NJ         Part I] Summary       1       Briefly describe the organization's mission or most significant activities: TO MAKE A DIFFERENCE IN THE         LIVES OF THE RESIDENTS, FAMILIES AND COMMUNITIES WE SERVE.       2         2       Check this box ▶  |  | ated            | City or town, state or province, country, and ZIP or foreign postal code              |                 | <b>G</b> Gross receipts \$   | 177,219,624.                  |
| pending       SAME AS C ABOVE       H(b) Are all subordinates included? X Yes No         I Tax-exempt status; X 001c(3)  |  |                 |   |                 |                              |                               |
| SABLE AS C ABOYE       H(b) Are all subcontasts includer(1≜, Yes _ No         I Taxexempt status: X, 3010(a)       501(a)(.) ≤ (insert no.) 4947(a)(1) or 527       H(b) Are all subcontasts incutcions;         J Website: ▶ WWW. SPRINGPOINTSL.ORG       H(c) Group exemption number ▶ 8048         K form of organization: X Corporation _ Trust _ Association _ Other ▶ L Year of formation: M State of legal demicile: NJ         Part I Summary         I Briefly describe the organization's mission or most significant activities: TO MAKE A DIFFERENCE IN THE         LIVES OF THE RESIDENTS, FAMILIES AND COMMUNTIES WE SERVE.         2 Check this box ▶ _ if the organization discontinue di ts operations or disposed of more than 25% of its net assets.         3 Number of voting members of the governing body (Part V, line 1a)       4         4 Number of individuals employed in calendar year 2015 (Part V, line 2a)       5         6 9177       Ta Total unrelated business revenue from Part VIII, column (C), line 12       7a         7a Total unrelated business revenue from Form 990-T, line 34       8, 428, 614.       3, 676, 966.         9 Program service revenue (Part VIII, line 1h)       8, 428, 614.       3, 676, 966.         10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)       143, 233, 478.       143, 448, 268.         12 Total revenue: add lines 8 through 11 (must equal Part VIII, column (A), lines 5.10,       56, 622, 9221.       59, 712, 376.         13   |  | Appli<br>tion   |   |                 | for subordinates             | ? X Yes No                    |
| J Website:       WWW.SPRINGPOINTSL.ORG       H(c) Group exemption number ▶ 8048         K form of organization:       X Corporation       Trust       Association       Other ▶       L Year of formation:       M State of legal domicile: NJ         Part II       Summary       M State of legal domicile: NJ       M State of legal domicile: NJ         I       Briefly describe the organization's mission or most significant activities:       TO MAKE A DIFFERENCE IN THE         2       Check this box ▶       I if the organization is donot incurrent year       Association is or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1a)       I ald       1 ald       1 ald         4       Number of individuals employed in calendar year 2015 (Part VI, line 2a)       6       21198         6       Total number of volunteers (estimate if necessary)       Frior Year       Current Year         7 a Total number of volunteers (estimate if necessary)       7 b       0.       0.         9       Porgram service revenue (Part VIII, ine 1h)       6, 240, 608.       7, 569, 666.         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       8, 428, 614.       3, 67, 966.         10       Investment income (Part VIII, column (A), lines 1.3)       334, 987.       332, 022.       133, 176,  |  |                 | SAME AS C ABOVE   |                 | H(b) Are all subordinates in | ncluded? X Yes No             |
| K       Form of organization:       X       Corporation       Trust       Association       Other       L Year of formation:       M State of legal domicile: NJ         Part I       Summary       I       Briefly describe the organization's mission or most significant activities:       TO       MAKE A       DIFFERENCE IN THE         2       Check this box       I       Briefly describe the organization discontinued its operations or disposed of more than 25% of its net assets.       3         3       Number of voting members of the governing body (Part VI, line 1a)       3       13         4       Number of individuals employed in calendar year 2015 (Part V, line 2a)       5       2198         6       Total number of volunteers (estimate if necessary)       7a       0.       7b       0.         7       Total numelated business taxable income from Form 990-T, line 34.       Prior Year       Current Year         6       9       Prior Year       Current Year       6, 240, 608.       7, 569, 666.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       8, 428, 614.       3, 676, 966.         13       Garan senvice revenue (Part VII, column (A), lines 1.3)       334, 987.       332, 022.         14       Benefits paid to or for members (Part IX, column (A), lines 1.3)       334, 987.       332, 02   |  |                 |   | 1) or 🛄 52      |                              |                               |
| Part I       Summary         1       Briefly describe the organization's mission or most significant activities: TO MAKE A DIFFERENCE IN THE         2       Check this box ▶ □ if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1a)       3         4       Number of independent voting members of the governing body (Part VI, line 1a)       3         5       Total number of individuals employed in calendar year 2015 (Part V, line 2a)       5         6       9177         7a       Total number of volunteers (estimate if necessary)       6         7a       Total unrelated business revenue from Part VIII, column (C), line 12       7a         9       Program service revenue (Part VIII, line 1h)       6, 240, 608.       7, 569, 666.         10       Investment income (Part VIII, line 2g)       128, 049, 367.       131, 176, 543.         12       Total arveitae add lines 8 through 11 (must equal Part VIII, column (A), line 12)       143, 233, 478.       143, 448, 268.         13       Grants and similar amounts paid (Part IX, column (A), lines 1.3)       334, 987.       332, 022.         14       Benefits paid to or for members (Part IX, column (A), lines 5.10)       66, 0000.       66, 0000.         15       Salaries, other compensation, employee  |  |                 |   |                 |                              |                               |
| I       Briefly describe the organization's mission or most significant activities: TO MAKE A DIFFERENCE IN THE<br>LIVES OF THE RESIDENTS, FAMILIES AND COMMUNITIES WE SERVE.         2       Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voling members of the governing body (Part VI, line 1a)       if the organization discontinued its operations or disposed of more than 25% of its net assets.         4       Number of voling members of the governing body (Part VI, line 1a)       if the organization discontinued its operations or disposed of more than 25% of its net assets.         5       Total number of individuals employed in calendar year 2015 (Part V, line 2a)       5       2198         6       Ottal number of volunteers (estimate if necessary)       7a       Total number of volusiness revenue from Part VIII, column (C), line 12       7a       Total number of volusiness revenue from Part VIII, column (C), line 12       7a       0.         7       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       10       128, 049, 367.       131, 176, 543.       8, 428, 614.       3, 676, 966.         13       Grants and similar amounts paid (Part IX, column (A), lines 1.3)       143, 233, 478.       143, 448, 268.       143, 233, 478.       143, 448, 268.         14       Benefits paid to or for members (Part IX, column (A), lines 1.3)       145, 616.       36, 000.       66, 0000.  |  |                 |   | L Yea           | r of formation:              | A State of legal domicile: NJ |
| 2       LIVES OF THE RESIDENTS, FAMILIES AND COMMUNITIES WE SERVE.         2       Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of independent voting members of the governing body (Part VI, line 1a)       3       13         4       Number of independent voting members of the governing body (Part VI, line 1a)       5       21198         5       Total number of individuals employed in calendar year 2015 (Part V, line 2a)       5       21198         6       Total number of volunteers (estimate if necessary)       7a       0.         7a       Total unrelated business revenue from Part VIII, column (C), line 12       7a       0.         b Net unrelated business revenue from Part VIII, column (C), line 34.       7b       0.         9       Program service revenue (Part VIII, line 2g)       128, 049, 367.       1311, 176, 543.         10       Investment income (Part VIII, lonumn (A), lines 5, 64, 8c, 9c, 10c, and 11e)       143, 233, 478.       143, 448, 268.         13       Grants and similar amounts paid (Part IX, column (A), lines 1.3)       334, 987.       332, 022.         14       Benefits paid to or for members (Part IX, column (A), lines 1.3)       334, 987.       332, 022.         14       Benefits paid to or for members (Part IX, column (A), lines 5.10)       66, 0000.       66   | Ра   |                 |   |                 | DIBEDENCE                    |                               |
| • Authorse of individuals employed in calendar year 2015 (Part V, line 10)       • </td <td>e</td> <td>  1</td> <td>Briefly describe the organization's mission or most significant activities: <u>10</u></td> <td>MAKE A</td> <td>DIFFERENCE</td> <td>IN THE</td>   | e  | 1               | Briefly describe the organization's mission or most significant activities: <u>10</u> | MAKE A          | DIFFERENCE                   | IN THE                        |
| e       A Winder of individuals employed in calendar year 2015 (Part V, line 10) <b>i j j</b>  | Jan  |                 |   |                 |                              |                               |
| e       A Winder of individuals employed in calendar year 2015 (Part V, line 10) <b>i j j</b>  | /err   |                 |   |                 |                              |                               |
| • Authorse of individuals employed in calendar year 2015 (Part V, line 10)       • </td <td>ĝ</td> <td></td> <td></td> <td></td> <td></td> <td></td>   | ĝ  |                 |   |                 |                              |                               |
| b         Net unrelated business taxable income from Form 990-T, line 34         7b         0.           Prior Year         Current Year         6,240,608.7,569,666.         128,049,367.131,176,543.           9         Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         128,049,367.131,176,543.         8,428,614.3,676,966.           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         143,233,478.143,448,268.         1334,987.332,022.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)         334,987.332,022.         0.           14         Benefits paid to or for members (Part IX, column (A), lines 1-3)         56,622,921.59,712,376.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         56,622,921.59,712,376.         0.           16a         Professional fundraising expenses (Part IX, column (A), line 11e)         666,000.666.000.         0.           17         Other expenses (Part IX, column (D), line 25)         864,722.         145,085,260.147,818,685.           19         Revenue less expenses. Subtract line 18 from line 12         -1,851,782.4,4,370,417.           19         Revenue less expenses. Subtract line 18 from line 12         -1,851,782.4,370,417.           19         Revanue less expenses. Subtract line 21 from line 20.5,00,40  | <u>م</u>   |                 |   |                 |                              |                               |
| b         Net unrelated business taxable income from Form 990-T, line 34         7b         0.           Prior Year         Current Year         6,240,608.7,569,666.         128,049,367.131,176,543.           9         Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         128,049,367.131,176,543.         8,428,614.3,676,966.           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         143,233,478.143,448,268.         1334,987.332,022.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)         334,987.332,022.         0.           14         Benefits paid to or for members (Part IX, column (A), lines 1-3)         56,622,921.59,712,376.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         56,622,921.59,712,376.         0.           16a         Professional fundraising expenses (Part IX, column (A), line 11e)         666,000.666.000.         0.           17         Other expenses (Part IX, column (D), line 25)         864,722.         145,085,260.147,818,685.           19         Revenue less expenses. Subtract line 18 from line 12         -1,851,782.4,4,370,417.           19         Revenue less expenses. Subtract line 18 from line 12         -1,851,782.4,370,417.           19         Revanue less expenses. Subtract line 21 from line 20.5,00,40  | ities  |                 |   |                 |                              |                               |
| b         Net unrelated business taxable income from Form 990-T, line 34         7b         0.           Prior Year         Current Year         6,240,608.7,569,666.         128,049,367.131,176,543.           9         Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         128,049,367.131,176,543.         8,428,614.3,676,966.           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         143,233,478.143,448,268.         1334,987.332,022.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)         334,987.332,022.         0.           14         Benefits paid to or for members (Part IX, column (A), lines 1-3)         56,622,921.59,712,376.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         56,622,921.59,712,376.         0.           16a         Professional fundraising expenses (Part IX, column (A), line 11e)         666,000.666.000.         0.           17         Other expenses (Part IX, column (D), line 25)         864,722.         145,085,260.147,818,685.           19         Revenue less expenses. Subtract line 18 from line 12         -1,851,782.4,4,370,417.           19         Revenue less expenses. Subtract line 18 from line 12         -1,851,782.4,370,417.           19         Revanue less expenses. Subtract line 21 from line 20.5,00,40  | <ul> <li>6 Total number of individuals employed in calendar year 2013 (Part V, line 2a)</li> <li>7 a Total unrelated business revenue from Part VIII, column (C), line 12</li> </ul> |                 |   |                 |                              |                               |
| B       Contributions and grants (Part VIII, line 1h)       Prior Year       Current Year         9       Program service revenue (Part VIII, line 2g)       10       11       11       11       12       0.00000000000000000000000000000000000  | Ă  |                 |   |                 |                              |                               |
| 8       Contributions and grants (Part VIII, line 1h)       6,240,608.       7,569,666.         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       8,428,614.       3,676,966.         10       Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       143,233,478.       143,448,268.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       143,233,478.       143,448,268.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 13)       334,987.       332,022.         14       Benefits paid to or for members (Part IX, column (A), lines 1-3)       334,987.       332,022.         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)       56,622,921.       59,712,376.         16a       Professional fundraising fees (Part IX, column (A), line 25)       864,722.       88,061,352.       87,708,287.         17       Other expenses (Part IX, column (A), line 25)       864,722.       145,085,260.       147,818,685.         19       Revenue less expenses. Subtract line 18 from line 12       -1,851,782.       -4,370,417.         18       Total assets (Part X, line 16)       500,409,886.       582,931,335.  |  |                 |   |                 |                              |                               |
| 9       Program service revenue (Part VIII, line 2g)       128,049,367.131,176,543.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       8,428,614.3,676,966.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       143,233,478.143,448,268.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       143,233,478.143,448,268.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       334,987.332,022.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.0.0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       56,622,921.59,712,376.         16a       Professional fundraising fees (Part IX, column (D), line 25)       864,722.         17       Other expenses (Part IX, column (D), line 25)       864,722.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       145,085,260.147,818,685.         19       Revenue less expenses. Subtract line 18 from line 12       -1,851,7824,370,417.         19       Beginning of Current Year       End of Year         20       Total assets (Part X, line 26)       608,926,146.614,568,322.         21       Total assets or fund balances. Subtract line 21 from line 20       -18,516,26031,636,987.  |  | 8               | Contributions and grants (Part VIII line 1h)  |                 |                              |                               |
| 11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       514,889.1,025,093.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       143,233,478.143,448,268.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       334,987.332,022.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.0.0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       56,622,921.59,712,376.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       66,000.666,000.         b       Total fundraising expenses (Part IX, column (D), line 25)       864,722.         17       Other expenses (Part IX, column (A), line 11e.       88,061,352.87,708,287.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       145,085,260.147,818,685.         19       Revenue less expenses. Subtract line 18 from line 12       -1,851,7824,370,417.         20       Total assets (Part X, line 16)       590,409,886.582,931,335.         21       Total liabilities (Part X, line 26)       608,926,146.614,568,322.         22       Net assets or fund balances. Subtract line 21 from line 20       -18,516,26031,636,987.         Part II       Signature Block       Signature Block       -31,636,987  | nu   |                 |   |                 | 128,049,367.                 |                               |
| 11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       5.14, 889.       1, 0.25, 0.93.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       143, 233, 478.       143, 448, 268.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       334, 987.       332, 022.         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), line 5-10)       56, 622, 921.       59, 712, 376.         16a       Professional fundraising fees (Part IX, column (A), line 25)       864, 722.       666, 000.       66, 000.         b       Total expenses (Part IX, column (D), line 25)       864, 722.       88, 061, 352.       87, 708, 287.         17       Other expenses (Part IX, column (D), line 25)       864, 722.       145, 085, 260.       147, 818, 685.         19       Revenue less expenses. Subtract line 18 from line 12       -1, 851, 782.       -4, 370, 417.         20       Total assets (Part X, line 16)       590, 409, 886.       582, 931, 335.         21       Total liabilities (Part X, line 26)       608, 926, 146.       614, 568, 322.         22       Net assets or fund balances. Subtract line 21 from line 20       -18, 516, 260.       -31  | eve  |                 |   |                 |                              |                               |
| 12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       143, 233, 478.       143, 448, 268.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       334, 987.       332, 022.         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)       56, 622, 921.       59, 712, 376.         16a       Professional fundraising fees (Part IX, column (D), line 25)       864, 722.       66, 000.       66, 000.         17       Other expenses (Part IX, column (A), line 11d, 11f-24e)       88, 061, 352.       87, 708, 287.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       145, 085, 260.       147, 818, 685.         19       Revenue less expenses. Subtract line 18 from line 12       -1, 851, 782.       -4, 370, 417.         20       Total assets (Part X, line 16)       590, 409, 886.       582, 931, 335.         21       Total liabilities (Part X, line 26)       608, 926, 146.       614, 568, 322.         22       Net assets or fund balances. Subtract line 21 from line 20       -18, 516, 260.       -31, 636, 987.         Part II       Signature Block       Signature Block       Signature Block       Signature Block  | £  | 11              |   |                 |                              |                               |
| 14       Benefits paid to or for members (Part IX, column (A), line 4)       0.000         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       56,622,921.59,712,376.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       66,000.66,000.         b       Total fundraising expenses (Part IX, column (D), line 25)       864,722.         17       Other expenses (Part IX, column (A), line 11e, 11d, 11f-24e)       88,061,352.87,708,287.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       145,085,260.147,818,685.         19       Revenue less expenses. Subtract line 18 from line 12       -1,851,7824,370,417.         20       Total assets (Part X, line 16)       590,409,886.582,931,335.         21       Total liabilities (Part X, line 26)       608,926,1466.614,568,322.         22       Net assets or fund balances. Subtract line 21 from line 20       -18,516,26031,636,987.         Part II       Signature Block       -31,636,987.   |  | 12              |   |                 | 143,233,478.                 |                               |
| 11       Definite paid to or for members (rarror, column (r), mor 4)         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         16a       Professional fundraising fees (Part IX, column (A), line 11e)         b       Total fundraising expenses (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         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         21       Total Balances. Subtract line 21 from line 20         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       Signature Block  |  | 13              | Grants and similar amounts paid (Part IX, column (A), lines 1-3)                      |                 | 334,987.                     | 332,022.                      |
| 16a Professional fundraising fees (Part IX, column (A), line 11e)       66,000.       66,000.         b Total fundraising expenses (Part IX, column (D), line 25)       864,722.       88,061,352.       87,708,287.         17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       88,061,352.       87,708,287.         18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       145,085,260.       147,818,685.         19 Revenue less expenses. Subtract line 18 from line 12       -1,851,782.       -4,370,417.         20 Total assets (Part X, line 16)       590,409,886.       582,931,335.         21 Total liabilities (Part X, line 26)       608,926,146.       614,568,322.         22 Net assets or fund balances. Subtract line 21 from line 20       -18,516,260.       -31,636,987.         Part II       Signature Block       Signature Block       -31,636,987.  |  | 14              | Benefits paid to or for members (Part IX, column (A), line 4)                         |                 | • •                          | 0.                            |
| 17       Other expenses (Part IX, column (A), lines T1a-T1d, T17-24e)       000,001,332.       07,700,207.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       145,085,260.       147,818,685.         19       Revenue less expenses. Subtract line 18 from line 12       -1,851,782.       -4,370,417.         20       Total assets (Part X, line 16)       Beginning of Current Year       End of Year         21       Total liabilities (Part X, line 26)       608,926,146.       614,568,322.         21       Net assets or fund balances. Subtract line 21 from line 20       -18,516,260.       -31,636,987.         Part II       Signature Block       Signature Block       Signature Block   | es   |                 |   | D) (C           |                              |                               |
| 17       Other expenses (Part IX, column (A), lines T1a-T1d, T17-24e)       000,001,332.       07,700,207.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       145,085,260.       147,818,685.         19       Revenue less expenses. Subtract line 18 from line 12       -1,851,782.       -4,370,417.         20       Total assets (Part X, line 16)       Beginning of Current Year       End of Year         21       Total liabilities (Part X, line 26)       608,926,146.       614,568,322.         21       Net assets or fund balances. Subtract line 21 from line 20       -18,516,260.       -31,636,987.         Part II       Signature Block       Signature Block       Signature Block   | sus  | 16a             | Professional fundraising fees (Part IX, column (A), line 11e)                         |                 | 66,000.                      | 66,000.                       |
| 17       Other expenses (Part IX, column (A), lines T1a-T1d, T17-24e)       000,001,332.       07,700,207.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       145,085,260.       147,818,685.         19       Revenue less expenses. Subtract line 18 from line 12       -1,851,782.       -4,370,417.         20       Total assets (Part X, line 16)       Beginning of Current Year       End of Year         21       Total liabilities (Part X, line 26)       608,926,146.       614,568,322.         21       Net assets or fund balances. Subtract line 21 from line 20       -18,516,260.       -31,636,987.         Part II       Signature Block       Signature Block       Signature Block   | ă  |                 | •   |                 |                              |                               |
| 19       Revenue less expenses. Subtract line 18 from line 12       -1,851,782.       -4,370,417.         19       Revenue less expenses. Subtract line 18 from line 12       Beginning of Current Year       End of Year         20       Total assets (Part X, line 16)       590,409,886.       582,931,335.         21       Total liabilities (Part X, line 26)       608,926,146.       614,568,322.         22       Net assets or fund balances. Subtract line 21 from line 20       -18,516,260.       -31,636,987.         Part II       Signature Block   | ш  |                 |   |                 |                              |                               |
| Beginning of Current Year         End of Year           20         Total assets (Part X, line 16)         590,409,886.         582,931,335.           21         Total liabilities (Part X, line 26)         608,926,146.         614,568,322.           22         Net assets or fund balances. Subtract line 21 from line 20         -18,516,260.         -31,636,987.           Part II         Signature Block         Signature Block         Signature Block         Signature Block   |  | 18              |   |                 |                              |                               |
| Part II Signature Block  |  | 19              | Revenue less expenses. Subtract line 18 from line 12                                  |                 |                              |                               |
| Part II Signature Block  | ts oi  |                 |   |                 |                              |                               |
| Part II Signature Block  | Sse<br>Bala  | 20              |   |                 |                              |                               |
| Part II Signature Block  | let A  | 21              |   |                 |                              |                               |
|  |  | 22<br>art II    |   |                 | 10,510,200.                  | -JI,0J0,90/.                  |
|  |  |                 | -   | ules and stater | nents and to the hest of m   | v 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        | GARRETT T. MIDGETT, III, CHIEF FINANCIAL OF                                 | FICER                        |
|             | Type or print name and title  |                              |
|             | Print/Type preparer's name Preparer's signature D                           | ate Check PTIN               |
| Paid        | JULIUS C. GREEN, CPA  | self-employed P00350393      |
| Preparer    | Firm's name BAKER TILLY VIRCHOW KRAUSE, LLP                                 | Firm's EIN <b>39-0859910</b> |
| Use Only    | Firm's address 1650 MARKET STREET, SUITE 4500                               |                              |
|             | PHILADELPHIA, PA 19103  | Phone no. (215) 972-0701     |
| May the I   | RS discuss this return with the preparer shown above? (see instructions)    | X Yes No                     |
| 532001 12-1 | 6-15 LHA For Paperwork Reduction Act Notice, see the separate instructions. | Form <b>990</b> (2015)       |

|          | 990 (2015) SPRIN<br>t III   Statement of Program | GPOINT SENIOR LIVING, I   | NC. 22-3                     | 498690 Pag          |
|----------|--|---|------------------------------|---------------------|
| r ai     |  | a response or note to any line in this Part III   |                              |                     |
| 1        | Briefly describe the organization's n            |   |                              |                     |
| -        |  | LIVING'S MISSION IS TO  | MAKE A DIFFERENCE            | IN THE              |
|          | LIVES OF RESIDENTS                               | , FAMILIES AND COMMUNIT   | IES WE SERVE.                |                     |
|          |  |   |                              |                     |
| 2        | Did the organization undertake any               | significant program services during the year w  | nich were not listed on      |                     |
|          |  |   |                              | Yes X               |
|          | If "Yes," describe these new service             |   |                              |                     |
|          |  | ing, or make significant changes in how it conc   | lucts, any program services? | Yes X               |
|          | If "Yes," describe these changes or              |   |                              |                     |
| 4        |  | n service accomplishments for each of its three<br>nizations are required to report the amount of |                              |                     |
|          | revenue, if any, for each program se             |   |                              | dai experises, and  |
| 4a       | (Code: ) (Expenses \$ 12                         | 3,784,070 including grants of \$  | 332,022.) (Revenue \$ 1      | 31,709,232          |
|          | EXPENSES INCURRED                                | IN PROVIDING SENIOR HOU   | SING AND SERVICES,           | AFFORDABLE          |
|          |  | LIVING, SKILLED NURSING   |                              |                     |
|          |  | PLEASE REFER TO SCHEDUL   | E O FOR THE ORGANIZ          | ATION'S             |
|          | COMMUNITY BENEFIT                                | STATEMENT.  |                              |                     |
|          |  |   |                              |                     |
|          |  |   |                              |                     |
|          |  |   |                              |                     |
|          |  |   |                              |                     |
|          |  |   |                              |                     |
|          |  |   |                              |                     |
|          |  |   |                              |                     |
| 4b       | (Coder ) (Evenence *                             | including grants of \$  |                              |                     |
| ŦIJ      | (Code) (Expenses \$                              |   | ) (Revenue \$                |                     |
|          |  |   |                              |                     |
|          |  |   |                              |                     |
|          |  |   |                              |                     |
|          |  |   |                              |                     |
|          |  |   |                              |                     |
|          |  |   |                              |                     |
|          |  |   |                              |                     |
|          |  |   |                              |                     |
|          |  |   |                              |                     |
|          |  |   |                              |                     |
|          |  |   |                              |                     |
| 4c       | (Code: ) (Expenses \$                            | including grants of ¢   | ) (Revenue \$                |                     |
| ŦC       | (Code:) (Expenses \$                             | including grants of \$  | ) (Nevenue \$                |                     |
|          |  |   |                              |                     |
|          |  |   |                              |                     |
|          |  |   |                              |                     |
|          |  |   |                              |                     |
|          |  |   |                              |                     |
|          |  |   |                              |                     |
|          |  |   |                              |                     |
|          |  |   |                              |                     |
|          |  |   |                              |                     |
|          |  |   |                              |                     |
|          |  |   |                              |                     |
|          | Other program services (Describe in              |   |                              | ,                   |
| 4d       |  | including grants of \$  | ) (Revenue \$                | )                   |
| 4d       | (Expenses \$                                     | 123 78/ 070   |                              |                     |
| 4d<br>4e | (Expenses \$<br>Total program service expenses   | 123,784,070.  |                              | <b>Farme</b> 000 (* |
| 4d<br>4e | Total program service expenses                   | 123,784,070.  |                              | Form <b>990</b> (2  |

| Form | aan | (201 | 5) |
|------|-----|------|----|
|      |     |      |    |

SPRINGPOINT SENIOR LIVING, INC.

| Pa  | rt 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?   | 2    | Х   |          |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for                      |      |     |          |
| -   | public office? If "Yes," complete Schedule C, Part I   | 3    |     | x        |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect                     |      |     |          |
| •   | during the tax year? If "Yes," complete Schedule C, Part II  | 4    | 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 Revenue Procedure 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    |     | x        |
| 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 temporarily restricted endowments, permanent                        |      |     |          |
|     | endowments, or 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, IX, or X                           |      |     |          |
|     | as applicable.   |      |     |          |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,                          |      |     |          |
|     | Part VI  | 11a  | Х   |          |
| b   | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total                          |      |     |          |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b  |     | Х        |
| с   | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total                           |      |     |          |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c  | Х   |          |
| d   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in                         |      |     |          |
|     | Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d  |     | X        |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X                                | 11e  | Х   |          |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses                              |      |     |          |
|     | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X                               | 11f  | Х   |          |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete                                  |      |     |          |
|     | Schedule D, Parts XI and XII   | 12a  |     | X        |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year?  |      |     |          |
|     | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional                                | 12b  | Х   |          |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13   |     | X        |
|     | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a  |     | X        |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,                              |      |     |          |
|     | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000                           |      |     |          |
|     | or more? If "Yes," complete Schedule F, Parts I and IV   | 14b  |     | X        |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any                            |      |     |          |
|     | foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15   |     | X        |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to                             |      |     |          |
|     | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16   |     | x        |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,                              |      | v   |          |
|     | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I   | 17   | X   | <u> </u> |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines                         |      | v   |          |
| 40  | 1c and 8a? If "Yes," complete Schedule G, Part II  | 18   | X   |          |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G. Part III | 19   |     | x        |
|     |  | 1.12 |     | 42       |

Form **990** (2015)

532003 12-16-15

| Form | aan | (2015) |
|------|-----|--------|
|      | 330 | (2013) |

Part IV Checklist of Required Schedules (continued)

SPRINGPOINT SENIOR LIVING, INC.

|        |  |            | Yes | No   |
|--------|--|------------|-----|------|
| 20a    | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a        |     | Х    |
| b      | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20b        |     |      |
| 21     | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or  |            |     |      |
|        | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21         | Х   |      |
| 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        | Х   |      |
| b      | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b        |     | X    |
| 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        |     | X    |
| d      | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d        |     | X    |
| 25a    | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit   |            |     |      |
|        | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a        |     | X    |
| b      |  |            |     |      |
|        | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete  |            |     | 37   |
|        | Schedule L, Part I   | 25b        |     | X    |
| 26     | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or  |            |     |      |
|        | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"   |            |     | v    |
|        | complete Schedule L, Part II   | 26         |     | X    |
| 27     | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial   |            |     |      |
|        | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member  | 07         |     | x    |
| ~      | of any of these persons? If "Yes," complete Schedule L, Part III   | 27         |     |      |
| 28     | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV  |            |     |      |
| -      | instructions for applicable filing thresholds, conditions, and exceptions):  | 00-        |     | x    |
| a<br>k | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28a<br>28b |     | X    |
| b      | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   | 200        |     | - 23 |
| C      | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> | 28c        |     | x    |
| 29     | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | 200        |     | X    |
| 30     | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation  | 25         |     |      |
| 50     | contributions? If "Yes," complete Schedule M   | 30         |     | x    |
| 31     | Did the organization liquidate, terminate, or dissolve and cease operations?   | 00         |     |      |
|        | If "Yes," complete Schedule N, Part I  | 31         |     | x    |
| 32     | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete   |            |     |      |
| _      | Schedule N, Part II  | 32         |     | x    |
| 33     | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations   |            |     |      |
|        | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | 33         |     | x    |
| 34     | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and  |            |     |      |
|        | Part V, line 1   | 34         | х   |      |
| 35a    |  | 35a        |     | Х    |
| b      | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity  |            |     |      |
|        | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 35b        |     |      |
| 36     | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?   |            |     |      |
|        | If "Yes," complete Schedule R, Part V, line 2  | 36         |     | X    |
| 37     | Did the organization conduct more than 5% of its activities through an entity that is not a related organization   |            |     |      |
|        | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   | 37         |     | X    |
| 38     | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?   |            |     |      |
|        | Note All Form 990 filers are required to complete Schedule O   | 38         | Х   |      |

Form **990** (2015)

532004 12-16-15

| <u>Fo</u> rm | 990 (2015) SPRINGPOINT SENIOR LIVING, INC.   | 22-3498                       | <u>69</u> 0 | P   | age <b>5</b> |
|--------------|--|-------------------------------|-------------|-----|--------------|
| Pa           | t V Statements Regarding Other IRS Filings and Tax Compliance  |                               |             |     |              |
|              | Check if Schedule O contains a response or note to any line in this Part V   |                               |             |     |              |
|              |  |                               |             | Yes | No           |
| 1a           | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable                                       | 1a   501                      |             |     |              |
| b            | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable                                    | 1b 0                          |             |     |              |
| с            | Did the organization comply with backup withholding rules for reportable payments to vendors and r                 | eportable gaming              |             |     |              |
|              | (gambling) winnings to prize winners?  |                               | 1c          | Х   |              |
| 2a           | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,                        |                               |             |     |              |
|              | filed for the calendar year ending with or within the year covered by this return                                  | 2198 22                       |             |     |              |
| b            | If at least one is reported on line 2a, did the organization file all required federal employment tax retu         | rns?                          | 2b          | Х   |              |
|              | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction            | s)                            |             |     |              |
| 3a           | Did the organization have unrelated business gross income of \$1,000 or more during the year?                      |                               | 3a          |     | X            |
| b            | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule         | 0                             | 3b          |     |              |
| 4a           | At any time during the calendar year, did the organization have an interest in, or a signature or other            | authority over, a             |             |     |              |
|              | financial account in a foreign country (such as a bank account, securities account, or other financial             | account)?                     | 4a          |     | X            |
| b            | If "Yes," enter the name of the foreign country:   |                               |             |     |              |
|              | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A               | Accounts (FBAR).              |             |     |              |
| 5a           | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?              |                               | 5a          |     | X            |
|              | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa         |                               | 5b          |     | Х            |
|              | 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 t               |                               |             |     |              |
|              | any contributions that were not tax deductible as charitable contributions?  |                               | 6a          |     | X            |
| b            | If "Yes," did the organization include with every solicitation an express statement that such contribu             |                               |             |     |              |
|              | were not tax deductible?   |                               | 6b          |     |              |
| 7            | Organizations that may receive deductible contributions under section 170(c).                                      |                               |             |     |              |
| а            | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se | rvices 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 w             |                               |             |     |              |
|              | to file Form 8282?   |                               | 7c          |     | X            |
| d            | If "Yes," indicate the number of Forms 8282 filed during the year  | 7d                            |             |     |              |
|              | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of           | contract?                     | 7e          |     | Х            |
| f            | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont            | ract?                         | 7f          |     | Х            |
| g            | If the organization received a contribution of qualified intellectual property, did the organization file F        | orm 8899 as required?         | 7g          |     |              |
| h            | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz          |                               | 7h          |     |              |
| 8            | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained                      | l 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:  |                               |             |     |              |
| а            | Initiation fees and capital contributions included on Part VIII, line 12   | 10a                           |             |     |              |
| b            | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities                        | 10b                           |             |     |              |
| 11           | Section 501(c)(12) organizations. Enter:   |                               |             |     |              |
| а            | Gross income from members or shareholders  | 11a                           |             |     |              |
| b            | Gross income from other sources (Do not net amounts due or paid to other sources against                           |                               |             |     |              |
|              | amounts due or received from them.)  | 11b                           |             |     |              |
| 12a          | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form               | 1041?                         | 12a         |     |              |
| b            | If "Yes," enter the amount of tax-exempt interest received or accrued during the year                              | 12b                           |             |     |              |
| 13           | Section 501(c)(29) qualified nonprofit health insurance issuers.   |                               |             |     |              |
| а            | Is the organization licensed to issue qualified health plans in more than one state?                               |                               | 13a         |     |              |
|              | 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   | 13b                           |             |     |              |
| с            | Enter the amount of reserves on hand   | 13c                           |             |     |              |
|              |  |                               | 14a         |     | X            |
| b            | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul             | e O                           | 14b         |     |              |
|              |  |                               | Form        | 990 | (2015)       |

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SPRINGPOINT SENIOR LIVING, INC.

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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 in Schedule O. See instructions.

| officer, director, trustee, or key employee?       2         3       Did the organization delegate control over management dulles customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management duryers of other person?       3         4       Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?       4         5       Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?       6       X         7a       Did the organization nave members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?       7a       X         b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons ofthe name governing body?       8a       X         b Each committee with authonly to act on behalf of the governing body?       8a       X         b Each committee with authonly to act on behalf of the governing body?       8a       X         b Each committee with authonly to act on behalf of the governing body?       8a       X         b Each committee with authonly to act on behalf of the governing body?       8a       X         b Is the arganization have local chapters, branches, or affiliates?       10a       10a         corganization maling addrese?       11% section B  |            | Check if Schedule O contains a response or note to any line in this Part VI   |           |      |   |
|--|------------|---|-----------|------|---|
| 1a         Enter the number of volting members of the governing body, of the governing body (we file governing bod) (we file governing bod) (we file governing bod) (  | Sec        | tion A. Governing Body and Management   |           |      |   |
| If the are methical differences in voting rights among methers of the governing body, or the governing body delegated broad authority to an executive committee, splain in Schedule 0.       10         2 Did any officer, director, trustee, or key employees have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision       3         3 Did the organization delegate control over management duties customarily performed by or under the direct supervision       3         4 Did the organization base any significant changes to its governing documents since the pror Form 900 was field?       4         5 Did the organization have members, stockholders?       6         7 Did the organization have members, stockholders, or other parsons who had the power to elect or appoint one or more members of the cosmization reserved to (or subject to approval by) members, stockholders, or 7b       x         8 Did the organization have members, stockholders, or 7b       x       8         9 Lis the any officer, director, trustee, or key employees listed in Part VII. Section A, who cannot be reached at the organization reserved to (or subject to approval by) members, stockholders, or 7b       x         8 Did the organization networks, or approvale the names and addresses in Schedule D       7b       x         9 Is there any officer, director, trustee, or key employees and procedures governing the dy before filing the form 12b       x       x         9 Is there any officer, director, trustee, or key employees  |            |   |           | Yes  |   |
| betty the universe of voting members included in line 1a, above, who are independent       is  | 1a         | Enter the number of voting members of the governing body at the end of the tax year 1a1   | 3         |      |   |
| b Enter the number of volting members included in line 1a, above, who are independent.   |            | If there are material differences in voting rights among members of the governing body, or if the governing                       |           |      |   |
| 2       Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, strustees, or key employees to a management company or other person?       2         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 smanagement company or other person?       3         4       Did the organization baceme aware during the year of a significant diversion of the organization's assets?       5         5       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?       7       X         8       Did the organization contemporteneously document the meetings held or written actions undertaken during the year by the following:       8       X         9       Bord energination contemporteneously document the meetings held or written actions undertaken during the year by the following:       8       X         9       Bord energination contemporteneously document the meetings held or written actions undertaken during the year by the following:       8       X         9       Bord energination contemporteneously document the meetings held or written actions and addresses in Schedule O       9       9         9       Ib the organization have local chapters, branches, or affiliates?       10       11a       X         9       Ib drave organization  |            |   |           |      |   |
| 2       Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, directors, trustees, or key employees to a management company or other person?       3         3       Did the organization delegate control over management dules customarily performed by or under the direct supervision of enficers, directors, or trustees, or key employees to a management company or other person?       3         4       Did the organization delegate control over management dules customarily performed by or under the direct supervision of enficers, directors, or trustees, or key employees to its governing documents since the pror Form 900 was filed?         5       Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?       7a       X         6       Did the organization contemporaneosy document the methings held or written actions undertaken during the year by the following:       7a       X         8       Did the organization contemporaneosy document the methings held or written actions undertaken during the year by the following:       7a       X         6       Each committies with authority to act on behalf of the governing body?       8a       X         9       Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization have local chapters, branches, or affiliates?       10a         9       Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who  | b          | Enter the number of voting members included in line 1a, above, who are independent 1b 1   | כן        |      |   |
| offer, director, trustee, or key employee?     2       3     0 the organization delegate control over management duties customarily performed by or under the direct supervision<br>of officers, directors, or trustees, or key employees to a management durines since the prior Form 990 was filed?     3       4     Did the organization have members or stockholders?     6     X       5     Did the organization have members, stockholders?     7a     X       7a     X     7a     X       7b     Are any governing body?     7a     X       8     Did the organization have members, stockholders?     7a     X       9     Are any governing body?     7a     X       9     Are any governing body?     7b     X       9     Did the organization commonycanously document the meetings held or wittine actions undertaken during the year by the following:     8a     X       9     Is there any clifficer, director, trustee, or key employee listed in PAT UI, Section A, who cannot be reached at the<br>organization have within policies and procedures governing body?     9a       9     Is there any clifficer, director, trustee, or key employee listed in PAT UI, Section A, who cannot be reached at the<br>organization have within policies and procedures governing the activities of such chapters, affiliates,<br>and branches to ensure their operations are consistent within the organization is accompt purposes?     1b       14     Has the organization have withen complet or by of the form 900 to all mem   | 2          |   | -         |      | L |
| <ul> <li>Did the organization delegate control over management duiles customally performed by or under the direct supervision of officiers, directors, or trustes, or key employees to a management compary or other person?</li> <li>Did the organization have members and subchibders?</li> <li>Did the organization have members or stockholders?</li> <li>Did the organization have members or stockholders?</li> <li>Did the organization have members or stockholders, or other person?</li> <li>Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?</li> <li>Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or top persons other than the governing body?</li> <li>Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?</li> <li>Be cach committee with authority to act on behaff of the governing body?</li> <li>Be tach committee with authority to act on behaff of the governing body?</li> <li>Be tach committee with authority to act on behaff of the governing body?</li> <li>Be tach committee with authority to act on behaff of the governing body?</li> <li>Be tach committee with authority to act on behaff of the governing bodi?</li> <li>Be tach committee with authority to act on behaff of the governing bodi?</li> <li>Be tach committee with authority to act on behaff of the governing bodi?</li> <li>Be tach committee with authority to act on behaff of the governing bodi?</li> <li>Be tach committee with authority to act on behaff of the governing bodi?</li> <li>Be tach committee with authority to act on behaff of the governing bodi?</li> <li>Be tach committee with authority to act on behaff of the governing bodi?</li> <li>Be tach committee with authority to act on behaff of the governing bodi?</li> <li>Be tach</li></ul>  |            |   | 2         |      | Γ |
| of officers, directors, or trustees, or key employees to a management company or other person?       3         4       Did the organization back any significant changes to its governing documents since the prior Form 990 was filed?       6         5       Did the organization have members or stockholders?       6         7       A       7         8       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?       7         8       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?       8         8       Did the organization namemore decisions of the organization reserved to (or subject to approval by) members, stockholders, or the persons other than the governing body?       8         9       Did the organization antemporaneously document the meetings held or written actions undertaken during the year by the blowing.       8         9       Is there any officer. director, trustee, or key employee listed in PAUII. Secton A, who cannot be reached at the organization for the organization have local chapters, branches, or affiliates?       10         9       If the organization nave local chapters, branches, or affiliates?       10a         10       If save and the organization nave written policies and procedures governing the disgoverning body before filing the form?       10a         10       If save and the organizatio   | 3          | Did the organization delegate control over management duties customarily performed by or under the direct supervision             |           |      | t |
| 4 Did the organization make any significant changes to its governing documents since the pror Form 990 was fled? 6 A did he organization have members or stockholders? 7a Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or the persons who had the power to elect or appoint one or more members of the governing body? 8b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or the stand the power to the the antego and the governing body? 8b Cach committee with authority to act on behalf of the governing body? 8b Each committee with authority to act on behalf of the governing body? 8b Each committee with authority to act on behalf of the governing body. 8b Each committee with authority to act on behalf of the governing bod. 9ction B. Policies ( <i>This Section B requests information about policies not required by the internal Revenue Code.</i> ) 9ction B. Policies ( <i>This Section B requests information about policies not required by the internal Revenue Code.</i> ) 10 If the organization have witten policies and procedures governing the activities of such chapters, attiliates, and branches to ensure their polerations are consistent with the organization is eventip Langewith the policy? If "Yes," did the organization have witten conflict interest policy? If 'We's, ''order the organization to rever with Form 990. 12 A bid or organization neave witten conflict interest policy? If 'We's, ''order the policy? If 'Yes, ''describe in Schedule O the process, if any, used by the organization to rever with a form 990. 12 A bid to organization neave witten conflict interest policy? If 'We's, ''order the policy? If 'Yes, ''describe in Schedule O the process, if any used by the org  | -          |   | 3         |      | l |
| 5     Did the organization become aware during the year of a significant diversion of the organization's assets?     5     S       6     Did the organization have members, stockholdes?     6     X       7     a Z     A     6       7     a Z     A     A       9     Dre bin organization have members, stockholdes, or other persons who had the power to elect or appoint one or more members of the governing body?     7     X       9     Dre any opvorance decisions of the organization reserved to (or subject to approval by) members, stockholders, or the persons who had the power to elect or appoint one or more members of the governing body?     8     X       9     Inte organization contemporaneously document the meetings held or written actions undertaken during the year by the following:     8     X       9     Is there any officer, director, trustee, or key merghove listed in Part VII. Section A, who cannot be reached at the organization for form officer. (Incort, trustee, or key merghove listed in Part VII. Section A, who cannot be reached at the organization fave written policies and procedures governing the activities of such chapters, atfliates, and branches to ensure their operations are consistent with the organization in section section of the some section of the governing body?     10a       10     11     10a     10a     10a       11     11     12a     X       20     Did the organization nave written policies and procedures governing the activitiis of such chapters, atfliates, and branches to ensure t  | 4          |   |           |      | t |
| 6     Did the organization have members or stockholders?     6     X       7a     Did the organization have members, stockholders?     7a     X       7a     Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?     7a     X       8     Did the organization netwing body?     8a     X       9     Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization is maling address?     9a       9     Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization is maling address?     1a       9     Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization is maling address?     1a       9     Is there any officer, director portions are consistent vIII the organization scence purpose?     10b       11a     X     X     1a       21b of the organization have witten policies and procedures governing the activities of such chapters, affiliates, and branches to snuce their operations are consistent vIII the organization true wittin policies and procedures governing body before filing the form?       21a     Has the organization neave and witten conflict of interest policy?     10b       21a     Has the organization neave and witten conflict of interest policy?     11a       22a     X     1a  |            |   |           |      | t |
| 7a     Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?     7a     X       b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b     X       a Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:     8a     X       a The governing body?     8a     X       b Each committee with authority to act on behalf of the governing body?     8a     X       b Is there any officer, director, trustee, or key employee listed In Part VII, Section A, who cannot be reached at the organization is maling address? If "Yes," provide the names and addresses in Schedulo O     9a       cetton B. Policies (This Section B requests information about policies not required by the Internal Revenue Cocke.     Yes       6a Did the organization have local chapters, branches, or affiliates?     10a       b If ''ves, 'id the organization neve withe policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization review this Form 900.     11a       2b Old the organization neve awritten oblicies and procedures governing the activities of such chapters, affiliates, and branches, and written bolicy? If 'No, 'go to line 13     12a       2b Old the organization neve awritten document retention and destruction policy? If 'No, 'go to line 13     12a       2c Did the organization neve awritten whoisteblower policy?     14 <td></td> <td></td> <td></td> <td>x</td> <td>t</td>  |            |   |           | x    | t |
| more members of the governing body?     7a     X       b     Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?     7b     X       B     Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:     8a     X       B     Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:     8a     X       B     Each committee with authority to act on behalf of the governing body?     8a     X       B     Is there any officer, director, trustee, or key employee isted in Part VII, Section A, who cannot be reached at the organization's maling addresses? If "Yes," provide the names and addresses of Schedule O     9       Coll the organization have local chapters, branches, or affiliates?     10a     10a       D     Did the organization have local chapters, branches, or affiliates?     10a       D     Schedule D for porcess, far u, used by the organization to rever this Form 990.     12a       A     Has the organization have written policies and procedures governing bedy before filing the form?     12a       D     Did the organization have a written conflict of interest policy? If "No," go to line 13     12a       D     Did the organization needwirth monitor and decisors annually interest that could give lise to conflict?     12a       Z     Did the o  |            |   | 0         | - 23 | ł |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?           b B dith organization contemporaneously document the meetings held or written actions undertaken during the year by the following:         Ra           a The governing body?         Ba         X           b Each committee with authority to act on behalf of the governing body?         Ba         X           b Each committee with authority to act on behalf of the governing body?         Ba         X           b Each committee with authority to act on behalf of the governing body?         Ba         X           b Each committee with authority to act on behalf of the governing body?         Ba         X           b If ves, 'i did the organization have local chapters, branches, or affiliates?         Tota         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 is exempt purposes?         Tota         Yes           a Has the organization provedures, and key mployees regulated to dicces annually interests that could give rise to conflicts?         Yes         Yes           b Were offices, directors, or utsles, and key mployees regulated to dicces annually interests that could give rise to conflicts?         Yes         Yes           b Did the organization have a written whiteblower policy?         Yes         Yes         Yes           b Did  | <i>i</i> a |   | _         | v    | I |
| persons other than the governing body?     7b     X       8     Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:     8a     X       9     Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the gorganization's mailing address? If "Yes," provide the names and addresses in Schedule O     9       9     Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the gorganization's mailing address? If "Yes," provide the names and addresses in Schedule O     9       9     Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the gorganization have local chapters, branches, or affiliates?     10a       04     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 sexempt purposes?     10a       1a Has the organization have a written conflict of Interest policy? If "No," go to line 13     12a     X       2 Did the organization have a written conflict of Interest policy? If "No," go to line 13     12a     X       2 Did the organization have a written conflict or linterest policy? If "No," go to line 13     12a     X       3 Did the organization have a written conflict or linterest policy? If "No," go to line 13     12a     X       4 Did the organization have a written conflict or linterest policy? If "No,"   |            |   | <u>7a</u> | ~    | ╀ |
| 8       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: <b>a</b> . The governing body? <b>b</b> . Each commutitee with authority to act on behalf of the governing body? <b>b</b> . Each commutitee with authority to act on behalf of the governing body? <b>b</b> . Each commutitee with authority to act on behalf of the governing body? <b>b</b> . Each commutitee with authority to act on behalf of the governing body? <b>b</b> . Each commutitee with authority to act on behalf of the governing body? <b>b</b> . Each commutitee with authority to act on behalf of the governing body before the real Revenue Code.) <b>60</b> Did the organization have local chapters, branches, or affiliates? <b>b</b> . If '\es', 'idd 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? <b>10b 11a</b> X <b>b</b> . Bericlein Schedule O the process, if any, used by the organization in review this Form 990. <b>2a</b> Did the organization nave a written conflict of interest policy? <i>I'</i> 'Nos', 'go to line 13 <b>2b</b> Did the organization nave a written document retention and descruction policy? <b>3</b> Did the organization have a written document retention and destruction policy? <b>4</b> Did the organization have a written document retention and destruction policy?   | b          | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or                |           |      | I |
| a The governing body?     Ba     X       b Each committee with authority to act on behalf of the governing body?     Ba     X       b Is there any officer, directly, 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 in Schedule O     9       ection B. Policies (7h): Section B requests information about policies not required by the Internal Revenue Code.)     100       Cold the organization have local chapters, branches, or affiliates?     100       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?     100       2a bit the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?     11a       2b Did the organization have a written conflict of interest policy? If 'No,' go to line 13     12a       2a Did the organization have a written conflict of interest policy? If 'No,' go to line 13     12a       2b Were officers of trustes, and key employees required to disclose annually interests that could give rise to conflicts?     12a       3 Did the organization have a written document retention and deforce compliance with the policy? If 'Yes,'' describe     12c       4 Did the organization is 0CO, Executive Director, or top management official     15a       5 Did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint ventu   |            |   | 7b        | X    | ļ |
| b       Each committee with authority to act on behalf of the governing body?       8       8       x         g       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 in Schedule O       9         ection B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)       9         ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)       100         de Did the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       101         de Haste to organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       122       X         de Unter organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       122       X         de Unter organization provided a complete copy of this Form 990.       122       X       122       X         de Unter organization provide a complete copy of this Form 990 to all members of its governing body before filing the form?       122       X         de Unter organization naves a written conflict of interest policy? If No," go to line 13       122       X         de Unter organization nave a written document retention and destruction policy?       13       X       13  | 8          | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: |           |      | l |
| b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' <i>provide the names and adcresses in Schedule O</i> 9 Old the organization have local chapters, branches, or affiliates? 0 Did the organization have local chapters, branches, or affiliates? 10 If 'Yes,' did the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 12 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 13 Has the organization nave a written collicit of interest policy? If 'No,' go to line 13 12 a 22 X 23 Did the organization regularly and consistently montor and enforce compliance with the policy? If 'Yes,' describe 13 A X 24 Did the organization nave a written whisteblower policy? 25 Did the organization nave a written document retention and destruction policy? If 'Yes,' describe 26 Did the organization nave a written whisteblower policy? 27 A Did the organization nave a written document retention and destructions. 26 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 3 Did the organization file of some sing and the diberation and decision? 3 The organization invest in, contribute assets in core available. Check all that apply. 3 G bid the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 4 List the states with which a copy of this Form 990 is required to be filed <b>NJ</b> , <b>PA</b> 4 Secton 604 requires an organization to make its Forms 1023 (or 1024 if applicable), 900, and 990-T (Section 501(c)(3)s only) available for public insp   | а          | The governing body?   | 8a        |      |   |
| 9     Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O     9       9     Did the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O     9       9     Did the organization have local chapters, branches, or affiliates?     10       10     10'' the indid 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?     100       11     11     X       12     24     X       12     24     X       13     14     these organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?     11       14     14     14     122     X       14     14     122     X       15     122     X       16     114     X       17     122     X       18     122     X       19     124     X       10     124     X       10     124     X       12     X     122       12     X     122       12     X        12     X  | b          | Each committee with authority to act on behalf of the governing body?   | 8b        | Х    | I |
| organization's mailing address? If "Yes," provide the names and addresses in Schedule O     9       ection B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)       0a     Did the organization have local chapters, branches, or affiliates?     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?     10a       1a     Has the organization are written conflicts of interest policy? If "Ng," goto line 13     12a       2     Did the organization have a written conflict of interest policy? If "Ng," goto line 13     12a       2     Did the organization have a written conflict of interest policy? If "Ng," goto line 13     12a       3     Did the organization have a written whistleblower policy?     13       4     Did the organization have a written document retention and destruction policy?     13       5     Did the organization have a written confloring ersons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?     15a       4     Did the organization ins cloce of regenzation     16a       6     Did the organization follow a written policy or procedure requiring the organization's experiming compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decis   | 9          |   |           |      | T |
| ection B. Policies ( <i>This Section B requests information about policies not required by the Internal Revenue Code.</i> )         9a       Did the organization have local chapters, branches, or affiliates? <ul> <li>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?</li> <li>If a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?</li> <li>Describe in Schedule O the process, if any, used by the organization to review this Form 990.</li> <li>Did the organization regulary and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O new this was done.</li> <li>Did the organization nave a written whistleblower policy?</li> <li>Did the organization have a written document retention and destruction policy?</li> <li>Did the organization have a written document retention and destruction policy?</li> <li>Did the organization have a written document retention and destruction policy?</li> <li>Did the organization ana contemporaneous substantiation of the deliberation and decision?</li> <li>The organization fuely and contemporaneous substantiation of the deliberation and decision?</li> <li>The organization fuely and contemporaneous substantiation of the deliberation and decision?</li> <li>The organization fuely and the process in Schedule O (see instructions).</li> <li>Did the organization fuely a written policy or procedure requiring the organization is exert with a taxable entity during the year?</li> <li>If "Yes," did the organization folewa written policy or procedure requiring the organiza</li></ul>  |            |   | 9         |      | I |
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| b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,<br>and branches to ensure their operations are consistent with the organization's exempt purposes?          1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       10b         2b Describe in Schedule O the process, if any, used by the organization to review this Form 990.       12a       X         2b Old the organization nave a written conflict of interest policy? <i>If "No," go to line 13</i> 12a       X         2b Old the organization negularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i> 12c       X         3 Did the organization have a written whistleblower policy?       14       X       14       X         4 Did the organization have a written document retention and destruction policy?       14       X       14       X         5 Did the organization invest in, contribute assets to, or panagement official       15a       X       15b       X         6 D ther officers or key employees of the organization force charanagement with a taxable entity during the year?       16a       16a<   |            |   | -         | Yes  |   |
| b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,<br>and branches to ensure their operations are consistent with the organization's exempt purposes?          1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       10b         2b Describe in Schedule O the process, if any, used by the organization to review this Form 990.       12a       X         2b Old the organization nave a written conflict of interest policy? <i>If "No," go to line 13</i> 12a       X         2b Old the organization negularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i> 12c       X         3 Did the organization have a written whistleblower policy?       14       X       14       X         4 Did the organization have a written document retention and destruction policy?       14       X       14       X         5 Did the organization invest in, contribute assets to, or panagement official       15a       X       15b       X         6 D ther officers or key employees of the organization force charanagement with a taxable entity during the year?       16a       16a<   | 0a         | Did the organization have local chapters, branches, or affiliates?  | 10a       |      |   |
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| 1a       Has the organization provided a complete copy of this Form 990 to all members of its governing body before fliing the form?         b       Describe in Schedule O the process, if any, used by the organization to review this Form 990.         2a       Did the organization have a written conflict of interest policy? If "No," go to line 13         b       Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?         c       Did the organization have a written whistleblower policy?         d       Did the organization have a written whistleblower policy?         d       Did the organization have a written whistleblower policy?         d       Did the organization have a written whistleblower policy?         d       Did the organization have a written whistleblower policy?         d       Did the organization have a written whistleblower policy?         d       Did the organization have a written whistleblower policy?         d       Did the organization have a written whistleblower policy?         d       Did the organization have a written whistleblower policy?         d       Did the organization for the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?         a       The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity du  | ~          |   | 10h       |      |   |
| b Describe in Schedule O the process, if any, used by the organization to review this Form 990.<br>2a Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i><br>b Were officers, directors, or trustes, and key employees required to disclose annually interests that could give rise to conflicts?<br>c Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i><br>3 Did the organization have a written whistleblower policy?<br>4 Did the organization have a written document retention and destruction policy?<br>5 Did the organization have a written document retention and destruction policy?<br>5 Did the process for determining compensation of the following persons include a review and approval by independent<br>persons, comparability data, and contemporaneous substantiation of the deliberation and decision?<br>a The organization's CEO, Executive Director, or top management official<br>b Other officers or key employees of the organization<br>ff "Yes," did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a<br>taxable entity during the year?<br>b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation<br>in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's<br>exempt status with respect to such arrangements?<br><b>16b</b><br>8 Section 6. Disclosure<br>7 List the states with which a copy of this Form 990 is required to be filed ▶ NJ , PA<br>8 Section 6. Diver (explain in Schedule O)<br>9 Describe in Schedule O wheether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial<br>statements available to the public during the tax year.<br>0 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶<br><u>GARRETT T. MIDGETT, IIII - 732-430-3650</u><br>48 14 0UTLOOK DRIVE, NO | 10         | · · · · · · · · · · · · · · · · · · ·   |           | x    |   |
| 2a       Did the organization have a written conflict of interest policy? If "No," go to line 13       12a       X         b       Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?       12b       X         c       Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done       13       X         3       Did the organization have a written whistleblower policy?       14       X         5       Did the organization have a written document retention and destruction policy?       14       X         5       Did the organization's CEO, Executive Director, or top management official persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?       15a       X         a       The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       15a       X         b       If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?       16a         b       If "Yes," did the organization to make its Form 990 is required to be filed ▶ NJ , PA       16b       16b         8   |            |   | Па        |      |   |
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| c       Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe       12c       X         3       Did the organization have a written whistleblower policy?       13       X         4       Did the organization have a written whistleblower policy?       14       X         5       Did the organization have a written document retention and destruction policy?       14       X         4       Did the organization have a written document retention and destruction policy?       14       X         5       Did the organization have a written document retention and destruction policy?       14       X         5       Did the organization is cEO, Executive Director, or top management official       15a       X         6       Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a       16a         6       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         ection C. Disclosure       7       List the states with which a copy of this Form 990 is required to be filed ►NJ , PA         8       Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable)  |            |   |           |      |   |
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| 3       Did the organization have a written whistleblower policy?       13       X         4       Did the organization have a written document retention and destruction policy?       14       X         5       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?       14       X         a       The organization's CEO, Executive Director, or top management official       15a       X         b       Other officers or key employees of the organization       15b       X         if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).       16a       16a         6       Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a       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 which a copy of this Form 990 is required to be filed ▶NJ , PA       16b         8       Section 6104 requires an organization to make its Forms 1023 (or 1024 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.       16b         9       Describe in Schedu  | С          |   |           |      | I |
| 4       Did the organization have a written document retention and destruction policy?       14       X         5       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?       14       X         a       The organization's CEO, Executive Director, or top management official       15a       X         b       Other officers or key employees of the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 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?       16a         cection C. Disclosure       7       List the states with which a copy of this Form 990 is required to be filed ▶NJ , PA       16b         8       Section 6.104 requires an organization to make its Forms 1023 (or 1024 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.       16a         IX       Own website       IA other's website       IX       Up or request       0 ther (explain in Schedule O)         9       Describe in Schedule O whether (and if so, how) the organization made its governing documents,  |            |   | 12c       |      |   |
| <ul> <li>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?</li> <li>a The organization's CEO, Executive Director, or top management official</li></ul>  | 13         | Did the organization have a written whistleblower policy?   | 13        |      |   |
| a The organization's CEO, Executive Director, or top management official       15a       X         b Other officers or key employees of the organization       15b       X         if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).       6a       16a       16a         b If "Yes," did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a       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         ection C. Disclosure       16b       16b         7       List the states with which a copy of this Form 990 is required to be filed ▶NJ, PA       16b         8       Section 6104 requires an organization to make its Forms 1023 (or 1024 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.       0         Image: Im   | 14         | Did the organization have a written document retention and destruction policy?  | 14        | Х    |   |
| a The organization's CEO, Executive Director, or top management official       15a       X         b Other officers or key employees of the organization       15b       X         if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).       6a       16a       16a         b If "Yes," did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a       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         ection C. Disclosure       16b       16b         7       List the states with which a copy of this Form 990 is required to be filed ▶NJ, PA       16b         8       Section 6104 requires an organization to make its Forms 1023 (or 1024 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.       0         Image: Im   | 15         | Did the process for determining compensation of the following persons include a review and approval by independent                |           |      | Ι |
| a The organization's CEO, Executive Director, or top management official       15a       X         b Other officers or key employees of the organization       15b       X         if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).       6a       16a       16a         b If "Yes," did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a       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?       16a         ection C. Disclosure       16b       16b         7       List the states with which a copy of this Form 990 is required to be filed ▶NJ, PA       16b         8       Section 6104 requires an organization to make its Forms 1023 (or 1024 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.       Image: Comparison of the public during the tax year.       0         9       Describe in 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.       Image: Comparison of the person who possesses the organization's books and records:       Image: Comparison of the person who possesses the organization's books  |            |   |           |      |   |
| <ul> <li>b Other officers or key employees of the organization         If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).     </li> <li>Ga Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a         taxable entity during the year?     </li> <li>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?     </li> <li>ection C. Disclosure         <ul> <li>7 List the states with which a copy of this Form 990 is required to be filed ▶NJ, PA</li> <li>8 Section 6104 requires an organization to make its Forms 1023 (or 1024 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.</li></ul></li></ul>  | а          |   | 15a       | х    | I |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).         6a       Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a         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?       16a         ection C. Disclosure       16b         7       List the states with which a copy of this Form 990 is required to be filed ▶NJ , PA         8       Section 6104 requires an organization to make its Forms 1023 (or 1024 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       Own website       Another's website       X       Upon request       Other (explain in Schedule O)       99         9       Describe in Schedule 0 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.       0       State the name, address, and telephone number of the person who possesses the organization's books and records: ▶  |            |   |           |      | 1 |
| 6a       Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a         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?       16a         exempt status with respect to such arrangements?       16b         ection C. Disclosure       16b         7       List the states with which a copy of this Form 990 is required to be filed ▶NJ , PA         8       Section 6104 requires an organization to make its Forms 1023 (or 1024 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       Own website       Another's website       X       Upon request       Other (explain in Schedule O)       Other (explain in Schedule O)         9       Describe in 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.       GARRETT T. MIDGETT, III - 732-430-3650   | 5          |   | 100       |      | t |
| 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?       16a         ection C. Disclosure       16b         7       List the states with which a copy of this Form 990 is required to be filed ▶NJ , PA         8       Section 6104 requires an organization to make its Forms 1023 (or 1024 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       Own website       Another's website       X       Upon request       Other (explain in Schedule O)       Other (explain in Schedule O)         9       Describe in 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.       C         0       State the name, address, and telephone number of the person who possesses the organization's books and records: ▶  | 6-         |   |           |      |   |
| 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         ection C. Disclosure       16b         7       List the states with which a copy of this Form 990 is required to be filed ▶ NJ , PA         8       Section 6104 requires an organization to make its Forms 1023 (or 1024 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       Own website       Another's website       X       Upon request       Other (explain in Schedule O)       0         9       Describe in 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.       0       State the name, address, and telephone number of the person who possesses the organization's books and records: ▶   | oa         |   | 10        |      | ł |
| in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  |            |   | 16a       |      | ł |
| exempt status with respect to such arrangements?       16b         ection C. Disclosure       7         7       List the states with which a copy of this Form 990 is required to be filed ▶NJ, PA         8       Section 6104 requires an organization to make its Forms 1023 (or 1024 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.         Image:   | b          |   |           |      |   |
| ection C. Disclosure         7       List the states with which a copy of this Form 990 is required to be filed ▶NJ, PA         8       Section 6104 requires an organization to make its Forms 1023 (or 1024 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.         Image: I   |            | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's                    |           |      | ļ |
| <ul> <li>7 List the states with which a copy of this Form 990 is required to be filed ►NJ, PA</li> <li>8 Section 6104 requires an organization to make its Forms 1023 (or 1024 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.</li> <li>X Own website Another's website X Upon request Other (<i>explain in Schedule O</i>)</li> <li>9 Describe in 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.</li> <li>0 State the name, address, and telephone number of the person who possesses the organization's books and records: </li></ul>  |            |   |           |      |   |

| Part VII | Compensation of Officers, | <b>Directors, Trustee</b> | s, Key Employees | , Highest Comp | ensated |
|----------|---------------------------|---------------------------|------------------|----------------|---------|
|          | Employees, and Independe  | ent Contractors           |                  |                |         |

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

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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

| (A)                            | (B)                    |                                | (C)                   |             |              |                                 |        | (D)             | (D) (E)         |                              |  |
|--------------------------------|------------------------|--------------------------------|-----------------------|-------------|--------------|---------------------------------|--------|-----------------|-----------------|------------------------------|--|
| Name and Title                 | Average                | (do                            |                       | Pos         |              | than (                          | one    | Reportable      | Reportable      | Estimated                    |  |
|                                | hours per              | box                            | , unle                | ss pe       | rson         | is bot                          | h an   | compensation    | compensation    | amount of                    |  |
|                                | week                   |                                | cer an                | ia a a<br>I | recto        | ector/trustee)                  |        | from            | from related    | other                        |  |
|                                | (list any              | rector                         |                       |             |              |                                 |        | the             | organizations   | compensation                 |  |
|                                | hours for              | or di                          | e,                    |             |              | ated                            |        | organization    | (W-2/1099-MISC) | from the                     |  |
|                                | related                | ustee                          | truste                |             | e            | bens                            |        | (W-2/1099-MISC) |                 | organization                 |  |
|                                | organizations<br>below | ual tr                         | ional                 |             | ploye        | t com                           |        |                 |                 | and related<br>organizations |  |
|                                | line)                  | Individual trustee or director | Institutional trustee | Officer     | Key employee | Highest compensated<br>employee | Former |                 |                 | organizations                |  |
| (1) JOHN J. MCSORLEY           | 1.00                   | -                              |                       | 0           | ×            | 노 @                             | щ      |                 |                 |                              |  |
| CHAIR                          | 1.00                   | x                              |                       | x           |              |                                 |        | 0.              | Ο.              | 0.                           |  |
| (2) SUSAN M. HENDRICKSON       | 1.00                   |                                |                       |             |              |                                 |        |                 |                 |                              |  |
| VICE CHAIR                     | 1.00                   | x                              |                       | x           |              |                                 |        | 0.              | 0.              | 0.                           |  |
| (3) GARY T. PUMA               | 50.00                  |                                |                       |             |              |                                 |        |                 |                 |                              |  |
| PRESIDENT/CEO (EX-OFFICIO)     | 5.00                   | Х                              |                       | Х           |              |                                 |        | 0.              | 928,637.        | 51,618.                      |  |
| (4) JOSEPH J. ANANIA           | 1.00                   |                                |                       |             |              |                                 |        |                 |                 |                              |  |
| TRUSTEE                        | 1.00                   | Х                              |                       |             |              |                                 |        | 0.              | 15,338.         | 0.                           |  |
| (5) THOMAS A. BIGA             | 1.00                   |                                |                       |             |              |                                 |        |                 |                 |                              |  |
| TRUSTEE                        | 1.00                   | Х                              |                       |             |              |                                 |        | 0.              | 0.              | 0.                           |  |
| (6) JOSEPH DIFIGLIA            | 1.00                   |                                |                       |             |              |                                 |        |                 |                 |                              |  |
| TRUSTEE                        | 1.00                   | х                              |                       |             |              |                                 |        | 0.              | 20,405.         | 0.                           |  |
| (7) JEANA M. PISCATELLI        | 1.00                   |                                |                       |             |              |                                 |        |                 |                 |                              |  |
| TRUSTEE                        | 1.00                   | х                              |                       |             |              |                                 |        | 0.              | 0.              | 0.                           |  |
| (8) MAUREEN A. SCHNEIDER       | 1.00                   |                                |                       |             |              |                                 |        |                 |                 | •                            |  |
| TRUSTEE                        | 1.00                   | X                              |                       |             |              |                                 |        | 0.              | 0.              | 0.                           |  |
| (9) TIFFANY TOMASSO            | 1.00                   |                                |                       |             |              |                                 |        | 0               | 0               | 0                            |  |
| TRUSTEE                        | 1.00                   | X                              |                       |             |              |                                 |        | 0.              | 0.              | 0.                           |  |
| (10) JOSEPH A. TORCIVIA        | 1.00                   |                                |                       |             |              |                                 |        | 0               | 0               | 0                            |  |
| TRUSTEE                        | 1.00                   | X                              |                       |             |              |                                 |        | 0.              | 0.              | 0.                           |  |
| (11) BRUCE TRAUB               | 1.00                   |                                |                       |             |              |                                 |        | 0.              | 0.              | 0                            |  |
| TRUSTEE                        | 1.00                   | X                              |                       |             |              |                                 |        | 0.              | 0.              | 0.                           |  |
| (12) KEVIN G. ROGERS           | 1.00                   | x                              |                       |             |              |                                 |        | 0.              | 0.              | 0.                           |  |
| TRUSTEE                        | 1.00                   | ^                              |                       |             |              |                                 |        | 0.              | 0.              | 0.                           |  |
| (13) ROBERT J. FOGG<br>TRUSTEE | 1.00                   | x                              |                       |             |              |                                 |        | 0.              | 0.              | 0.                           |  |
| (14) DAVID KOSTINAS            | 1.00                   | ^                              |                       |             |              |                                 |        | 0.              | 0.              | 0.                           |  |
| CHAIR - TRUSTEE - CCRCS        | 1.00                   | x                              |                       |             |              |                                 |        | 0.              | 15,338.         | 0.                           |  |
| (15) KERRY PARKER              | 1.00                   |                                |                       |             |              |                                 |        | 0.              | 10,000          | 0.                           |  |
| TRUSTEE - CCRCS                | 1.00                   | x                              |                       |             |              |                                 |        | 0.              | 0.              | 0.                           |  |
| (16) ESTHER RAISS              | 1.00                   | 1                              |                       |             | -            |                                 |        | 0.              | 0.              | •                            |  |
| TRUSTEE - CCRCS                | 1.00                   | x                              |                       |             |              |                                 |        | 0.              | 0.              | 0.                           |  |
| (17) JACK A. PILKINGTON        | 1.00                   | <u> </u>                       |                       |             |              |                                 |        | 0.              | 0.              | <b>U •</b>                   |  |
| TRUSTEE - CCRCS                |                        | x                              |                       |             |              |                                 |        | 0.              | 0.              | 0.                           |  |
| 532007 12-16-15                |                        |                                |                       |             |              |                                 |        |                 |                 | Form <b>990</b> (2015)       |  |

532007 12-16-15

12481020 789762 1009070-010

2015.04030 SPRINGPOINT SENIOR LIVING,

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Form 990 (2015)

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|------------|------|
| Dart VII   | 0    |

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SPRINGPOINT SENIOR LIVING, INC. 22-3498690 Page 8 A. Officers, Directors, Trustees, Kev Employees, and Highest Compensated Employees (continued)

| (A)<br>Name and title  | (B)<br>Average<br>hours per  | (do        | not c | (C<br>Posi | <b>C)</b><br>ition                  | than  | one  | <b>(D)</b><br>Reportable                                    | <b>(E)</b><br>Reportable |                         |  | (F)<br>timate          |      |
|--|--|------------|-------|------------|-------------------------------------|-------|--|---|--------------------------|-------------------------|--|------------------------|------|
|  | week<br>(list any<br>hours for<br>related<br>organizations<br>below<br>line) |            |       | lirecto    | Highest compensated pod si employee | itee) | compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | compensatio<br>from related<br>organizatior<br>(W-2/1099-MI | d<br>ns                  | com<br>fr<br>org<br>and | nount o<br>other<br>pensati<br>om the<br>anizati<br>d relate<br>anizatio | tion<br>e<br>ion<br>ed |      |
| (18) GLENN BREWER<br>TRUSTEE - CCRCS   | 1.00   | x          |       |            |                                     |       |  | 0.  |                          | 0.                      |  |                        | 0.   |
| (19) ANNETTE LIBERSON<br>TRUSTEE - CCRCS   | 1.00   | x          |       |            |                                     |       |  | 0.  |                          | 0.                      |  |                        | 0.   |
| (20) HENRY HOHORST   | 1.00   |            |       |            |                                     |       |  |   |                          |                         |  |                        |      |
| TRUSTEE - CCRCS (21) W. A. PETER BOLTON  | 1.00   | X          |       |            |                                     |       |  | 0.  |                          | 0.                      |  |                        | 0    |
| TRUSTEE - CCRCS  |  | x          |       |            |                                     |       |  | 0.  |                          | 0.                      |  |                        | 0    |
| (22) JOHN T MCCONVILLE<br>CHAIR - TRUSTEE - FRANKLIN                                     | 1.00   | x          |       |            |                                     |       |  | 0.  |                          | 0.                      |  |                        | 0    |
| (23) WALTER E. ANDREWS<br>FRUSTEE – FRANKLIN   | 1.00   | x          |       |            |                                     |       |  | 0.  |                          | 0.                      |  |                        | 0    |
| (24) IRENE CALAFIORE   | 1.00   |            |       |            |                                     |       |  |   |                          |                         |  |                        |      |
| IRUSTEE - FRANKLIN<br>(25) JEAN DOYLE  | 1.00   | X          |       |            |                                     |       |  | 0.  |                          | 0.                      |  |                        | 0    |
| TRUSTEE - FRANKLIN<br>(26) VIVIAN COTTRELL   | 1.00   | x          |       |            |                                     |       |  | 0.  |                          | 0.                      |  |                        | 0    |
| TRUSTEE - FRANKLIN   | 1.00   | x          |       |            |                                     |       |  | 0.  |                          | 0.                      |  |                        | 0    |
| 1b Sub-total   | •  |            |       |            |                                     |       |  | 0.  | 979,7                    |                         |  | 1,61                   |      |
| c Total from continuation sheets to Par  | t VII, Section A   |            |       |            |                                     |       |  | 276,649.  |                          |                         |  |                        |      |
| d Total (add lines 1b and 1c)  |  |            |       |            |                                     |       |  | 276,649.  | 5,313,4                  | 53.                     | 77   | 6,8:                   | 31   |
| 2 Total number of individuals (including be  | ut not limited to th   | nose       | liste | ed al      | bove                                | e) wł | no re  | eceived more than \$100                                     | ,000 of reportab         | ole                     |  |                        |      |
| compensation from the organization   | •  |            |       |            |                                     |       |  |   |                          |                         |  | Yes                    | No   |
| <b>3</b> Did the organization list any <b>former</b> offic                               | cer, director, or tru  | ustee      | e, ke | ey en      | nplo                                | yee   | , or ł   | nighest compensated e                                       | mployee on               |                         |  | Tes                    | NO   |
| line 1a? If "Yes," complete Schedule J f   |  |            |       | -          | •                                   | -     |  |   |                          |                         | 3  |                        | Х    |
| 4 For any individual listed on line 1a, is the and related organizations greater than \$ |  |            |       |            |                                     |       |  |   | the organization         |                         | 4  | x                      |      |
| 5 Did any person listed on line 1a receive   |  |            | •     |            |                                     |       |  |   | idual for services       | S                       |  |                        |      |
| rendered to the organization? If "Yes," o  | complete Schedul   | e J f      | or su | uch j      | pers                                | son . |  |   |                          |                         | 5  |                        | Х    |
| Section B. Independent Contractors   |  |            |       |            |                                     |       |  |   |                          |                         |  |                        |      |
| 1 Complete this table for your five highest  | -  |            |       |            |                                     |       |  |   |                          | npens                   | ation 1  | rom                    |      |
| the organization. Report compensation (A)  | for the calendar y   | eare       | enai  | ng v       | vitri                               | or w  |  | (B)   | year.                    |                         | (0   | 3)                     |      |
| Name and busin   |  |            |       |            |                                     |       |  | Description of s  | ervices                  | c                       |  | nsatior                | ı    |
| GENESIS ELDERCARE REHAE<br>PO BOX 821322, PHILADEI                                       |  |            |       |            |                                     |       | 2  | <b>IEDICAL</b>  |                          | 2                       | .70  | 3,4'                   | 70.  |
| C&C CONSTRUCTION MGMT.I<br>SANDMEYER LANE, PHILADE                                       | INC., 1000   | 53         |       |            |                                     |       |  | CONSTRUCTION  |                          |                         |  | 7,60                   |      |
| YES WE DO LLC<br>21 OAKLAND DRIVE, JACKS   | SON, NJ 08   | 852        | 27    |            |                                     |       | c  | CONSTRUCTION  |                          | 1                       | ,42  | 3,30                   | 67   |
| E ALLEN REEVES INC.<br>115 OLD YORK ROAD, ABIN   | IGTON, PA  | 19         | 900   | )1         |                                     |       | 6  | CONSTRUCTION  |                          |                         |  | 1,90                   |      |
| BRICKMAN GROUP, LTC INC<br>CENTER, CHICAGO, IL 606                                       |  | SOI        | יער   | ΓIC        | ONS                                 | 5     |  | LANDSCAPING   |                          |                         |  | 9,19                   |      |
| 2 Total number of independent contracto  | rs (including but n  | iot lir    | mite  | d to       |                                     |       |  |   | nore than                |                         | 00   | - /                    |      |
| \$100,000 of compensation from the org<br>SEE PART VII, SECTI                            | anization<br>ON A CON  | <b>FIN</b> | NU2   | AT ]       | 35<br>101                           |       | SHE  | EETS  |                          |                         | Form   | <b>990</b> (2          | 2015 |
| 532008<br>12-16-15   |  |            |       |            |                                     | 8     |  |   |                          |                         |  | , <del>-</del>         |      |
| 181020 789762 1009070-0  | 10 2015  | .0         | 40    | 30         |                                     | -     | IN   | GPOINT SENIC  | OR LIVINO                | 3,                      | 100  | 907                    | 01   |

| Port Volume     Ceneck all that apply)     Compensation from related organizations (W-2/1099-MISC)     amount organizations (W-2/1099-MISC)       (27) CARL DELLE BOVI     1.000     X     0     0       (27) CARL DELLE BOVI     1.000     X     0     0       (27) CARL DELLE BOVI     1.000     X     0     0       (28) MAY LEE KLEINKAUP     1.000     X     0     0       (29) MONIN AUEFPERS     1.000     X     0     0       (29) MONIN AUEFPERS     1.000     X     0     0       (29) MAVID ROUSSELL     1.000     X     0     0       (30) DESORATE WINDGOR     X     0     0     0       (31) DESORAT WINDGOR     X     0     0     0       (32) ARAT BRAI STAWINDGOR     X     0     0     0       (33) DESORAT WINDGOR     X     0     0     0       (34) VALEER FREITAS     1.000     X     0     0       (35) JANE FREITAS     1.000     X     0     0       (36) GARDINER MARK, GR. <t< th=""><th colspan="11">Form 990 SPRINGPOINT SENIOR LIVING, INC. 22-34986</th></t<>   | Form 990 SPRINGPOINT SENIOR LIVING, INC. 22-34986 |                 |          |         |     |        |         |     |  |                  |               |  |
|---|---|-----------------|----------|---------|-----|--------|---------|-----|--|------------------|---------------|--|
| Name and Itils         Average<br>bors<br>per<br>week<br>(ist arry<br>related<br>organization<br>below<br>ine)         Position<br>ist<br>(ist arry<br>related<br>organization<br>below<br>ine)         Position<br>ist<br>(ist arry<br>related<br>organization<br>below<br>ine)         Reportable<br>sign<br>ist<br>ist<br>ist<br>ist<br>(ist arry<br>related<br>organization<br>(W-2/1089-MISC)         Estimation<br>compensation<br>(W-2/1089-MISC)           (27) CARL DELLI BOVI<br>(REAL TOUSTEE - EAST WINDOR<br>CROWS FOR<br>(IST) MARY LEE FLEINKAUP<br>VICE CHAIL - TRUSTEE - EAST WINDOR<br>TRUSTEE - RAAT WINDOR<br>TRUSTEE - ROATLAND<br>TRUSTEE - ROATL | Part VII Section A. Officers, Directors, Tru      | ees (continued) |          |         |     |        |         |     |  |                  |               |  |
| Nourse per veck vechosenes     (check all that apply) veck vechosenes     compensation for meland organizations (W2/1099.MISC)     amount organizations (W2/1099.MISC)       (27) CARL DELLI BOVI     1.000     X     0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.  | (A)   | (D)             | (E)      | (F)     |     |        |         |     |  |                  |               |  |
| per<br>week<br>(lst ary)<br>related<br>organization<br>(M2/1089.MISC)     from related<br>organization<br>(M2/1089.MISC)     from related<br>organization<br>(M2/1089.MISC)     come related<br>organization<br>(M2/1089.MISC)       (27) CAL DELLI BOVI<br>(a) DAVID REFERS     1.00<br>X     X     0.0.0.       (23) DAVID AFFERS     1.00<br>X     0.0.0.       (23) DAVID AFFERS     1.00<br>X     0.0.0.       (23) DAVID AFFERS     1.00<br>X     0.0.0.       TRUSTEE - EAST WINDOOR     X     0.0.0.       (23) DAVID AFFERS     1.00<br>X     0.0.0.       TRUSTEE - EAST WINDOOR     X     0.0.0.       TRUSTEE - EAST WINDOOR     X     0.0.0.       TRUSTEE - EAST WINDOOR     X     0.0.0.       TRUSTEE - FAST WINDOOR     X     0.0.0.       TRUSTEE - FAST WINDOOR     X     0.0.0.       TRUSTEE - FAST WINDOOR     X     0.0.0.       (33) DAVID AFFERS     1.000<br>X     0.0.0.       TRUSTEE - FAST WINDOOR     X     0.0.0.       (33) DAVE FAST WINDOOR     X     0.0.0.0.       (34) VALERIE FRIETAS     1.000<br>X     0.0.0.0.       (35) ANSE FF WINDOOR     X     0.0.0.0.       (36) CANDING FF WINDOOR     X     0.0.0.0.       (37) MARILYN SCHERPEN     1.000<br>X     0.0.0.0.       (38) DORALD C, GARES     1.000<br>X     0.0.0.0.       (39)   | Name and title                                    | , v             |          |         |     |        |         |     |  |                  | Estimated     |  |
| week<br>pours for<br>pours for<br>peaked<br>organizations<br>(%2/1099-MISC)     the<br>organizations<br>(%2/1099-MISC)     compens<br>(%2/1099-MISC)       (27) CARL DELLI BOVI<br>(72) CARL DELLI BOVI<br>(72) MARY LEE KLEINKAUF     1.00<br>X     1.00<br>X     0.     0.       (27) CARL DELLI BOVI<br>(72) ONDINA JEFFERE<br>(72) CONTAN JEFFERE<br>(72) ONDINA JEFFERE<br>(72) ONDINA JEFFERE<br>(72) ONDINA JEFFERE<br>(72) ONDINA JEFFERE<br>(72) ONDINA JEFFERE<br>(72) ONDINA JEFFERE<br>(72) DANE MINDSOR     1.00<br>X     0.     0.       (28) MARY LEE KLEINKAUF<br>VICE CHLR - TRUSTEE - BAST WINDSOR     1.00<br>X     0.     0.     0.       TRUSTEE - BAST WINDSOR     X     0.     0.     0.       (33) DEFORAL L TROMAS     1.000<br>X     X     0.     0.       (34) VALERLE FREITAS     1.000<br>X     0.     0.     0.       (35) JAME FROTCON     1.000<br>X     0.     0.     0.       (35) ONDIAL C CANTES     1.000<br>X     0.     0.     0.       (36) ONDIALD C CANTES     1.000<br>X     0.     0.     0. <td></td> <td></td> <td>(c</td> <td>heck</td> <td>all</td> <td>that</td> <td>app</td> <td>ly)</td> <td></td> <td></td> <td>amount of</td>  |   |                 | (c       | heck    | all | that   | app     | ly) |  |                  | amount of     |  |
| (ist arg)     (ist  |   |                 |          |         |     |        | æ       |     |  |                  |               |  |
| (27) CARL DELLI BOVI       1.00       X       0.0       0.0         CRAL T TUUTEE - EAST WINDOR       X       0.0       0.0         (28) MAN LER KLEINANDF       1.00       X       0.0       0.0         (29) ONDINA JEFFERS       1.00       X       0.0       0.0         (29) ONDINA JEFFERS       1.00       X       0.0       0.0         (30) DAVID BOUSSELL       1.00       X       0.0       0.0         (31) DAVID BOUSSELL       1.00       X       0.0       0.0         (31) DAVID BOUSSELL       1.00       X       0.0       0.0         (31) DEBORAH L THORAG       X       0.0       0.0       0.0         (33) DEBORAH L THORAG       X       0.0       0.0       0.0         (34) VALERIE FREITAS       1.00       X       0.0       0.0         (35) JANE FROTON       1.00       X       0.0       0.0         (36) GADINER MARER, SR.       1.00       X       0.0       0.0         (37) MARILIN SCHERFEN       1.00       X       0.0       0.0         (36) GADINER MARER, SR.       1.00       X       0.0       0.0         (37) MARILIN SCHERFEN       1.00       X       0.0<   |   |                 | tor      |         |     |        | ploye   |     |  | U U              | from the      |  |
| (27) CARL DELLI BOVI       1.00       X       0.0       0.0         CRAL T TUUTEE - EAST WINDOR       X       0.0       0.0         (28) MAN LER KLEINANDF       1.00       X       0.0       0.0         (29) ONDINA JEFFERS       1.00       X       0.0       0.0         (29) ONDINA JEFFERS       1.00       X       0.0       0.0         (30) DAVID BOUSSELL       1.00       X       0.0       0.0         (31) DAVID BOUSSELL       1.00       X       0.0       0.0         (31) DAVID BOUSSELL       1.00       X       0.0       0.0         (31) DEBORAH L THORAG       X       0.0       0.0       0.0         (33) DEBORAH L THORAG       X       0.0       0.0       0.0         (34) VALERIE FREITAS       1.00       X       0.0       0.0         (35) JANE FROTON       1.00       X       0.0       0.0         (36) GADINER MARER, SR.       1.00       X       0.0       0.0         (37) MARILIN SCHERFEN       1.00       X       0.0       0.0         (36) GADINER MARER, SR.       1.00       X       0.0       0.0         (37) MARILIN SCHERFEN       1.00       X       0.0<   |   |                 | direc    |         |     |        | ed em   |     | J. J | (112/1000 11100) | organization  |  |
| (27) CARL DELLI BOVI       1.00       X       0.0       0.0         CRAL T TUUTEE - EAST WINDOR       X       0.0       0.0         (28) MAN LER KLEINANDF       1.00       X       0.0       0.0         (29) ONDINA JEFFERS       1.00       X       0.0       0.0         (29) ONDINA JEFFERS       1.00       X       0.0       0.0         (30) DAVID BOUSSELL       1.00       X       0.0       0.0         (31) DAVID BOUSSELL       1.00       X       0.0       0.0         (31) DAVID BOUSSELL       1.00       X       0.0       0.0         (31) DEBORAH L THORAG       X       0.0       0.0       0.0         (33) DEBORAH L THORAG       X       0.0       0.0       0.0         (34) VALERIE FREITAS       1.00       X       0.0       0.0         (35) JANE FROTON       1.00       X       0.0       0.0         (36) GADINER MARER, SR.       1.00       X       0.0       0.0         (37) MARILIN SCHERFEN       1.00       X       0.0       0.0         (36) GADINER MARER, SR.       1.00       X       0.0       0.0         (37) MARILIN SCHERFEN       1.00       X       0.0<   |   | related         | tee or   | ustee   |     |        | en sati |     |  |                  | and related   |  |
| (27) CARL DELLI BOVI       1.00       X       0.0       0.0         CRAL T TUUTEE - EAST WINDOR       X       0.0       0.0         (28) MAN LER KLEINANDF       1.00       X       0.0       0.0         (29) ONDINA JEFFERS       1.00       X       0.0       0.0         (29) ONDINA JEFFERS       1.00       X       0.0       0.0         (30) DAVID BOUSSELL       1.00       X       0.0       0.0         (31) DAVID BOUSSELL       1.00       X       0.0       0.0         (31) DAVID BOUSSELL       1.00       X       0.0       0.0         (31) DEBORAH L THORAG       X       0.0       0.0       0.0         (33) DEBORAH L THORAG       X       0.0       0.0       0.0         (34) VALERIE FREITAS       1.00       X       0.0       0.0         (35) JANE FROTON       1.00       X       0.0       0.0         (36) GADINER MARER, SR.       1.00       X       0.0       0.0         (37) MARILIN SCHERFEN       1.00       X       0.0       0.0         (36) GADINER MARER, SR.       1.00       X       0.0       0.0         (37) MARILIN SCHERFEN       1.00       X       0.0<   |   |                 | al trus  | nal tr  |     | lo yee | dwoc    |     |  |                  | organizations |  |
| (27) CARL DELLI BOVI       1.00       X       0.0       0.0         CHAIR - TRUSTEE - EAST WINDSOR       X       0.0       0.0         (28) MANY LEE KLEINAAUF       1.00       X       0.0       0.0         (29) ONDINA JEFFES       EAST WINDSOR       X       0.0       0.0         (30) DAVID ROUSELL       1.00       X       0.0       0.0         (31) DAVID ROUSELL       1.00       X       0.0       0.0         (32) MANH ROUSELL       1.00       X       0.0       0.0         (31) DAVID ROUSELL       1.00       X       0.0       0.0         (32) MASH SHAH       1.00       X       0.0       0.0         (33) DEBORAH L THONGOR       X       0.0       0.0       0.0         (33) DEBORAH L THONGOR       X       0.0       0.0       0.0         (34) VALERIE FREITAS       1.00       X       0.0       0.0         (35) JANE FROTON       1.00       X       0.0       0.0         (36) GARDINER MARER, SR.       1.00       X       0.0       0.0         (37) MARILIN SCHERFEN       1.00       X       0.0       0.0         (38) DOBALD C, GATES       1.00       X       0.0 </td <td></td> <td></td> <td>ividu</td> <td>titutio</td> <td>cer</td> <td>/ emp</td> <td>hest (</td> <td>mer</td> <td></td> <td></td> <td></td>   |   |                 | ividu    | titutio | cer | / emp  | hest (  | mer |  |                  |               |  |
| CHART - TRUSTEE - EAST WINDGOR     X     0.     0.       (28) MARY LEE KLEINAAUF     1.00     X     0.     0.       (29) ONDINA JEFFERS     1.00     X     0.     0.       (20) DAVID ROUSSELL     1.00     X     0.     0.       (30) DAVID ROUSSELL     1.00     X     0.     0.       TRUSTEE - EAST WINDSOR     X     0.     0.       (31) RICHARD SCHRODER     1.00     X     0.     0.       (32) HASH SHAH     1.00     X     0.     0.       (33) DEBOGAN L HONDSOR     X     0.     0.     0.       (34) VALERIE FREITAS     1.00     X     0.     0.       (34) VALERIE FREITAS     1.00     X     0.     0.       (35) GARDINER MAREK, SR.     1.00     X     0.     0.       (36) GARDINER MAREK, SR.     1.00     X     0.     0.       (37) MARILYN SCHERFEN     1.00     X     0.     0.       (37) MARILYN SCHERFEN     1.00     X     0.     0.       (39) DONALD C, GATES     1.00   |   | ,               | Ind      | sul     | Ш   | Key    | Hig     | For |  |                  |               |  |
| (28) MARY LEE KLEINKAUF         1.00         X         0.         0.           VICE CHAIR - TKUSTEE - EAST WINDSOR         X         0.         0.         0.           (29) ONDIN JEFFERS         1.00         X         0.         0.         0.           (30) DAVID ROUSSEL         1.000         X         0.         0.         0.           (30) DAVID ROUSSEL         1.00         X         0.         0.         0.           (31) DECORDER         1.00         X         0.         0.         0.           (31) DECORDER         1.00         X         0.         0.         0.           (32) HASH SHAH         1.00         X         0.         0.         0.           (32) DECORAL L TROMAS         1.000         X         0.         0.         0.           (34) VALERIE FREITAS         1.00         X         0.         0.         0.           (35) DEAGNINER MAREK, SR.         1.000         X         0.         0.         0.           (36) GARDINER MAREK, SR.         1.000         X         0.         0.         0.           (37) MARITUS SCHEFEEN         1.000         X         0.         0.         0.           (37  |   | 1.00            |          |         |     |        |         |     |  |                  | •             |  |
| VICE CHAIR - TRUSTEE - EAST WINDSOR         X         0.         0.           (23) ONDIN JEFFERS         1.00         X         0.         0.           (30) DAVID ROUSSLL         1.00         X         0.         0.           (31) RICLARD SCHROBDER         1.00         X         0.         0.           TRUSTEE - EAST WINDSOR         X         0.         0.         0.           (32) HARL SCHROBDER         1.00         X         0.         0.           TRUSTEE - EAST WINDSOR         X         0.         0.         0.           (32) HASH SHAH         1.00         X         0.         0.           TRUSTEE - EAST WINDSOR         X         0.         0.         0.           (33) DEBORAH L THOMAS         1.00         X         0.         0.           TRUSTEE - FAST WINDSOR         X         0.         0.         0.           (34) VALERIE FREITAS         1.00         X         0.         0.         0.           (35) GARDINER MAREK, SR.         1.000         X         0.         0.         0.           (35) ORDINE MAREK, SR.         1.000         X         0.         0.         0.           (36) GARDINER MAREK, SR.   |   | 1 0 0           | X        |         |     |        |         |     | 0.                                       | 0.               | 0.            |  |
| (29) ONDINA JEFFERS       1.00       X       0.       0.         TRUSTEE - BAST WINDSOR       X       0.       0.       0.         (30) DAVIA ROUSSELL       1.00       X       0.       0.         TRUSTEE - EAST WINDSOR       X       0.       0.       0.         (31) RICHARD SCHRODER       1.00       X       0.       0.         TRUSTEE - EAST WINDSOR       X       0.       0.       0.         (32) HASH SHAH       1.00       X       0.       0.         TRUSTEE - EAST WINDSOR       X       0.       0.       0.         TRUSTEE - EAST WINDSOR       X       0.       0.       0.         TRUSTEE - FAST WINDSOR       X       0.       0.       0.         TRUSTEE - EAST WINDSOR       X       0.       0.       0.         TRUSTEE - FORTLAND       X       0.       0.       0.         TRUSTEE - PORTLAND       X       0.       0.       0.  |   | 1.00            |          |         |     |        |         |     | 0  | 0                | 0             |  |
| TRUSTEE - EAST WINDSOR         X         0.         0.         0.           (30) DAVID ROUSSELL         1.00         X         0.         0.         0.           (31) RICHARD SCHROEDER         1.00         X         0.         0.         0.           (31) RICHARD SCHROEDER         1.00         X         0.         0.         0.           (32) HASH SHAH         1.00         X         0.         0.         0.           TRUSTEE - EAST WINDSOR         X         0.         0.         0.         0.           (31) DEBORAH L THOMAS         1.00         X         0.         0.         0.           (32) HASH SHANDSOR         X         0.         0.         0.         0.           (33) DEBORAH L THOMAS         1.00         X         0.         0.         0.           (34) VALERIE FERTAS         1.00         X         0.         0.         0.           (35) JARE FROTTON         1.00         X         0.         0.         0.         0.           (36) GARDINER MAREK, SR.         1.000         X         0.         0.         0.         0.           (37) MARILY SCHEFENN         1.000         X         0.         0.   |   | 1 00            | X        |         |     |        |         |     | 0.                                       | 0.               | 0.            |  |
| (30) DAVID ROUSSELL       1.00       X       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.   |   | 1.00            |          |         |     |        |         |     | 0  | 0                | 0             |  |
| TRUSTEE - EAST WINDSOR       X       0.       0.         (31) RICHARD SCHROEDER       1.00       X       0.       0.         RUSTEE - BAST WINDSOR       X       0.       0.       0.         (32) HASH SHAH       1.00       X       0.       0.       0.         (33) DEBORAH L THOMAS       1.00       X       0.       0.       0.         (33) DEBORAH L THOMAS       1.00       X       0.       0.       0.         (34) VALERIE FRETAS       1.00       X       0.       0.       0.         (35) JARE FROTTON       1.00       X       0.       0.       0.         (36) GARDINER MAREK, SR.       1.000       X       0.       0.       0.         (37) MARILYN SCHERFEN       1.000       X       0.       0.       0.         (37) MARILYN SCHERFEN       1.000       X       0.       0.       0.         (38) DONALD C. GATES       1.000       X       0.       0.       0.       0.         (39) ROBERT SCHOEPFLING       1.000       X       0.       0.       0.       0.         (39) ROBERT SCHOEPFLING       1.000       X       0.       0.       0.       0. <td></td> <td>1 00</td> <td><u> </u></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>   |   | 1 00            | <u> </u> |         |     |        |         |     | 0.                                       | 0.               | 0.            |  |
| (31) RICHARD SCHROEDER       1.00       X       0.       0.         TRUSTEE - EAST WINDSOR       X       0.       0.       0.         (32) HASH BAH       1.00       X       0.       0.       0.         (31) DEBORAH L THOMAS       1.00       X       0.       0.       0.         (31) DEBORAH L THOMAS       1.00       X       0.       0.       0.         (34) VALERIE FREITAS       1.00       X       0.       0.       0.         (35) JANE FROTTON       1.00       X       0.       0.       0.         (35) GARDINER MAREK, SR.       1.000       X       0.       0.       0.         (36) GARDINER MAREK, SR.       1.000       X       0.       0.       0.         TRUSTEE - PORTLAND       X       0.       0.       0.       0.         TRUSTEE - PORTLAND       X       0.       0.       0.       0.       0.       0.         TRUSTEE - PORTLAND       X       0.       0.       0.       0.       0.       0.       0.       0.         TRUSTEE - PORTLAND       X       0.       0.       0.       0.       0.       0.       0.       0.       0. </td <td></td> <td>1.00</td> <td>v</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td>0</td> <td>0.</td>   |   | 1.00            | v        |         |     |        |         |     | 0  | 0                | 0.            |  |
| TRUSTEE - EAST WINDSOR       X       0.       0.         (32) BASH SHAH       1.00       X       0.       0.         TRUSTEE - EAST WINDSOR       X       0.       0.       0.         (33) DEBORAH L THOMAS       1.000       X       0.       0.         (34) VALERIE FREITAS       1.000       X       0.       0.         (34) VALERIE FREITAS       1.000       X       0.       0.         (35) JANE FROTTON       1.000       X       0.       0.         (36) GADINER MAREK, SR.       1.000       X       0.       0.         (36) GADINER MAREK, SR.       1.000       X       0.       0.         (37) MARILY SCHERFEN       1.000       X       0.       0.         (38) DONLDC C. GATES       1.000       X       0.       0.         TRUSTEE - PORTLAND       X       0.       0.       0.         (39) DONLDC C. GATES       1.000       X       0.       0.       0.         TRUSTEE - PORTLAND       X       0.       0.       0.       0.         (39) DONLD C. GATES       1.000       X       0.       0.       0.         TRUSTEE - PORTLAND       X       0.  |   | 1 00            | ^        |         |     |        |         |     | 0.                                       | 0.               | 0.            |  |
| (32) HASH SHAH       1.00       X       0.       0.         (33) DEBORAH L THOMAS       1.00       X       0.       0.         (34) VALERIE FREITAS       1.00       X       0.       0.         (34) VALERIE FREITAS       1.00       X       0.       0.         (35) JANE FROTON       1.00       X       0.       0.         (35) JANE FROTON       1.00       X       0.       0.         (36) GARDINER MAREK, SR.       1.00       X       0.       0.         (37) MAILVN SCHERFEN       1.00       X       0.       0.       0.         (39) ROBERT SCHOEFFLING       1.00       X       0.       0.       0.         (39) ROBERT SCHOEFFLING       1.00       X       0.       0.       0.         TRUSTEE - PORTLAND       X       0.       0.       0.       0.  | ····  | 1.00            | x        |         |     |        |         |     | 0.                                       | 0.               | 0.            |  |
| TRUSTEE - EAST WINDSOR     X     0.     0.       (33) DEBORAH L THOMAS     1.00     X     0.     0.       TRUSTEE - EAST WINDSOR     X     0.     0.     0.       (34) VALERIE FREITAS     1.00     X     0.     0.       CHAIR - TRUSTEE - PORTLAND     X     0.     0.       (35) JANE FROTTON     1.00     X     0.     0.       (36) GARDINER MAREK, SR.     1.00     X     0.     0.       (37) MARILYN SCHERFEN     1.00     X     0.     0.       (38) DONALD C. GATES     1.00     X     0.     0.       (39) ROBERT SCHOEFFLING     1.00     X     0.     0.       (39) ROBERT SCHOEFFLING     1.00     X     0.     0.       (40) ROMALD SENZ     1.00     X     0.     0.       TRUSTEE - PORTLAND     X     0.     0.     0.       (41) RICHARD STRYKER     1.00     X     0.     0.       TRUSTEE - PORTLAND POINTE     X     0.     0.     0.       (42) SHERLEY FENNOSE     1.00     X     0.     0.       TRUSTEE - PORTLAND POINTE     X     0.     0.     0.       (43) DIANE DENSTRGER     1.00     X     0.     0. <t< td=""><td></td><td>1,00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>   |   | 1,00            |          |         |     |        |         |     |  |                  |               |  |
| (33) DEBORAH L THOMAS1.00X0.0.TRUSTEE - EAST WINDSORX0.0.0.0.(34) VALERIE FREITAS1.00X0.0.0.(35) JANE FROTION1.00X0.0.0.(36) GARDINER MAREK, SR.1.00X0.0.0.(37) MARILYN SCHERFEN1.00X0.0.0.(38) DONALD C. GATES1.00X0.0.0.(39) ROBERT SCHOEFFLING1.00X0.0.0.(39) ROBERT SCHOEFFLING1.00X0.0.0.(40) RONALD SENZ1.00X0.0.0.(41) RICHARD STRYKER1.00X0.0.0.(42) SHERLEY PENROSE1.00X0.0.0.(43) DIANE DENSINGER1.00X0.0.0.(44) SANDRA DIGIACOMO1.00X0.0.0.(44) SANDRA DIGIACOMO1.00X0.0.0.(44) SANDRA DIGIACOMO1.00X0.0.0.(44) SANDRA DIGIACOMO1.00X0.0.0.(45) VALERIE LYONS1.00X0.0.0.(46) NANCY LYNN AVERY1.00X0.0.0.(46) NANCY LYNN AVERY1.00X0.0. <td< td=""><td></td><td>1000</td><td>x</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></td<>   |   | 1000            | x        |         |     |        |         |     | 0.                                       | 0.               | 0.            |  |
| TRUSTEE - BAST WINDSOR     X     0.     0.       (34) VALERIE FREITAS     1.00     X     0.     0.       CHAIR - TRUSTEE - PORTLAND     X     0.     0.     0.       VICE CHAIR - TRUSTEE - PORTLAND     X     0.     0.     0.       VICE CHAIR - TRUSTEE - PORTLAND     X     0.     0.     0.       VICE CHAIR - TRUSTEE - PORTLAND     X     0.     0.     0.       TRUSTEE - PORTLAND POINTE     X     0.     0.     0.       TRUSTEE - PORTLAND POINTE     X     0.     0.     0.       (40) RNALD SENZ     1.000     X     0.     0.     0.       (41) RICHARD STRYKER     1.000     X     0.     0.     0.       (42) SHERLEY PENROSE     1.000     X     0.     0.     0.       (43) DIANE BENSINGER     1.000     X     0.     0.     0.       (44) SANDRA DIGIACONO  |   | 1.00            |          |         |     |        |         |     | •••                                      |                  | •••           |  |
| (34) VALERIE FREITAS       1.00       X       0.       0.         (35) JANE FROTTON       1.00       X       0.       0.       0.         (35) JANE FROTTON       1.00       X       0.       0.       0.         (36) GARDINER MAREK, SR.       1.00       X       0.       0.       0.         (37) MARILYN SCHERFEN       1.00       X       0.       0.       0.         (37) MARILYN SCHERFEN       1.00       X       0.       0.       0.         (38) DONALD C, GATES       1.00       X       0.       0.       0.         TRUSTEE - PORTLAND       X       0.       0.       0.       0.       0.         (38) DONALD C, GATES       1.000       X       0.       0.       0.       0.       0.         TRUSTEE - PORTLAND       X       0.       0.       0.       0.       0.       0.         TRUSTEE - PORTLAND       X       0.  |   |                 | x        |         |     |        |         |     | 0.                                       | Ο.               | 0.            |  |
| (35) JANE FROTTON       1.00       X       0.       0.         (36) GARDINER MAREK, SR.       1.00       X       0.       0.       0.         (36) GARDINER MAREK, SR.       1.00       X       0.       0.       0.         (37) MARILYN SCHERFEN       1.00       X       0.       0.       0.         (38) DONALD C. GATES       1.00       X       0.       0.       0.         (38) DONED C. GATES       1.00       X       0.       0.       0.         TRUSTEE - PORTLAND       X       0.       0.       0.       0.         (39) ROBERT SCHOEFFLING       1.00       X       0.       0.       0.         (40) RONALD SENZ       1.00       X       0.       0.       0.         (41) RICHARD STRYKER       1.00       X       0.       0.       0.         (42) SHERLEY PENOSE       1.00       X       0.       0.       0.       0.         (43) DIANE BENSINGER       1.00       X       0.       0.       0.       0.       0.         (43) SHERLEY PENOSE       X       0.       0.       0.       0.       0.       0.         (44) SANDRA DIGIACOMO       1.00   | (34) VALERIE FREITAS                              | 1.00            |          |         |     |        |         |     |  |                  |               |  |
| VICE CHAIR - TRUSTEE - PORTLAND       X       0.       0.         (36) GARDINER MAREK, SR.       1.00       X       0.       0.         (37) MARILYN SCHERFEN       1.00       X       0.       0.         (37) MARILYN SCHERFEN       1.00       X       0.       0.         (38) DONALD C. GATES       1.00       X       0.       0.         TRUSTEE - PORTLAND       X       0.       0.       0.         (39) ROBERT SCHOEFFLING       1.00       X       0.       0.         TRUSTEE - PORTLAND       X       0.       0.       0.         (40) RONALD SENZ       1.00       X       0.       0.         TRUSTEE - PORTLAND POINTE       X       0.       0.       0.         (41) RICHARD STRYKER       1.00       X       0.       0.         TRUSTEE - PORTLAND POINTE       X       0.       0.       0.         (43) DIANE BENSINGRE       1.000       X       0.       0.       0.         (44) SANDRA DIGIACOMO       1.000       X       0.       0.       0.         (44) SANDRA DIGIACOMO       1.000       X       0.       0.       0.         TRUSTEE - MIDDLESEX       X  | CHAIR - TRUSTEE - PORTLAND                        |                 | x        |         |     |        |         |     | 0.                                       | Ο.               | 0.            |  |
| (36) GARDINER MAREK, SR.       1.00       X       0.0.0.         TRUSTEE - PORTLAND       X       0.0.0.         (37) MARILYN SCHERFEN       1.00       X       0.0.0.         (38) DONALD C. GATES       1.00       X       0.0.0.         TRUSTEE - PORTLAND       X       0.0.0.       0.0.         (38) DONALD C. GATES       1.00       X       0.0.0.         TRUSTEE - PORTLAND       X       0.0.0.       0.0.         (40) RONALD SENZ       1.00       X       0.0.0.       0.         TRUSTEE - PORTLAND POINTE       X       0.0.0.       0.       0.         (41) RICHARD STRYKER       1.00       X       0.0.0.       0.         TRUSTEE - PORTLAND POINTE       X       0.0.0.       0.       0.         (42) SHERLEY PENROSE       1.00       X       0.0.0.       0.         (43) DIANE BENSINGER       1.00       X       0.0.0.       0.         TRUSTEE - MIDDLESEX       X       0.0.0.       0.       0. <td>(35) JANE FROTTON</td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>   | (35) JANE FROTTON                                 | 1.00            |          |         |     |        |         |     |  |                  |               |  |
| TRUSTEE - PORTLANDX0.0.(37) MARILYN SCHERFEN1.00X0.0.TRUSTEE - PORTLANDX0.0.0.(38) DONALD C. GATES1.00X0.0.TRUSTEE - PORTLANDX0.0.0.(39) ROBERT SCHOEFFLING1.00X0.0.(10) RONALD SENZ1.00X0.0.(40) RONALD SENZ1.00X0.0.TRUSTEE - PORTLAND POINTEX0.0.(41) RICHARD STRYKER1.000.0.TRUSTEE - PORTLAND POINTEX0.0.(41) SHERLEY PENROSE1.000.0.(42) SHERLEY PENROSE1.000.0.(43) DIANE BENSINGER1.000.0.VICE CHAIR - TRUSTEE - MIDDLESEXX0.0.(44) SANDRA DIGIACOMO1.00X0.TRUSTEE - MIDDLESEXX0.0.(45) VALERIE LYONS1.00X0.(46) NANCY LYNN AVERY1.00X0.TRUSTEE - MIDDLESEXX0.0.(46) NANCY LYNN AVERY1.00X0.TRUSTEE - MIDDLESEXX0.0.  | VICE CHAIR - TRUSTEE - PORTLAND                   |                 | X        |         |     |        |         |     | 0.                                       | 0.               | 0.            |  |
| (37) MARILYN SCHERFEN       1.00       X       0.       0.         TRUSTEE - PORTLAND       X       0.       0.       0.         (38) DONALD C. GATES       1.00       X       0.       0.         TRUSTEE - PORTLAND       X       0.       0.       0.         (39) ROBERT SCHOEFFLING       1.00       X       0.       0.         TRUSTEE - PORTLAND       X       0.       0.       0.         (40) RONALD SENZ       1.00       X       0.       0.         TRUSTEE - PORTLAND POINTE       X       0.       0.       0.         (41) RICHARD STRYKER       1.00       X       0.       0.         TRUSTEE - PORTLAND POINTE       X       0.       0.       0.         (42) SHERLEY PENROSE       1.00       X       0.       0.         (43) DIANE BENSINGER       1.00       X       0.       0.         VICE CHAIR - TRUSTEE - MIDDLESEX       X       0.       0.       0.         (44) SANDRA DIGIACOMO       1.00       X       0.       0.       0.         TRUSTEE - MIDDLESEX       X       0.       0.       0.       0.         (45) VALERIE LYONS       1.00       X </td <td>(36) GARDINER MAREK, SR.</td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>  | (36) GARDINER MAREK, SR.                          | 1.00            |          |         |     |        |         |     |  |                  |               |  |
| TRUSTEE - PORTLANDX0.0.(38) DONALD C. GATES1.00X0.0.TRUSTEE - PORTLANDX0.0.0.(39) ROBERT SCHOEFFLING1.00X0.0.TRUSTEE - PORTLANDX0.0.0.(40) RONALD SENZ1.00X0.0.TRUSTEE - PORTLAND POINTEX0.0.(41) RICHARD STRYKER1.00X0.0.TRUSTEE - PORTLAND POINTEX0.0.(42) SHERLEY PENROSE1.000.0.(43) DIANE BENSINGER1.00X0.0.VICE CHAIR - TRUSTEE - MIDDLESEXX0.0.(44) SANDRA DIGIACOMO1.000.0.TRUSTEE - MIDDLESEXX0.0.(45) VALERIE LYONS1.00X0.(46) NANCY LYNN AVERY1.00X0.TRUSTEE - MIDDLESEXX0.0.  | TRUSTEE – PORTLAND                                |                 | Х        |         |     |        |         |     | 0.                                       | 0.               | 0.            |  |
| (38) DONALD C. GATES       1.00       X       0.       0.         TRUSTEE - PORTLAND       X       0.       0.       0.         (39) ROBERT SCHOEFFLING       1.00       X       0.       0.         (40) RONALD SENZ       1.00       X       0.       0.         (41) RICHARD SENZ       1.00       X       0.       0.         TRUSTEE - PORTLAND POINTE       X       0.       0.       0.         (41) RICHARD STRYKER       1.00       X       0.       0.         TRUSTEE - PORTLAND POINTE       X       0.       0.       0.         (41) RICHARD STRYKER       1.00       X       0.       0.       0.         TRUSTEE - PORTLAND POINTE       X       0.       0.       0.       0.         (42) SHERLEY PENROSE       1.00       X       0.       0.       0.         (43) DIANE BENSINGER       1.000       X       0.       0.       0.         VICE CHAIR - TRUSTEE - MIDDLESEX       X       0.       0.       0.         (44) SANDRA DIGIACOMO       1.00       X       0.       0.       0.         TRUSTEE - MIDDLESEX       X       0.       0.       0.       0. </td <td>(37) MARILYN SCHERFEN</td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td>  | (37) MARILYN SCHERFEN                             | 1.00            |          |         |     |        |         |     |  |                  | -             |  |
| TRUSTEE - PORTLANDX0.0.(39) ROBERT SCHOEFFLING1.00X0.0.TRUSTEE - PORTLANDX0.0.0.(40) RONALD SENZ1.00X0.0.TRUSTEE - PORTLAND POINTEX0.0.0.(41) RICHARD STRYKER1.00X0.0.TRUSTEE - PORTLAND POINTEX0.0.0.(42) SHERLEY PENROSE1.00X0.0.(43) DIANE BENSINGER1.00X0.0.VICE CHAIR - TRUSTEE - MIDDLESEXX0.0.(44) SANDRA DIGIACOMO1.00X0.0.TRUSTEE - MIDDLESEXX0.0.(45) VALERIE LYONS1.00X0.TRUSTEE - MIDDLESEXX0.0.(46) NANCY LYNN AVERY1.00X0.TRUSTEE - MIDDLESEXX0.0.  |   |                 | Х        |         |     |        |         |     | 0.                                       | 0.               | 0.            |  |
| (39) ROBERT SCHOEFFLING       1.00       X       0.0.0.         TRUSTEE - PORTLAND       1.00       X       0.0.0.         (40) RONALD SENZ       1.00       X       0.0.0.         TRUSTEE - PORTLAND POINTE       X       0.0.0.       0.         (41) RICHARD STRYKER       1.00       X       0.0.0.         TRUSTEE - PORTLAND POINTE       X       0.0.0.       0.         (42) SHERLEY PENROSE       1.00       X       0.0.0.         (43) DIANE BENSINGER       1.00       X       0.0.0.         VICE CHAIR - TRUSTEE - MIDDLESEX       X       0.0.0.       0.         (44) SANDRA DIGIACOMO       1.00       X       0.0.0.       0.         TRUSTEE - MIDDLESEX       X       0.0.0.       0.       0.         (45) VALERIE LYONS       1.00       X       0.0.0.       0.         TRUSTEE - MIDDLESEX       X       0.0.0.       0.       0.         (46) NANCY LYNN AVERY       1.00       X       0.0.0.       0.         TRUSTEE - MIDDLESEX       X       0.0.0.       0.       0.  | (38) DONALD C. GATES                              | 1.00            |          |         |     |        |         |     |  |                  |               |  |
| TRUSTEE - PORTLANDX0.0.(40) RONALD SENZ1.00X0.0.TRUSTEE - PORTLAND POINTEX0.0.(41) RICHARD STRYKER1.000.0.TRUSTEE - PORTLAND POINTEX0.0.(42) SHERLEY PENROSE1.000.0.(43) DIANE BENSINGER1.000.0.VICE CHAIR - TRUSTEE - MIDDLESEXX0.0.(44) SANDRA DIGIACOMO1.000.0.TRUSTEE - MIDDLESEXX0.0.(45) VALERIE LYONS1.000.0.TRUSTEE - MIDDLESEXX0.0.(46) NANCY LYNN AVERY1.00X0.TRUSTEE - MIDDLESEXX0.0.  |   |                 | Х        |         |     |        |         |     | 0.                                       | 0.               | 0.            |  |
| (40) RONALD SENZ1.00X0.0.TRUSTEE - PORTLAND POINTEX0.0.0.(41) RICHARD STRYKER1.00X0.0.TRUSTEE - PORTLAND POINTEX0.0.0.(42) SHERLEY PENROSE1.00X0.0.CHAIR - TRUSTEE - MIDDLESEXX0.0.0.(43) DIANE BENSINGER1.00X0.0.VICE CHAIR - TRUSTEE - MIDDLESEXX0.0.(44) SANDRA DIGIACOMO1.000.0.TRUSTEE - MIDDLESEXX0.0.(45) VALERIE LYONS1.000.0.TRUSTEE - MIDDLESEXX0.0.(46) NANCY LYNN AVERY1.00X0.TRUSTEE - MIDDLESEXX0.0.  |   | 1.00            |          |         |     |        |         |     |  | •                | •             |  |
| TRUSTEE - PORTLAND POINTEX0.0.(41) RICHARD STRYKER1.00X0.0.TRUSTEE - PORTLAND POINTEX0.0.(42) SHERLEY PENROSE1.00X0.0.CHAIR - TRUSTEE - MIDDLESEXX0.0.(43) DIANE BENSINGER1.00X0.0.VICE CHAIR - TRUSTEE - MIDDLESEXX0.0.(44) SANDRA DIGIACOMO1.000.0.TRUSTEE - MIDDLESEXX0.0.(45) VALERIE LYONS1.000.0.TRUSTEE - MIDDLESEXX0.0.(46) NANCY LYNN AVERY1.00X0.TRUSTEE - MIDDLESEXX0.0.   |   | 1 00            | X        |         |     |        |         |     | 0.                                       | 0.               | 0.            |  |
| (41) RICHARD STRYKER1.00X0.0.TRUSTEE - PORTLAND POINTEX0.0.0.(42) SHERLEY PENROSE1.00X0.0.CHAIR - TRUSTEE - MIDDLESEXX0.0.0.(43) DIANE BENSINGER1.00X0.0.VICE CHAIR - TRUSTEE - MIDDLESEXX0.0.0.(44) SANDRA DIGIACOMO1.00X0.0.TRUSTEE - MIDDLESEXX0.0.0.(45) VALERIE LYONS1.00X0.0.TRUSTEE - MIDDLESEXX0.0.0.(46) NANCY LYNN AVERY1.00X0.0.TRUSTEE - MIDDLESEXX0.0.0.   |   | 1.00            |          |         |     |        |         |     | 0  | 0                | 0             |  |
| TRUSTEE - PORTLAND POINTEX0.0.(42) SHERLEY PENROSE1.00X0.0.CHAIR - TRUSTEE - MIDDLESEXX0.0.(43) DIANE BENSINGER1.00X0.0.VICE CHAIR - TRUSTEE - MIDDLESEXX0.0.(44) SANDRA DIGIACOMO1.000.0.TRUSTEE - MIDDLESEXX0.0.(45) VALERIE LYONS1.000.0.TRUSTEE - MIDDLESEXX0.0.(46) NANCY LYNN AVERY1.00X0.TRUSTEE - MIDDLESEXX0.0.  |   | 1 00            | X        |         |     |        |         |     | 0.                                       | 0.               | 0.            |  |
| (42) SHERLEY PENROSE1.00X0.0.CHAIR - TRUSTEE - MIDDLESEXX0.0.0.(43) DIANE BENSINGER1.00X0.0.VICE CHAIR - TRUSTEE - MIDDLESEXX0.0.0.(44) SANDRA DIGIACOMO1.00X0.0.TRUSTEE - MIDDLESEXX0.0.0.(45) VALERIE LYONS1.00X0.0.TRUSTEE - MIDDLESEXX0.0.0.TRUSTEE - MIDDLESEXX0.0.0.TRUSTEE - MIDDLESEXX0.0.0.TRUSTEE - MIDDLESEXX0.0.0.TRUSTEE - MIDDLESEXX0.0.0.  |   | 1.00            | v        |         |     |        |         |     | 0  | 0                | 0.            |  |
| CHAIR - TRUSTEE - MIDDLESEXX0.0.(43) DIANE BENSINGER1.00X0.0.VICE CHAIR - TRUSTEE - MIDDLESEXX0.0.(44) SANDRA DIGIACOMO1.00X0.0.TRUSTEE - MIDDLESEXX0.0.0.(45) VALERIE LYONS1.00X0.0.TRUSTEE - MIDDLESEXX0.0.0.(46) NANCY LYNN AVERY1.00X0.0.TRUSTEE - MIDDLESEXX0.0.0.   |   | 1 00            | ^        |         |     |        |         |     | 0.                                       | 0.               | 0.            |  |
| (43) DIANE BENSINGER1.00X0.0.VICE CHAIR - TRUSTEE - MIDDLESEXX0.0.0.(44) SANDRA DIGIACOMO1.00X0.0.TRUSTEE - MIDDLESEXX0.0.0.(45) VALERIE LYONS1.000.0.0.TRUSTEE - MIDDLESEXX0.0.0.(46) NANCY LYNN AVERY1.00X0.0.TRUSTEE - MIDDLESEXX0.0.0.  |   | 1.00            | v        |         |     |        |         |     | 0  | 0                | 0.            |  |
| VICE CHAIR - TRUSTEE - MIDDLESEX       X       0.       0.         (44) SANDRA DIGIACOMO       1.00       .       .       .         TRUSTEE - MIDDLESEX       X       0.       0.       0.         (45) VALERIE LYONS       1.00       .       .       .         TRUSTEE - MIDDLESEX       X       0.       0.       .         (46) NANCY LYNN AVERY       1.00       X       0.       0.         TRUSTEE - MIDDLESEX       X       0.       0.       0.  |   | 1.00            |          |         |     |        |         |     | 0.                                       | • •              | 0.            |  |
| (44) SANDRA DIGIACOMO       1.00       X       0.       0.         TRUSTEE - MIDDLESEX       X       0.       0.       0.         (45) VALERIE LYONS       1.00       X       0.       0.         TRUSTEE - MIDDLESEX       X       0.       0.       0.         (46) NANCY LYNN AVERY       1.00       X       0.       0.         TRUSTEE - MIDDLESEX       X       0.       0.       0.  |   | 1.00            | x        |         |     |        |         |     | 0.                                       | 0.               | 0.            |  |
| TRUSTEE - MIDDLESEX     X     0.     0.       (45) VALERIE LYONS     1.00     .     .       TRUSTEE - MIDDLESEX     X     0.     0.       (46) NANCY LYNN AVERY     1.00     .     .       TRUSTEE - MIDDLESEX     X     0.     0.  |   | 1.00            |          |         |     |        |         |     |  |                  |               |  |
| (45) VALERIE LYONS     1.00       TRUSTEE - MIDDLESEX     X       (46) NANCY LYNN AVERY     1.00       TRUSTEE - MIDDLESEX     X  |   |                 | x        |         |     |        |         |     | 0.                                       | 0.               | 0.            |  |
| TRUSTEE - MIDDLESEX     X     0.     0.       (46) NANCY LYNN AVERY     1.00     X     0.     0.       TRUSTEE - MIDDLESEX     X     0.     0.     0.   |   | 1.00            | <u> </u> |         |     |        |         |     |  |                  |               |  |
| (46) NANCY LYNN AVERY     1.00     X     0.     0.  |   |                 | x        |         |     |        |         |     | 0.                                       | Ο.               | 0.            |  |
| TRUSTEE - MIDDLESEX X O. O.   |   | 1.00            |          |         |     |        |         |     |  |                  |               |  |
| Total to Part VII. Section A line 1c  | TRUSTEE - MIDDLESEX X 0. 0.                       |                 |          |         |     |        |         |     |  |                  |               |  |
| Total to Part VII. Section A line 1c  |   |                 |          |         |     |        |         |     |  |                  |               |  |
|   | Total to Part VII, Section A, line 1c             |                 | <u></u>  |         |     |        |         |     |  |                  |               |  |

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| Form 990 SPRINGPOINT SENIOR LIVING, INC. 22-3498690 |                                     |                                |                       |         |              |                              |           |                 |                  |                              |  |  |
|---|-------------------------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|-----------|-----------------|------------------|------------------------------|--|--|
| Part VII Section A. Officers, Directors, Tru        | t Compensated Employees (continued) |                                |                       |         |              |                              |           |                 |                  |                              |  |  |
| (A)   | (D)                                 | (E)                            | (F)                   |         |              |                              |           |                 |                  |                              |  |  |
| Name and title                                      | Reportable                          | Reportable                     | Estimated             |         |              |                              |           |                 |                  |                              |  |  |
|   | hours                               | that                           | app                   | ly)     | compensation | compensation                 | amount of |                 |                  |                              |  |  |
|   | per                                 |                                |                       |         |              |                              |           | from            | from related     | other                        |  |  |
|   | week                                | L_                             |                       |         |              | oyee                         |           | the             | organizations    | compensation                 |  |  |
|   | (list any                           | recto                          |                       |         |              | empl                         |           | organization    | (W-2/1099-MISC)  | from the                     |  |  |
|   | hours for                           | er di                          | ee                    |         |              | sated                        |           | (W-2/1099-MISC) |                  | organization                 |  |  |
|   | related<br>organizations            | ru ste                         | l trus                |         | ee           | npen                         |           |                 |                  | and related<br>organizations |  |  |
|   | below                               | dual t                         | tiona                 |         | loldu        | st cor                       | -         |                 |                  | organizations                |  |  |
|   | line)                               | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former    |                 |                  |                              |  |  |
| (47) LOUISE CREDE                                   | 1.00                                |                                |                       | -       |              |                              |           |                 |                  |                              |  |  |
| TRUSTEE - MIDDLESEX                                 |                                     | X                              |                       |         |              |                              |           | 0.              | 0.               | 0.                           |  |  |
| (48) DENISE BAGONYI                                 | 1.00                                |                                |                       |         |              |                              |           |                 |                  |                              |  |  |
| TRUSTEE - MIDDLESEX                                 |                                     | X                              |                       |         |              |                              |           | 0.              | 0.               | 0.                           |  |  |
| (49) WILLIAM SAN PHILLIPS                           | 1.00                                |                                |                       |         |              |                              |           |                 |                  |                              |  |  |
| TRUSTEE - MIDDLESEX                                 |                                     | x                              |                       |         |              |                              |           | 0.              | 0.               | 0.                           |  |  |
| (50) RICHARD E BYRD                                 | 1.00                                |                                |                       |         |              |                              |           |                 |                  |                              |  |  |
| CHAIR - TRUSTEE - STAFFORD                          | 0.                                  | 0.                             | 0.                    |         |              |                              |           |                 |                  |                              |  |  |
| (51) PETER PAMBELLO                                 | 1.00                                | X                              |                       |         |              |                              |           |                 |                  |                              |  |  |
| VICE CHAIR - TRUSTEE - STAFFORD                     |                                     | X                              |                       |         |              |                              |           | 0.              | 0.               | 0.                           |  |  |
| (52) ROBERT BROWN                                   | 1.00                                |                                |                       |         |              |                              |           |                 |                  |                              |  |  |
| TRUSTEE - STAFFORD                                  |                                     | X                              |                       |         |              |                              |           | 0.              | 0.               | 0.                           |  |  |
| (53) ROBERT GUINEE                                  | 1.00                                |                                |                       |         |              |                              |           |                 |                  |                              |  |  |
| TRUSTEE – STAFFORD                                  |                                     | X                              |                       |         |              |                              |           | 0.              | 0.               | 0.                           |  |  |
| (54) JOSEPH MAZZOLA                                 | 1.00                                |                                |                       |         |              |                              |           |                 |                  |                              |  |  |
| TRUSTEE – STAFFORD                                  |                                     | X                              |                       |         |              |                              |           | 0.              | 0.               | 0.                           |  |  |
| (55) GENARO SALZANO                                 | 1.00                                |                                |                       |         |              |                              |           |                 |                  |                              |  |  |
| TRUSTEE - STAFFORD                                  |                                     | X                              |                       |         |              |                              |           | 0.              | 0.               | 0.                           |  |  |
| (56) ANTHONY P. CHIRICO                             | 1.00                                |                                |                       |         |              |                              |           |                 |                  |                              |  |  |
| TRUSTEE - STAFFORD                                  |                                     | Х                              |                       |         |              |                              |           | 0.              | 0.               | 0.                           |  |  |
| (57) LYNN THORNTON                                  | 1.00                                |                                |                       |         |              |                              |           |                 |                  |                              |  |  |
| CHAIR - TRUSTEE - WEST WINDSOR                      |                                     | X                              |                       |         |              |                              |           | 0.              | 0.               | 0.                           |  |  |
| (58) ROBERT DUNCAN                                  | 1.00                                |                                |                       |         |              |                              |           |                 |                  |                              |  |  |
| VICE CHAIR - TRUSTEE - WEST WINDSOR                 |                                     | X                              |                       |         |              |                              |           | 0.              | 0.               | 0.                           |  |  |
| (59) TERRY FORMAN                                   | 1.00                                |                                |                       |         |              |                              |           |                 |                  |                              |  |  |
| TRUSTEE - WEST WINDSOR                              |                                     | X                              |                       |         |              |                              |           | 0.              | 0.               | 0.                           |  |  |
| (60) ROBERT PRIGGE                                  | 1.00                                |                                |                       |         |              |                              |           |                 |                  |                              |  |  |
| TRUSTEE - WEST WINDSOR                              |                                     | X                              |                       |         |              |                              |           | 0.              | 0.               | 0.                           |  |  |
| (61) CHERYL A REGIS                                 | 1.00                                |                                |                       |         |              |                              |           |                 |                  |                              |  |  |
| TRUSTEE - WEST WINDSOR                              |                                     | X                              |                       |         |              |                              |           | 0.              | 0.               | 0.                           |  |  |
| (62) DONNA FUCETOLA                                 | 1.00                                |                                |                       |         |              |                              |           |                 |                  |                              |  |  |
| TRUSTEE - WEST WINDSOR                              |                                     | X                              |                       |         |              |                              |           | 0.              | 0.               | 0.                           |  |  |
| (63) JAMES V.C. YATES                               | 1.00                                |                                |                       |         |              |                              |           |                 |                  |                              |  |  |
| TRUSTEE - WEST WINDSOR                              |                                     | X                              |                       |         |              |                              |           | 0.              | 0.               | 0.                           |  |  |
| (64) GARRETT T. MIDGETT III                         | 50.00                               |                                |                       |         |              |                              |           |                 |                  |                              |  |  |
| CHIEF FINANCIAL OFFICER/SR. VP                      | 5.00                                | 1                              |                       | Х       |              |                              |           | 0.              | 434,340.         | 81,533.                      |  |  |
| (65) MAUREEN E. CAFFERTY, ESQ.                      | 50.00                               |                                |                       |         |              |                              |           |                 |                  |                              |  |  |
| GENERAL COUNSEL/SR. VP                              | 5.00                                | 1                              |                       | x       |              |                              |           | 0.              | 378,886.         | 72,655.                      |  |  |
| (66) ANTHONY ARGONDIZZA                             | 50.00                               |                                |                       |         |              |                              |           |                 |                  |                              |  |  |
| CHIEF OPERATING OFFICER/SR. VP                      | 5.00                                |                                |                       | х       |              |                              |           | 0.              | <u>518,</u> 858. | 118,333.                     |  |  |
|   |                                     |                                |                       |         |              |                              |           |                 |                  |                              |  |  |
| Total to Part VII, Section A, line 1c               | <u></u>                             | <u></u>                        | <u></u>               | <u></u> | <u></u>      | <u></u>                      | <u></u>   |                 |                  |                              |  |  |
|   |                                     | -                              |                       |         | -            | -                            | _         |                 |                  |                              |  |  |

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| Form 990 SPRINGPO                           |                      | 22-349                         | 8690                  |          |              |                              |        |                 |                 |                             |
|---|----------------------|--------------------------------|-----------------------|----------|--------------|------------------------------|--------|-----------------|-----------------|-----------------------------|
| Part VII Section A. Officers, Directors, Tr | Compensated Employ   | ees (continued)                |                       |          |              |                              |        |                 |                 |                             |
| (A)   | (D)                  | (E)                            | (F)                   |          |              |                              |        |                 |                 |                             |
| Name and title                              | Reportable           | Reportable                     | Estimated             |          |              |                              |        |                 |                 |                             |
|   | compensation         | compensation                   | amount of             |          |              |                              |        |                 |                 |                             |
|   | per                  |                                |                       |          |              |                              |        | from            | from related    | other                       |
|   | week                 | 5                              |                       |          |              | loyee                        |        | the             | organizations   | compensation                |
|   | (list any            | irecto                         |                       |          |              | emp                          |        | organization    | (W-2/1099-MISC) | from the                    |
|   | hours for<br>related | e or d                         | tee                   |          |              | sated                        |        | (W-2/1099-MISC) |                 | organization<br>and related |
|   | organizations        | ruste                          | l trus                |          | yee          | mpen                         |        |                 |                 | organizations               |
|   | below                | d ual t                        | utiona                |          | nploy        | st coi                       | ۲.     |                 |                 | organizationo               |
|   | line)                | Individual trustee or director | Institutional trustee | Officer  | Key employee | Highest compensated employee | Former |                 |                 |                             |
| (67) MICHAEL OAKES                          | 50.00                |                                |                       |          | x            |                              |        |                 |                 |                             |
| SR. VP - FOUNDATION                         | 276,649.             | 0.                             | 20,547.               |          |              |                              |        |                 |                 |                             |
| (68) DAVID B. WEAN                          | 50.00                |                                |                       |          |              |                              |        |                 |                 |                             |
| VP FACILITY & ASSET MANAGEMENT              | 5.00                 |                                |                       |          | Х            |                              |        | 0.              | 263,573.        | 41,318.                     |
| (69) PAMELA SMITH                           | 50.00                |                                |                       |          |              |                              |        |                 |                 |                             |
| SR. VP STRATEGIC SERVICES                   | 5.00                 |                                |                       |          | Х            |                              |        | 0.              | 269,616.        | 47,705.                     |
| (70) JESSICA FOGG                           | 50.00                |                                |                       |          |              |                              |        |                 |                 |                             |
| VP SALES                                    | 5.00                 |                                |                       |          | Х            |                              |        | 0.              | 198,303.        | 34,723.                     |
| (71) MARYBETH KOPEC                         | 50.00                |                                |                       |          |              |                              |        |                 |                 |                             |
| VP FINANCE                                  | 5.00                 |                                |                       |          | Х            |                              |        | 0.              | 266,311.        | 49,292.                     |
| (72) RAYMOND R. LEENIG                      | 50.00                |                                |                       |          |              |                              |        |                 |                 |                             |
| VP INFORMATION TECHNOLOGY                   | 5.00                 |                                |                       |          | х            |                              |        | 0.              | 273,729.        | 37,393.                     |
| (73) LINDA ROSE                             | 50.00                |                                |                       |          |              |                              |        |                 |                 |                             |
| SR. VP HEALTH SERVICES                      | 5.00                 |                                |                       |          | Х            |                              |        | 0.              | 317,473.        | 42,382.                     |
| (74) DAVID WOODWARD                         | 50.00                |                                |                       |          |              |                              |        |                 |                 |                             |
| VP OPERATIONS                               | 5.00                 |                                |                       |          | Х            |                              |        | 0.              | 294,412.        | 28,235.                     |
| (75) JEAN BROPHY                            | 50.00                |                                |                       |          |              |                              |        |                 |                 |                             |
| CCRC EXECUTIVE DIRECTOR                     | 5.00                 |                                |                       |          |              | Х                            |        | 0.              | 226,827.        | 20,646.                     |
| (76) RICHARD WHITEMAN                       | 50.00                |                                |                       |          |              |                              |        |                 |                 |                             |
| CCRC EXECUTIVE DIRECTOR                     | 5.00                 |                                |                       |          |              | Х                            |        | 0.              | 219,676.        | 51,069.                     |
| (77) MICHAEL GENTILE                        | 50.00                |                                |                       |          |              |                              |        |                 |                 |                             |
| CCRC EXECUTIVE DIRECTOR                     | 5.00                 |                                |                       |          |              | Х                            |        | 0.              | 222,850.        | 41,770.                     |
| (78) SUSAN LIPPY                            | 50.00                |                                |                       |          |              |                              |        |                 |                 |                             |
| CCRC EXECUTIVE DIRECTOR                     | 5.00                 |                                |                       |          |              | Х                            |        | 0.              | 223,567.        | 15,872.                     |
| (79) BRENDEN GAROZZO                        | 50.00                |                                |                       |          |              |                              |        |                 |                 |                             |
| CCRC EXECUTIVE DIRECTOR                     | 5.00                 |                                |                       |          |              | Х                            |        | 0.              | 225,314.        | 21,740.                     |
|   |                      |                                |                       |          |              |                              |        |                 |                 |                             |
|   |                      |                                |                       |          |              |                              |        |                 |                 |                             |
|   |                      |                                |                       |          |              |                              |        |                 |                 |                             |
|   |                      |                                |                       |          |              |                              |        |                 |                 |                             |
|   |                      |                                |                       |          |              |                              |        |                 |                 |                             |
|   |                      |                                |                       |          |              |                              |        |                 |                 |                             |
|   |                      |                                |                       |          |              |                              |        |                 |                 |                             |
|   |                      |                                |                       |          |              |                              |        |                 |                 |                             |
|   |                      |                                |                       | $  \neg$ |              |                              |        |                 |                 |                             |
|   |                      |                                |                       |          |              |                              |        |                 |                 |                             |
|   |                      |                                |                       |          |              |                              |        |                 |                 |                             |
|   |                      |                                |                       |          |              |                              |        |                 |                 |                             |
|   |                      |                                |                       |          |              |                              |        |                 |                 |                             |
|   |                      |                                |                       |          |              |                              |        |                 |                 |                             |
| Total to Dart VIII Socian A line to         |                      |                                |                       |          |              |                              |        | 276 649         | 4,333,735.      | 725 213                     |
| Total to Part VII, Section A, line 1c       | <u></u>              |                                |                       |          |              |                              |        | 210,049.        |                 | 123,213.                    |

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|   |      |      |  |                 | ENIOR LI           | VING, INC.                  |  | 22-3498  | 690 Page 9  |
|---|------|------|--|-----------------|--------------------|-----------------------------|--|--|---|
| Pa  | rt V | (111 |  |                 |                    |                             |  |  |   |
|   |      |      | Check if Schedule O cont                               | ains a response | or note to any lir | ne in this Part VIII        |  |  |   |
|   |      |      |  |                 |                    | <b>(A)</b><br>Total revenue | <b>(B)</b><br>Related or<br>exempt function<br>revenue | <b>(C)</b><br>Unrelated<br>business<br>revenue | <b>(D)</b><br>Revenue excluded<br>from tax under<br>sections<br>512 - 514 |
| nts<br>nts  | 1    | а    | Federated campaigns                                    | 1a              |                    |                             |  |  |   |
| arai  |      |      | Membership dues  |                 |                    |                             |  |  |   |
| S, G  |      |      | Fundraising events                                     |                 | 101,177.           |                             |  |  |   |
| Sift<br>lar ,   |      |      | Related organizations                                  |                 |                    |                             |  |  |   |
| inil<br>S, C  |      |      | Government grants (contribut                           |                 | 4,680,460.         |                             |  |  |   |
| r Si  |      |      | All other contributions, gifts, grant                  |                 |                    |                             |  |  |   |
| the   |      |      | similar amounts not included above                     | ve 1f           | 2,788,029.         |                             |  |  |   |
| Contributions, Gifts, Grants<br>and Other Similar Amounts |      | g    | Noncash contributions included in lines                | 1a-1f: \$       |                    |                             |  |  |   |
| an Co   |      | h    | Total. Add lines 1a-1f                                 |                 | ►                  | 7,569,666.                  |  |  |   |
|   |      |      |  |                 | Business Code      |                             |  |  |   |
| 8   | 2    | а    | NET PROGRAM SERVICE RE                                 | VENUE           | 541900             | 131,015,821.                | 131,015,821.   |  |   |
| Program Service<br>Revenue                                |      | b    | OTHER PROGRAM SERVICE                                  | REVENUE         | 541900             | 86,845.                     | 86,845.  |  |   |
| Se  |      | с    | FIN. SERVICES & CHARGE                                 | BACK REV.       | 541900             | 73,877.                     | 73,877.  |  |   |
| am<br>eve   |      | d    |  |                 |                    |                             |  |  |   |
| 0gr   |      | е    |  |                 |                    |                             |  |  |   |
| P   |      | f    | All other program service reve                         | nue             |                    |                             |  |  |   |
|   |      | g    | Total. Add lines 2a-2f                                 |                 | ►                  | 131,176,543.                |  |  |   |
|   | 3    |      | Investment income (including                           |                 |                    |                             |  |  |   |
|   |      |      | other similar amounts)                                 |                 | ►                  | 1,494,366.                  |  |  | 1,494,366   |
|   | 4    |      | Income from investment of tax                          | x-exempt bond p | oroceeds 🕨 🕨       |                             |  |  |   |
|   | 5    |      | Royalties  | · <u>······</u> | 🕨                  |                             |  |  |   |
|   |      |      |  | (i) Real        | (ii) Personal      |                             |  |  |   |
|   | 6    | а    | Gross rents  |                 |                    |                             |  |  |   |
|   |      | b    | Less: rental expenses                                  |                 |                    |                             |  |  |   |
|   |      | С    | Rental income or (loss)                                |                 |                    |                             |  |  |   |
|   |      | d    | Net rental income or (loss)                            |                 | ►                  |                             |  |  |   |
|   | 7    | а    | Gross amount from sales of                             | (i) Securities  | (ii) Other         |                             |  |  |   |
|   |      |      | assets other than inventory                            | 35,814,371.     | 45,721.            |                             |  |  |   |
|   |      | b    | Less: cost or other basis                              |                 |                    |                             |  |  |   |
|   |      |      | and sales expenses                                     | 33,614,050.     |                    |                             |  |  |   |
|   |      |      | Gain or (loss)   | 2,200,321.      | -17,721.           |                             |  |  |   |
|   |      |      | Net gain or (loss)                                     |                 | ····· 🕨            | 2,182,600.                  |  |  | 2,182,600   |
| en  | 8    | а    | Gross income from fundraising                          |                 |                    |                             |  |  |   |
| /en   |      |      | including \$ 101                                       |                 |                    |                             |  |  |   |
| Other Revenue   |      |      | contributions reported on line                         |                 |                    |                             |  |  |   |
| Jer   |      | _    | Part IV, line 18                                       |                 |                    |                             |  |  |   |
| ŧ   |      |      | Less: direct expenses                                  |                 | 93,864.            | 12.400                      |  |  | 10.460  |
|   |      |      | Net income or (loss) from func                         |                 | <u></u>            | -12,460.                    |  |  | -12,460.  |
|   | 9    | а    | Gross income from gaming ac                            |                 |                    |                             |  |  |   |
|   |      | L.   | Part IV, line 19                                       |                 |                    |                             |  |  |   |
|   |      |      | Less: direct expenses<br>Net income or (loss) from gam |                 |                    |                             |  |  |   |
|   |      |      |  |                 |                    |                             |  |  |   |
|   | 10   | a    | Gross sales of inventory, less                         |                 |                    |                             |  |  |   |
|   |      | h    | and allowances<br>Less: cost of goods sold             |                 |                    |                             |  |  |   |
|   |      |      |  |                 |                    |                             |  |  |   |
|   |      | U    | Net income or (loss) from sale<br>Miscellaneous Revenu |                 | Business Code      |                             |  |  |   |
|   | 11   | a    | CCRC MANAGEMENT FEE RE                                 |                 | 561000             | 532,689.                    | 532,689.   |  |   |
|   |      |      | SOLAR RENEWABLE ENERGY                                 |                 | 900099             | 283,305.                    |  |  | 283,305   |
|   |      |      | INSURANCE REIMBURSEMEN                                 |                 | 524298             | 147,385.                    |  |  | 147,385   |
|   |      | -    | All other revenue                                      |                 | 900099             | 74,174.                     |  |  | 74,174  |
|   |      |      | Total. Add lines 11a-11d                               |                 |                    | 1,037,553.                  |  |  |   |
|   | 12   | -    | Total revenue. See instructions.                       |                 |                    | 143,448,268.                | 131,709,232.   | 0.   | 4,169,370.  |
| _   |      |      |  |                 | <b>-</b>           | , , , , , ,                 | , , _•   |  | , ,   |

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Form **990** (2015)

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Part IX Statement of Functional Expenses

SPRINGPOINT SENIOR LIVING, INC.

|        | ion 501(c)(3) and 501(c)(4) organizations must com  |                       | ner organizations must co          | omplete column (A).                              |                                       |
|--------|---|-----------------------|------------------------------------|--|---------------------------------------|
|        | Check if Schedule O contains a respo  |                       | -                                  |  |                                       |
|        | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service<br>expenses | <b>(C)</b><br>Management and<br>general expenses | <b>(D)</b><br>Fundraising<br>expenses |
| 1      | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  | 23,000.               | 23,000.                            |  |                                       |
| 2      | Grants and other assistance to domestic individuals. See Part IV, line 22   | 309,022.              | 309,022.                           |  |                                       |
| 3      | Grants and other assistance to foreign  | 505,022.              | 505,022.                           |  |                                       |
|        | 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  | 297,196.              |                                    |  | 297,196.                              |
| 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  | 46,489,886.           | 41,727,544.                        | 4,504,727.                                       | 257,615.                              |
| 8      | Pension plan accruals and contributions (include  | 000 050               |                                    |  |                                       |
|        | section 401(k) and 403(b) employer contributions)   | 939,052.              | 842,751.                           | 89,693.  | 6,608.<br>20,257.                     |
| 9      | Other employee benefits   | 7,981,674.            | 7,187,057.                         | 774,360.   | 20,257.                               |
| 10     | Payroll taxes   | 4,004,568.            | 3,628,079.                         | 343,936.   | 32,003.                               |
| 11     | Fees for services (non-employees):  | 24,775.               | 24,775.                            |  |                                       |
| a<br>h | Management  | 500,177.              | 24,773.                            | 500,177.   |                                       |
|        |   | 476,959.              |                                    | 476,959.   |                                       |
|        | Accounting  | 142,975.              |                                    | 142,975.   |                                       |
|        | Lobbying<br>Professional fundraising services. See Part IV, line 17   | 66,000.               |                                    | 112,5750   | 66,000.                               |
|        |   |                       |                                    |  |                                       |
| '<br>a | Other. (If line 11g amount exceeds 10% of line 25,  |                       |                                    |  |                                       |
| 9      | column (A) amount, list line 11g expenses on Sch O.)  | 11,853,255.           | 7,582,102.                         | 4,196,711.                                       | 74,442.                               |
| 12     | Advertising and promotion   | 1,473,443.            | 1,457,019.                         |  | 74,442.<br>16,424.                    |
| 13     | Office expenses   | 3,045,638.            | 2,533,821.                         | 500,261.   | 11,556.                               |
| 14     | Information technology  |                       |                                    |  |                                       |
| 15     | Royalties   |                       |                                    |  |                                       |
| 16     | Occupancy   | 13,768,057.           |                                    |  |                                       |
| 17     | Travel  | 154,073.              | 107,085.                           | 40,761.  | 6,227.                                |
| 18     | Payments of travel or entertainment expenses for any federal, state, or local public officials  |                       |                                    |  |                                       |
| 19     | Conferences, conventions, and meetings  | 204,412.              | 111,863.                           | 85,823.  | 6,726.                                |
| 20     | Interest  | 5,836,853.            | 5,836,853.                         |  |                                       |
| 21     | Payments to affiliates  |                       |                                    |  |                                       |
| 22     | Depreciation, depletion, and amortization   | 26,055,999.           | 26,055,999.                        |  |                                       |
| 23     | Insurance   | 1,890,403.            |                                    | 1,889,555.                                       | 848.                                  |
| 24     | Other expenses. Itemize expenses not covered<br>above. (List miscellaneous expenses in line 24e. If line<br>24e amount exceeds 10% of line 25, column (A)<br>amount, list line 24e expenses on Schedule 0.) |                       |                                    |  |                                       |
| а      | SHARED SERVICES   | 8,516,937.            |                                    | 8,516,937.                                       |                                       |
| b      | FOOD EXPENSES   | 5,433,392.            | 5,433,392.                         |  |                                       |
| с      | REPAIRS & MAINTENANCE   | 2,823,548.            | 2,819,924.                         | 3,624.   |                                       |
| d      | MEDICAL SUPPLIES  | 1,314,476.            | 1,314,476.                         |  |                                       |
| е      | All other expenses  | 4,192,915.            | 3,021,251.                         | 1,103,394.                                       | 68,270.                               |
| 25     | Total functional expenses. Add lines 1 through 24e  | 147,818,685.          | 123,784,070.                       | 23,169,893.                                      | 864,722.                              |
| 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)   |                       |                                    |  |                                       |

532010 12-16-15

Form **990** (2015)

12481020 789762 1009070-010

13 2015.04030 SPRINGPOINT SENIOR LIVING,

Form 990 (2015)

Part X Balance Sheet

12481020 789762 1009070-010 2015.04030 SPRINGPOINT SENIOR LIVING,

### SPRINGPOINT SENIOR LIVING, INC.

22-3498690 Page 11

|                             |          | Check if Schedule O contains a response or note       | e to any line  | in this Part X    |   |          |                        |
|-----------------------------|----------|---|----------------|-------------------|---|----------|------------------------|
|                             |          |   |                |                   | (A)                                     | 1        | (B)                    |
|                             |          |   |                |                   | Beginning of year                       |          | End of year            |
|                             | 1        | Cash - non-interest-bearing                           |                |                   | 11,700.                                 | 1        | 11,200.                |
|                             | 2        | Savings and temporary cash investments                |                |                   | 45,996,732.                             |          | 44,135,838.            |
|                             | 3        | Pledges and grants receivable, net                    |                |                   | 10,000,000                              | 3        | 11,200,0001            |
|                             | 4        | Accounts receivable, net                              |                |                   | 9,230,602.                              |          | 8,926,940.             |
|                             | 5        | Loans and other receivables from current and for      |                |                   |   | -        | .,                     |
|                             | Ŭ        | trustees, key employees, and highest compensa         |                |                   |   |          |                        |
|                             |          | Part II of Schedule L                                 |                |                   |   | 5        |                        |
|                             | 6        | Loans and other receivables from other disqualif      |                |                   |   |          |                        |
|                             | U        | section 4958(f)(1)), persons described in section     | -              | -                 |   |          |                        |
|                             |          | employers and sponsoring organizations of section     |                |                   |   |          |                        |
| s                           |          | employees' beneficiary organizations (see instr).     |                |                   |   | 6        |                        |
| Assets                      | 7        | Notes and loans receivable, net                       |                |                   | 8,073,129.                              |          | 8,103,843.             |
| As                          | 8        | Inventories for sale or use                           |                |                   |   | 8        |                        |
|                             | 9        | Prepaid expenses and deferred charges                 |                |                   | 1,082,215.                              | 9        | 2,905,690.             |
|                             |          | Land, buildings, and equipment: cost or other         |                |                   |   | _        |                        |
|                             |          | basis. Complete Part VI of Schedule D                 | 10a 67         | 8,669,594.        |   |          |                        |
|                             | b        |   |                | 5,649,243.        | 354,308,026.                            | 10c      | 353,020,351.           |
|                             | 11       | Investments - publicly traded securities              |                |                   |   | 11       |                        |
|                             | 12       | Investments - other securities. See Part IV, line 1   |                |                   | 942,882.                                | 12       | 895,053.               |
|                             | 13       | Investments - program-related. See Part IV, line 1    |                |                   | 117,398,666.                            | 13       | 109,888,166.           |
|                             | 14       | Intangible assets                                     |                |                   | 43,675,651.                             | 14       | 45,915,925.            |
|                             | 15       | Other assets. See Part IV, line 11                    |                |                   | 9,690,283.                              | 15       | 9,128,329.             |
|                             | 16       | Total assets. Add lines 1 through 15 (must equa       |                |                   | 590,409,886.                            | 16       | 582,931,335.           |
|                             | 17       | Accounts payable and accrued expenses                 |                |                   | 13,698,227.                             | 17       | 14,100,927.            |
|                             | 18       | Grants payable  |                |                   |   | 18       |                        |
|                             | 19       | Deferred revenue                                      |                |                   | 59,051,067.                             | 19       | 60,550,678.            |
|                             | 20       | Tax-exempt bond liabilities                           |                |                   | 130,058,129.                            | 20       | 127,800,187.           |
|                             | 21       | Escrow or custodial account liability. Complete P     |                |                   | 30,335.                                 | 21       | 19,976.                |
| es                          | 22       | Loans and other payables to current and former        | officers, dire | ectors, trustees, |   |          |                        |
| Liabilities                 |          | key employees, highest compensated employees          | s, and disqu   | alified persons.  |   |          |                        |
| iab                         |          | Complete Part II of Schedule L                        |                |                   |   | 22       |                        |
| -                           | 23       | Secured mortgages and notes payable to unrelate       | ted third pa   | rties             | 48,889,750.                             | 23       | 48,734,376.            |
|                             | 24       | Unsecured notes and loans payable to unrelated        | d third partie | s                 |   | 24       |                        |
|                             | 25       | Other liabilities (including federal income tax, pay  | •              |                   |   |          |                        |
|                             |          | parties, and other liabilities not included on lines  | 17-24). Con    | nplete Part X of  |   |          |                        |
|                             |          | Schedule D  |                |                   | 357,198,638.                            |          | 363,362,178.           |
|                             | 26       | Total liabilities. Add lines 17 through 25            |                |                   | 608,926,146.                            | 26       | 614,568,322.           |
|                             |          | Organizations that follow SFAS 117 (ASC 958)          |                | e 🕨 🔽 and         |   |          |                        |
| ces                         |          | complete lines 27 through 29, and lines 33 and        |                |                   | -30,272,614.                            |          | -43,707,375.           |
| lan                         | 27       | Unrestricted net assets                               |                |                   | 7,796,435.                              | 27       | 8,282,322.             |
| Ba                          | 28       | Temporarily restricted net assets                     |                |                   | 3,959,919.                              |          | 3,788,066.             |
| pur                         | 29       |   |                |                   | 5,959,919.                              | 29       | 5,700,000.             |
| гF                          |          | Organizations that do not follow SFAS 117 (AS         | SC 958), ch    | eck nere 🗩 📖      |   |          |                        |
| o<br>s                      |          | and complete lines 30 through 34.                     |                |                   |   | 00       |                        |
| Net Assets or Fund Balances | 30<br>21 | Capital stock or trust principal, or current funds    |                |                   |   | 30       |                        |
| t As                        | 31<br>22 | Paid-in or capital surplus, or land, building, or equ |                |                   |   | 31<br>32 |                        |
| Net                         | 32<br>33 | Retained earnings, endowment, accumulated inc         |                |                   | -18,516,260.                            |          | -31,636,987.           |
|                             | 33<br>34 | Total net assets or fund balances                     |                |                   | 590,409,886.                            |          | 582,931,335.           |
|                             | J4       | Total liabilities and net assets/fund balances        |                |                   | _ = = = = = = = = = = = = = = = = = = = | 1 34     | Eorm <b>990</b> (2015) |

Form **990** (2015)

10090701

|    | 1 990 (2015) SPRINGPOINT SENIOR LIVING, INC.  | 22-3     | <u>34986</u> | <u>90</u> | Pag    | <sub>je</sub> 12 |
|----|---|----------|--------------|-----------|--------|------------------|
| Ра | rt XI Reconciliation of Net Assets  |          |              |           |        |                  |
|    | Check if Schedule O contains a response or note to any line in this Part XI   |          |              |           |        | X                |
|    |   |          |              |           | _      |                  |
| 1  | Total revenue (must equal Part VIII, column (A), line 12)   | 1        | 143,         |           |        |                  |
| 2  | Total expenses (must equal Part IX, column (A), line 25)  | 2        | 147,         |           |        |                  |
| 3  | Revenue less expenses. Subtract line 2 from line 1  | 3        | -4,          |           |        |                  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                           | 4        | -18,         |           |        |                  |
| 5  | Net unrealized gains (losses) on investments  | 5        | -5,          | 284       | , 8:   | 35.              |
| 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 in Schedule O)  | 9        | -3,          | 465       | , 4    | 75.              |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,                  |          | 24           | < >       |        | ~ =              |
|    | column (B))   | 10       | -31,         | 636       | ,98    | 87.              |
| Ра | rt XII Financial Statements and Reporting   |          |              |           |        |                  |
|    | Check if Schedule O contains a response or note to any line in this Part XII  |          |              |           |        |                  |
|    |   |          |              |           | Yes    | No               |
| 1  | Accounting method used to prepare the Form 990: Cash X Accrual Other  |          | - 1          |           |        |                  |
|    | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule      |          |              | -         |        | х                |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?                     |          |              | 2a        | _      |                  |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed     | d on a   |              |           |        |                  |
|    | separate basis, consolidated basis, or both:  |          |              |           |        |                  |
|    | Separate basis Consolidated basis Both consolidated and separate basis  |          |              |           | x      |                  |
| b  | Were the organization's financial statements audited by an independent accountant?                                  |          | ······  -    | 2b        | ^      |                  |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat     | e basis, |              |           |        |                  |
|    | consolidated basis, or both:<br>Separate basis Consolidated basis Both consolidated and separate basis              |          |              |           |        |                  |
| _  |   | 19       |              |           |        |                  |
| С  | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the  |          |              | 2c        | x      |                  |
|    | review, or compilation of its financial statements and selection of an independent accountant?                      |          | ····· –      | 20        | ^      |                  |
| 2- | If the organization changed either its oversight process or selection process during the tax year, explain in Sch   |          | .            |           |        |                  |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | -        | ۲ I          | 20        |        | х                |
| F  | Act and OMB Circular A-133?   |          | : H          | 3a        | -+     |                  |
| D  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ   |          |              | 3b        |        |                  |
|    | or audits, explain why in Schedule O and describe any steps taken to undergo such audits                            |          |              |           | 190 (r | 2015)            |
|    |   |          |              |           |        |                  |

Form **990** (2015)

532012 12-16-15

| SCHEDULE A |  |
|------------|--|
|------------|--|

Department of the Treasury

Internal Revenue Service

| (Form | 990 | or | 990- | ·ΕΖ |
|-------|-----|----|------|-----|
|-------|-----|----|------|-----|

# 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 |
|-------|----------------|
| nm990 | Inspection     |

OMB No. 1545-0047

2015

| Manaa | a <b>f h</b> la a | organiza |      |
|-------|-------------------|----------|------|
| Name  | of the            | organiza | ri O |

tion Information about Schedule A (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/for

| Nam        | e of t | he organization  | NGPOINT SE           | NIOR LIVING,                | TNC           |              |                 |                | identification number 2-3498690       |
|------------|--------|--|----------------------|-----------------------------|---------------|--------------|-----------------|----------------|---------------------------------------|
| Pa         | t I    | Reason for Public (                                    |                      |                             |               | is nart ) Se | e instruction   |                | 2 3490090                             |
|            |        | ization is not a private found                         |                      |                             |               |              |                 | 5.             |                                       |
| 1 <b>1</b> | ngan   | A church, convention of ch                             |                      | <b>.</b> .                  |               | ,            |                 |                |                                       |
|            |        |  |                      |                             |               |              | I)(A)(I).       |                |                                       |
| 2          |        | A school described in section                          |                      |                             |               |              |                 |                |                                       |
| 3          |        | A hospital or a cooperative                            |                      |                             |               |              |                 | VIII) Enter    | the hear it all a manage              |
| 4          |        | A medical research organiz                             | ation operated in co | njunction with a nospita    | described     | a in sectio  | A)(1)(a)(1)(A   | .)(III). Enter | the hospital's name,                  |
| _          |        | city, and state:                                       |                      |                             |               |              |                 |                |                                       |
| 5          |        | An organization operated for                           |                      | liege or university owner   | d or opera    | ted by a g   | overnmental     | unit descrip   | bed in                                |
| -          |        | section 170(b)(1)(A)(iv). (C                           |                      |                             |               |              | <i>·</i> .      |                |                                       |
| 6          |        | A federal, state, or local gov                         | •                    |                             |               |              | .,              |                |                                       |
| 7          |        | An organization that norma                             |                      | initial part of its support | from a gov    | ernmental    | unit or from t  | the general    | public described in                   |
|            |        | section 170(b)(1)(A)(vi). (C                           |                      |                             |               |              |                 |                |                                       |
| 8          | v      | A community trust describe                             |                      |                             |               |              |                 |                |                                       |
| 9          | Λ      | An organization that norma                             |                      |                             |               |              |                 |                |                                       |
|            |        | activities related to its exen                         | -                    |                             |               |              |                 |                | -                                     |
|            |        | income and unrelated busir                             |                      | (less section 511 tax) fr   | om busine     | esses acqu   | ired by the o   | rganization    | after June 30, 1975.                  |
|            |        | See section 509(a)(2). (Cor                            | •                    |                             |               |              |                 |                |                                       |
| 10         |        | An organization organized a                            | -                    | •                           | •             |              |                 |                |                                       |
| 11         |        | An organization organized a                            |                      | -                           | -             |              |                 | -              |                                       |
|            |        | more publicly supported or                             | -                    |                             |               |              |                 |                | Check the box in                      |
|            | _      | lines 11a through 11d that                             |                      |                             |               |              |                 |                |                                       |
| а          |        | <b>Type I.</b> A supporting orga                       | •                    | • •                         | •             |              |                 |                |                                       |
|            |        | the supported organization                             |                      | • • • •                     | a majority (  | of the dire  | ctors or truste | ees of the s   | supporting                            |
|            | _      | organization. You must o                               |                      |                             |               |              |                 |                |                                       |
| b          |        | <b>Type II.</b> A supporting org                       | -                    |                             |               |              | •               |                | -                                     |
|            |        | control or management o                                |                      |                             | ame perso     | ons that co  | ontrol or mana  | age the sup    | ported                                |
|            |        | organization(s). You mus                               | t complete Part IV,  | Sections A and C.           |               |              |                 |                |                                       |
| С          |        | Type III functionally inte                             |                      |                             |               |              |                 | Illy integrate | ed with,                              |
|            | _      | its supported organization                             |                      |                             |               |              |                 |                |                                       |
| d          |        | Type III non-functionally                              |                      |                             |               |              |                 | -              |                                       |
|            |        | that is not functionally int                           | • •                  | • •                         | -             |              | -               | d an attent    | iveness                               |
|            | _      | requirement (see instruct                              |                      | •                           | -             |              |                 |                |                                       |
| е          |        | Check this box if the orga                             |                      |                             |               |              | а Туре I, Туре  | e II, Type III |                                       |
|            |        | functionally integrated, or                            |                      |                             |               |              |                 |                |                                       |
|            |        | er the number of supported of                          |                      |                             |               |              |                 |                | _                                     |
| g          |        | vide the following informatior<br>i) Name of supported | about the supporte   | ed organization(s).         | (iv) Is the o | rganization  | (v) Amount o    | fmonotory      | (vi) Amount of                        |
|            | (      | organization   |                      | (described on lines 1-9     | listed i      | in your      | support         | -              | other support (see                    |
|            |        |  |                      | above (see instructions))   | governing o   |              | instruct        |                | instructions)                         |
|            |        |  |                      |                             | Yes           | No           |                 |                | · · · · · · · · · · · · · · · · · · · |
|            |        |  |                      |                             |               |              |                 |                |                                       |
|            |        |  |                      |                             |               |              |                 |                |                                       |
|            |        |  |                      |                             |               |              |                 |                |                                       |
|            |        |  |                      |                             |               |              |                 |                |                                       |
|            |        |  |                      |                             |               |              |                 |                |                                       |
|            |        |  | <br>                 |                             |               |              |                 |                |                                       |
|            |        |  |                      |                             |               |              |                 |                |                                       |
|            |        |  |                      |                             |               |              |                 |                |                                       |
|            |        |  |                      |                             |               |              |                 |                |                                       |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

12481020 789762 1009070-010

Total

 Schedule A (Form 990 or 990-EZ) 2015
 SPRINGPOINT SENIOR LIVING, INC.
 22-34986

 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.)

| Se          | ction A. Public Support                      |                      |                      |                         |                          |                     |                |
|-------------|--|----------------------|----------------------|-------------------------|--------------------------|---------------------|----------------|
| Cale        | ndar year (or fiscal year beginning in) 🕨    | <b>(a)</b> 2011      | <b>(b)</b> 2012      | (c) 2013                | ( <b>d)</b> 2014         | (e) 2015            | (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. |                      |                      |                         |                          |                     |                |
| Se          | ction B. Total Support                       |                      |                      | •                       |                          | ·                   |                |
| Cale        | endar year (or fiscal year beginning in) 🕨   | (a) 2011             | (b) 2012             | (c) 2013                | (d) 2014                 | (e) 2015            | (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        |                      |                      |                         |                          |                     |                |
| 12          | Gross receipts from related activities,      | etc. (see instruct   | ions)                | ·                       | •                        | 12                  |                |
| 13          | First five years. If the Form 990 is for     | the organization'    |                      |                         |                          | on 501(c)(3)        |                |
|             | organization, check this box and stop        | here                 |                      |                         |                          |                     |                |
| Se          | ction C. Computation of Publ                 | ic Support Pe        | ercentage            |                         |                          |                     |                |
| 14          | Public support percentage for 2015 (I        | ine 6, column (f) d  | livided by line 11,  | column (f))             |                          | 14                  | %              |
|             | Public support percentage from 2014          |                      |                      |                         |                          | 15                  | %              |
| <b>16</b> a | 1 33 1/3% support test - 2015. If the c      | organization did no  | ot check the box o   | on line 13, and line    | e 14 is 33 1/3% or       | more, check this b  | ox and         |
|             | stop here. The organization qualifies        | as a publicly supp   | oorted organizatio   | n                       |                          |                     | ▶∟             |
| b           | <b>33 1/3% support test - 2014.</b> If the c | organization did no  | ot check a box on    | line 13 or 16a, and     | d line 15 is 33 1/3%     | % or more, check t  | his box        |
|             | and stop here. The organization qual         | ifies as a publicly  | supported organiz    | ation                   |                          |                     | ▶∟             |
| 17a         | 10% -facts-and-circumstances tes             | t - 2015. If the orc | anization did not    | check a box on lin      | ne 13, 16a, or 16b,      | and line 14 is 10%  | or more,       |
|             | and if the organization meets the "fac       | ts-and-circumstar    | nces" test, check t  | his box and <b>stop</b> | here. Explain in Pa      | art VI how the orga | nization       |
|             | meets the "facts-and-circumstances"          | test. The organiza   | ation qualifies as a | publicly supporte       | ed organization          |                     |                |
| k           | 0 10% -facts-and-circumstances tes           | t - 2014. If the org | anization did not    | check a box on lin      | ne 13, 16a, 16b, or      | 17a, and line 15 is | 10% or         |
|             | more, and if the organization meets th       | ne "facts-and-circu  | umstances" test, c   | heck this box and       | <b>stop here.</b> Explai | n in Part VI how th | e              |
|             | organization meets the "facts-and-circ       | umstances" test.     | The organization     | qualifies as a publ     | licly supported org      | anization           |                |
| 18          | Private foundation. If the organization      |                      |                      |                         |                          |                     | ns 🕨 🗌         |
|             |  |                      |                      |                         | 0.1                      | edule A (Eorm 99    | 0.000 53) 0045 |

Schedule A (Form 990 or 990-EZ) 2015

### Schedule A (Form 990 or 990-EZ) 2015 SPRINGPOINT SENIOR LIVING, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

# (Complete only if you checked the box on line 9 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.)

| Cale   | ndar year (or fiscal year beginning in) 🕨   | <b>(a)</b> 2011                         | <b>(b)</b> 2012       | (c) 2013               | (d) 2014            | (e) 2015            | (f) Total                                 |
|--------|---|---|-----------------------|------------------------|---------------------|---------------------|---|
|        | Gifts, grants, contributions, and   | (=) == ( + 1                            | (-) -0 12             | (0) 2010               |                     | (0) 2010            |   |
| •      | membership fees received. (Do not   |   |                       |                        |                     |                     |   |
|        | include any "unusual grants.")  | 7,073,492.                              | 5,505,866.            | 6,473,333.             | 6,240,608.          | 7,569,666.          | 32,862,965                                |
| 2      | Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in                              | .,                                      |                       |                        |                     | ,,,                 |   |
|        | any activity that is related to the organization's tax-exempt purpose   | 116,947,065.                            | 100,141,177.          | 123,217,563.           | 128,049,367.        | 131,681,407.        | 600,036,579                               |
| 3      | Gross receipts from activities that are not an unrelated trade or bus-  |   |                       |                        |                     |                     |   |
|        | iness under section 513   |   |                       |                        |                     |                     |   |
| 4      | Tax revenues levied for the organ-  |   |                       |                        |                     |                     |   |
|        | ization's benefit and either paid to<br>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  | 124,020,557.                            | 105,647,043.          | 129,690,896.           | 134,289,975.        | 139,251,073.        | 632,899,544.                              |
| 7a     | Amounts included on lines 1, 2, and   |   |                       |                        |                     |                     | 0.  |
| L.     | 3 received from disqualified persons  |   |                       |                        |                     |                     | 0.  |
| D      | Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the   |   |                       |                        |                     |                     | 0.  |
|        | amount on line 13 for the year  |   |                       |                        |                     |                     | 0.  |
|        |   |   |                       |                        |                     |                     | 632,899,544                               |
| e<br>e | Public support. (Subtract line 7c from line 6.)   |   |                       |                        |                     |                     | 032,033,344                               |
|        | ndar year (or fiscal year beginning in)   | (a) 2011                                | <b>(b)</b> 2012       | (c) 2013               | (d) 2014            | (e) 2015            | (f) Total                                 |
|        | Amounts from line 6   | 124,020,557.                            | 105,647,043.          | . ,                    | 134,289,975.        |                     | 632,899,544                               |
|        | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties<br>and income from similar sources | 2,995,276.                              |                       |                        |                     |                     |   |
| b      | Unrelated business taxable income   | _,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | _,                    | _,,.                   |                     | _,,                 | ,,,,                                      |
|        | (less section 511 taxes) from businesses acquired after June 30, 1975   |   |                       |                        |                     |                     |   |
|        | Add lines 10a and 10b   | 2,995,276.                              | 2,293,923.            | 2,504,044.             | 2,139,669.          | 1,494,366.          | 11,427,278                                |
|        | Net income from unrelated business<br>activities not included in line 10b,<br>whether or not the business is<br>regularly carried on    | 2,555,276.                              | 2,255,525.            | 2,501,011.             | 2,135,005.          | 1,494,500.          | 11, 127, 270                              |
| 2      | Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.)                                   | 509,387.                                | 518,528.              | 524,017.               | 530,858.            | 532,689.            | 2,615,479                                 |
| 3      | Total support. (Add lines 9, 10c, 11, and 12.)  | 127,525,220.                            | 108,459,494.          | 132,718,957.           | 136,960,502.        | 141,278,128.        | 646,942,301,                              |
| 4      | First five years. If the Form 990 is for  | the organization's                      | s first, second, thir | d, fourth, or fifth ta | ax year as a sectio | n 501(c)(3) organiz | ation,                                    |
|        | check this box and stop here  |   |                       |                        |                     |                     | <b>&gt;</b>                               |
| sec    | ction C. Computation of Publ  | ic Support Pe                           | rcentage              |                        |                     |                     |   |
| 15     | Public support percentage for 2015 (I   | line 8, column (f) d                    | ivided by line 13, o  | column (f))            |                     | 15                  | 97.83 %                                   |
| 16     | Public support percentage from 2014   | Schedule A, Part                        | III, line 15          |                        |                     | 16                  | 97.40 %                                   |
| Sec    | ction D. Computation of Inves   | stment Incom                            | e Percentage          |                        |                     |                     |   |
| 17     | Investment income percentage for 20   | 15 (line 10c, colun                     | nn (f) divided by lir | ne 13, column (f))     |                     | 17                  | 1.77 9                                    |
| 18     | Investment income percentage from   | 2014 Schedule A,                        | Part III, line 17     |                        |                     | 18                  | 2.19 🦻                                    |
| 19a    | 33 1/3% support tests - 2015. If the  |   |                       |                        |                     |                     | I7 is not<br>► X                          |
| b      | more than 33 1/3%, check this box a<br>33 1/3% support tests - 2014. If the   |   |                       |                        |                     |                     |   |
|        | line 18 is not more than 33 1/3%, che   | •                                       |                       |                        |                     |                     |   |
| 20     | <b>Private foundation.</b> If the organizatio   |   |                       |                        |                     |                     |   |
|        | 23 09-23-15   |   |                       | ,, encert a            |                     | edule A (Form 990   |   |
|        |   |   |                       | 18                     |                     | -                   | <b>_</b> , <b>_</b> , <b>_</b> , <b>,</b> |
| 81     | 020 789762 1009070-   | -010 201                                | 15.04030              | SPRINGPOIN             | T SENIOR            | LIVING,             | 10090701                                  |

### Schedule A (Form 990 or 990-EZ) 2015 SPRINGPOINT SENIOR LIVING, INC.

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

### Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of 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 (b) and (c) 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 11a or 11b in Part I, answer (b) and (c) 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 (b) and (c) 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 (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 or 990-EZ).
- 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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 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.)

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Schedule A (Form 990 or 990-EZ) 2015

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# Schedule A (Form 990 or 990-EZ) 2015 SPRINGPOINT SENIOR LIVING, INC. Part IV Supporting Organizations (continued)

|        |  |          | Yes  | No   |
|--------|--|----------|------|------|
| 11     | Has the organization accepted a gift or contribution from any of the following persons?  |          |      |      |
| а      | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)   |          |      |      |
|        | below, the governing body of a supported organization?   | 11a      |      |      |
|        | A family member of a person described in (a) above?  | 11b      |      |      |
| -      | A 35% controlled entity of a person described in (a) or (b) above?If "Yes" to a, b, or c, provide detail in Part VI.   | 11c      |      |      |
| Sec    | tion B. Type I Supporting Organizations  |          | V.   | N    |
|        | Did the divertees tweeters as more bander of one or more supported every institute base the neurophe   |          | Yes  | No   |
| 1      | Did the directors, trustees, or membership of one or more supported organizations have the power to  |          |      |      |
|        | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the   |          |      |      |
|        | tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or   |          |      |      |
|        | controlled the organization's activities. If the organization had more than one supported organization,  |          |      |      |
|        | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported  | -        |      |      |
| 0      | organizations and what conditions or restrictions, if any, applied to such powers during the tax year.   | 1        |      |      |
| 2      | Did the organization operate for the benefit of any supported organization other than the supported  |          |      |      |
|        | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in   |          |      |      |
|        | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,  | •        |      |      |
| 800    | supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations  | 2        |      |      |
| Sec    | tion c. Type in Supporting Organizations   |          | Vee  | Na   |
| -      | Ware a majority of the experimation's directors of tructors during the tay year also a majority of the directors   |          | Yes  | No   |
| 1      | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors   |          |      |      |
|        | or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control   |          |      |      |
|        | or management of the supporting organization was vested in the same persons that controlled or managed   | 1        |      |      |
| Sec    | the supported organization(s).<br>tion D. All Type III Supporting Organizations  |          |      |      |
| 000    | tion D. Air Type in Supporting Organizations   |          | Yes  | No   |
| 1      | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the   |          | Tes  | NO   |
|        | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax  |          |      |      |
|        | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the   |          |      |      |
|        |  | 1        |      |      |
| 2      | organization's governing documents in effect on the date of notification, to the extent not previously provided?<br>Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported |          |      |      |
| 2      | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how  |          |      |      |
|        | the organization maintained a close and continuous working relationship with the supported organization(s).  | 2        |      |      |
| 3      | By reason of the relationship described in (2), did the organization's supported organizations have a  | 2        |      |      |
| 5      | significant voice in the organization's investment policies and in directing the use of the organization's   |          |      |      |
|        | income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's  |          |      |      |
|        | supported organizations played in this regard.   | 3        |      |      |
| Sec    | tion E. Type III Functionally-Integrated Supporting Organizations  | 5        |      |      |
| 1      | Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):  |          |      |      |
| '<br>a | The organization satisfied the Activities Test. <i>Complete line 2</i> below.  |          |      |      |
| b      | The organization is the parent of each of its supported organizations. Complete line 3 below.  |          |      |      |
| c      | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst  | ructions | )    |      |
| 2      | Activities Test. Answer (a) and (b) below.   |          | Yes  | No   |
| a      | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of   |          | 100  | 110  |
| u      | the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>  |          |      |      |
|        | those supported organizations and explain how these activities directly furthered their exempt purposes,   |          |      |      |
|        | how the organization was responsive to those supported organizations, and how the organization determined  |          |      |      |
|        | that these activities constituted substantially all of its activities.   | 2a       |      |      |
| b      | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more  |          |      |      |
| ~      | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the  |          |      |      |
|        | reasons for the organization's position that its supported organization(s) would have engaged in these   |          |      |      |
|        | activities but for the organization's involvement.   | 2b       |      |      |
| 3      | Parent of Supported Organizations. Answer (a) and (b) below.   |          |      |      |
|        | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or  |          |      |      |
|        | trustees of each of the supported organizations? Provide details in <i>Part VI.</i>  | 3a       |      |      |
| b      | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each  |          |      |      |
|        | of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.   | 3b       |      |      |
| 53202  | 5 09-23-15 Schedule A (Form 9  |          | 0-EZ | 2015 |
|        | 20   |          |      |      |

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### Schedule A (Form 990 or 990-EZ) 2015 SPRINGPOINT SENIOR LIVING, INC.

# Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Sect | on A - Adjusted Net Income   |    | (A) Prior Year               | (B) Current Year<br>(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<br>(optional) |
| 1    | Aggregate fair market value of all non-exempt-use assets (see                  |    |                              |                                |
|      | instructions for short tax year or assets held for part of year):              |    |                              |                                |
| а    | Average monthly value of securities  | 1a |                              |                                |
| b    | Average monthly cash balances  | 1b |                              |                                |
| с    | Fair market value of other non-exempt-use assets                               | 1c |                              |                                |
| d    | Total (add lines 1a, 1b, and 1c)   | 1d |                              |                                |
| е    | Discount claimed for blockage or other   |    |                              |                                |
|      | factors (explain in detail in <b>Part VI</b> ):                                |    |                              |                                |
| 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 1-1/2% 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 .035  | 6  |                              |                                |
| 7    | Recoveries of prior-year distributions   | 7  |                              |                                |
| 8    | Minimum Asset Amount (add line 7 to line 6)                                    | 8  |                              |                                |
| Sect | on C - Distributable Amount  |    |                              | Current Year                   |
| 1    | Adjusted net income for prior year (from Section A, line 8, Column A)          | 1  |                              |                                |
| 2    | Enter 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 |    | ated Type III supporting org | janization (see                |

instructions).

Schedule A (Form 990 or 990-EZ) 2015

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# Schedule A (Form 990 or 990 EZ) 2015 SPRINGPOINT SENIOR LIVING, INC.

| Par           | t V Type III Non-Functionally Integrated 509                      | (a)(3) Supporting Orga        | anizations (continued)     |                        |
|---------------|---|-------------------------------|----------------------------|------------------------|
| Sect          | ion D - Distributions   |                               | ,                          | Current Year           |
| 1             | Amounts paid to supported organizations to accomplish exe         | empt purposes                 |                            |                        |
| 2             | Amounts paid to perform activity that directly furthers exemption | ot purposes of supported      |                            |                        |
|               | organizations, in excess of income from activity                  |                               |                            |                        |
| 3             | Administrative expenses paid to accomplish exempt purpos          | es of supported organization  | IS                         |                        |
| 4             | Amounts paid to acquire exempt-use assets                         |                               |                            |                        |
| 5             | Qualified set-aside amounts (prior IRS approval required)         |                               |                            |                        |
| 6             | Other distributions (describe in Part VI). See instructions.      |                               |                            |                        |
| 7             | Total annual distributions. Add lines 1 through 6.                |                               |                            |                        |
| 8             | Distributions to attentive supported organizations to which t     | he organization is responsive | e                          |                        |
|               | (provide details in <b>Part VI</b> ). See instructions.           |                               |                            |                        |
| 9             | Distributable amount for 2015 from Section C, line 6              |                               |                            |                        |
| 10            | Line 8 amount divided by Line 9 amount                            |                               |                            |                        |
|               |   | (i)                           | (ii)<br>Underdistributions | (iii)<br>Distributable |
| Secti         | ion E - Distribution Allocations (see instructions)               | Excess Distributions          | Pre-2015                   | Amount for 2015        |
|               |   |                               |                            |                        |
| 1             | Distributable amount for 2015 from Section C, line 6              |                               |                            |                        |
| 2             | Underdistributions, if any, for years prior to 2015               |                               |                            |                        |
|               | (reasonable cause required-see instructions)                      |                               |                            |                        |
| <u>3</u><br>a | Excess distributions carryover, if any, to 2015:                  |                               |                            |                        |
| a<br>b        |   |                               |                            |                        |
| C             |   |                               |                            |                        |
|               | From 2013   |                               |                            |                        |
|               | From 2014   |                               |                            |                        |
|               | Total of lines 3a through e                                       |                               |                            |                        |
| -             | Applied to underdistributions of prior years                      |                               |                            |                        |
|               | Applied to 2015 distributable amount                              |                               |                            |                        |
| -             | Carryover from 2010 not applied (see instructions)                |                               |                            |                        |
| i             | Remainder. Subtract lines 3g, 3h, and 3i from 3f.                 |                               |                            |                        |
| 4             | Distributions for 2015 from Section D,                            |                               |                            |                        |
|               | line 7: \$  |                               |                            |                        |
| а             | Applied to underdistributions of prior years                      |                               |                            |                        |
| b             | Applied to 2015 distributable amount                              |                               |                            |                        |
| с             | Remainder. Subtract lines 4a and 4b from 4.                       |                               |                            |                        |
| 5             | Remaining underdistributions for years prior to 2015, if          |                               |                            |                        |
|               | any. Subtract lines 3g and 4a from line 2 (if amount              |                               |                            |                        |
|               | greater than zero, see instructions).                             |                               |                            |                        |
| 6             | Remaining underdistributions for 2015. Subtract lines 3h          |                               |                            |                        |
|               | and 4b from line 1 (if amount greater than zero, see              |                               |                            |                        |
|               | instructions).  |                               |                            |                        |
| 7             | Excess distributions carryover to 2016. Add lines 3j              |                               |                            |                        |
|               | and 4c.   |                               |                            |                        |
| 8             | Breakdown of line 7:  |                               |                            |                        |
| a             |   |                               |                            |                        |
| b             | 5   |                               |                            |                        |
|               | Excess from 2013  |                               |                            |                        |
| -             | Excess from 2014  |                               |                            |                        |
| e             | Excess from 2015  |                               |                            |                        |

Schedule A (Form 990 or 990-EZ) 2015

532027 09-23-15

12481020 789762 1009070-010 2015.04030 SPRINGPOINT SENIOR LIVING, 10090701

| Schedule A | (Form 990 or 990-EZ) 2015 SPRINGPOINT   | SENIOR                                | LIVING,                               | INC.                             | 22-3498690 Page 8  |
|------------|---|---------------------------------------|---------------------------------------|----------------------------------|--|
| Part VI    | Supplemental Information. Provide the e   | xplanations red                       | quired by Part II,                    | , line 10; Part                  | II, line 17a or 17b; Part III, line 12;  |
|            | Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6,<br>line 1; Part IV, Section D, lines 2 and 3; Part IV, Se<br>Section D, lines 5, 6, and 8; and Part V, Section E | , 9a, 9b, 9c, 11<br>ection E, lines 1 | a, 11b, and 11c;<br>Ic, 2a, 2b, 3a an | ; Part IV, Sect<br>d 3b; Part V, | ion B, lines 1 and 2; Part IV, Section C,<br>line 1; Part V, Section B, line 1e; Part V, |
|            | (See instructions.)   | , iii ies 2, 3, and                   | I O. AISO COMPIE                      | te this part to                  | any additional information.  |
|            |   |                                       |                                       |                                  |  |

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

| MANAGEMENT FEE  | REVENUE  |
|-----------------|----------|
| 2011 AMOUNT: \$ | 509,387. |
| 2012 AMOUNT: \$ | 518,528. |
| 2013 AMOUNT: \$ | 524,017. |
| 2014 AMOUNT: \$ | 530,858. |
| 2015 AMOUNT: \$ | 532,689. |
|                 |          |

SCHEDULE A, PART III

THE PUBLIC CHARITY STATUS REFLECTED ON SCHEDULE A, PART I IS FOR SPRINGPOINT SENIOR LIVING, INC., THE LARGEST SUBORDINATE ORGANIZATION INCLUDED IN THE GROUP EXEMPTION RULING AND IN THIS CONSOLIDATED GROUP FORM 990. EACH OF THE FOLLOWING SUBORDINATE ORGANIZATIONS HAVE THE SAME PUBLIC CHARITY STATUS INCLUDED IN THE GROUP EXEMPTION REFLECTED ON SCHEDULE A, PART I, LINE 9; INTERNAL REVENUE CODE SECTION 509(A) (2); 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:

SPRINGPOINT AT CRESTWOOD, INC.

SPRINGPOINT AT THE ATRIUM, INC.

532028 09-23-15

| Part V    | Supplemental Information. Provide the explanations required by Part II, line 10; F<br>Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, S | Part II, line 17a or 17b; Part III, line 12;    |
|-----------|--|---|
|           | line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Par  | t V, line 1; Part V, Section B, line 1e; Part V |
|           | Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this pa<br>(See instructions.)   | irt for any additional information.             |
| SPRI      | NGPOINT AT MEADOW LAKES, INC.  |   |
| SPRI      | NGPOINT AT MONROE, INC.  |   |
| SPRII     | NGPOINT AT MONTGOMERY, INC.  |   |
|           | JS L. WARD HOME  |   |
| SPRII     | NGPOINT AT HADDONFIELD, INC.   |   |
|           | NGPOINT AT WATERFORD GLEN, INC.  |   |
| SPRTI     | NGPOINT AT STONY BROOK, INC.   |   |
|           | NGPOINT AT WATCHUNG RIDGE, INC.  |   |
|           | BYTERIAN HOME AT DOVER, INC.   |   |
|           | BYTERIAN HOME AT GALLOWAY, INC.  |   |
|           | BYTERIAN HOME AT HOWELL, INC.  |   |
|           | BYTERIAN HOME AT WEST WINDSOR, INC.  |   |
|           |  |   |
|           | BYTERIAN HOME AT FRANKLIN, INC.  |   |
|           | BYTERIAN HOME AT ATLANTIC HIGHLANDS, INC.  |   |
|           | PRESBYTERIAN HOME AT STAFFORD, INC.  |   |
| MIDD      | LESEX BOROUGH SENIOR CITIZENS HOUSING CORPORATI  | ON  |
| PRES      | BYTERIAN HOME AT EAST WINDSOR, INC.  |   |
| THE       | PRESBYTERIAN HOME AT MANCHESTER, INC.  |   |
| PRES      | BYTERIAN HOME OF PLAINFIELD, INC.  |   |
| PRES      | BYTERIAN HOME AT WALL, INC.  |   |
| INTE      | GRATED MANAGEMENT SERVICES, INC.   |   |
| SENI      | OR LIVING INSTITUTE, INC.  |   |
| SPRI      | NGPOINT REALTY, INC.   |   |
| SENI      | OR NET, INC.   |   |
| SPRI      | NGPOINT AT EASTERN NEW JERSEY, INC.  |   |
| SPRI      | NGPOINT AT RED BANK, INC.  |   |
| SPRI      | NGPOINT AT HOME, INC.  |   |
| 532028 09 | -23-15 <b>24</b>   | Schedule A (Form 990 or 990-EZ                  |

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SPRINGPOINT OF NORTHERN NEW JERSEY, INC.

SPRINGPOINT AT DENVILLE, INC.

SPRINPOINT AT HALF ACRE ROAD, INC.

IN ADDITION TO THE ABOVE, SPRINPOINT FOUNDATION, INC.'S PUBLIC CHARITY

STATUS IS REFLECTED ON SCHEDULE A, PART I, LINE 7; INTERNAL REVENUE

CODE SECTION 509(A)(1); AN ORGANIZATION THAT NORMALLY RECEIVES A

SUBSTANTIAL PART OF ITS SUPPORT FROM A GOVERNMENTAL UNIT OR FROM THE

25

GENERAL PUBLIC DESCRIBED IN SECTION 170(B)(1)(A)(VI). THE PUBLIC

SUPPORT PERCENTAGE FOR 2015 IS 97.83%.

532028 09-23-15

\*\* PUBLIC DISCLOSURE COPY \*\*

## Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

OMB No. 1545-0047

2015

Employer identification number

| (Form 990, 990-EZ,<br>or 990-PF)                       |
|--|
| Department of the Treasury<br>Internal Revenue Service |
|  |

Schedule B

### Name of the organization

Organization type (check one):

SPRINGPOINT SENIOR LIVING, INC.

22-3498690

| Filers of:         | Section:   |
|--------------------|--|
| Form 990 or 990-EZ | X 501(c)( 3) (enter number) organization   |
|                    | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |
|                    | 527 political organization   |
| Form 990-PF        | 501(c)(3) exempt private foundation  |
|                    | 4947(a)(1) nonexempt charitable trust treated as a private foundation            |
|                    | 501(c)(3) taxable private foundation   |
|                    |  |

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### **General Rule**

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

### Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, 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. Do not 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

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Employer identification number

22-3498690

SPRINGPOINT SENIOR LIVING, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No.                                   | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|--|-----------------------------------|----------------------------|--|
| <u>    1                                </u> |                                   | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.                                   | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 2  |                                   | \$12,000.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.                                   | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 3  |                                   | \$60,000.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.                                   | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 4  |                                   | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.                                   | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 5  |                                   | \$10,000.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.                                   | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
| <u>    6                                </u> |                                   | \$6,500.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |

Employer identification number

22-3498690

SPRINGPOINT SENIOR LIVING, INC.

 Part I
 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

 (a)
 (b)
 (c)

| 7   | (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|---|------------|-----------------------------------|----------------------------|--|
| No.     Name, address, and ZIP + 4     Total contributions     Type of contributions       8  |            |                                   | 5 000                      | Person X<br>Payroll  |
| a       b       a       b       Complete Part II noncash contributions       Complete Part II noncash contributions         (a)       No.       Name, address, and ZIP + 4       Total contributions       Type of contril         9  |            |                                   |                            | (d)<br>Type of contribution  |
| No.     Name, address, and ZIP + 4     Total contributions     Type of contril       9  | 8          |                                   | \$ <u>100,000.</u>         | Payroll  |
| (a)       (b)       (c)       (d)         10       (c)       (d)         (a)       (b)       (c)       (d)         10       (c)       (d)         (a)       (b)       (c)       (d)         10       (c)       (c)       (d)         (a)       (b)       (c)       (c)       (c)         (a)       (b)       (c)       (c)       (c)         (a)       (b)       (c)       (d)       Noncash         (a)       (b)       (c)       (d)       (c)       (d)         11       (c)       (c)       (d)       Type of contributions       Type of contributions         (a)       (b)       (c)       (c)       (d)       Type of contributions       Person       Payroll         (11       (b)       (c)       (c)       (d)       Type of contributions       Payroll       Noncash       (C)         (a)       (b)       (c)       (c)       (d)       Noncash       (C)       (c)       (d)         (a)       (b)       (b)       (c)       (d)       Type of contributions       Type of contributions         (b)       (b)       (c) <td></td> <td></td> <td></td> <td>(d)<br/>Type of contribution</td>  |            |                                   |                            | (d)<br>Type of contribution  |
| No.     Name, address, and ZIP + 4     Total contributions     Type of contributions       10   | 9          |                                   | \$57,456.                  | Payroll  |
| Image: second |            |                                   |                            | (d)<br>Type of contribution  |
| No.     Name, address, and ZIP + 4     Total contributions     Type of contributions       11   |            |                                   | \$18,446.                  | Payroll  |
| (a)       (b)       (c)       (d)         No.       Name, address, and ZIP + 4       Total contributions       Type of contributions  |            |                                   |                            | (d)<br>Type of contribution  |
| No.         Name, address, and ZIP + 4         Total contributions         Type of contributions  |            |                                   | \$22,820.                  | Payroll  |
| 12 Person   |            |                                   |                            | (d)<br>Type of contribution  |
|   |            |                                   |                            | Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |

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Employer identification number

22-3498690 SPRINGPOINT SENIOR LIVING, INC. Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution X 13 Person Payroll 15,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** X 14 Person Payroll 23,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 15 X Person Payroll 7,886. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 16 Х Person Payroll 33,447. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 17 X Person Payroll 10,125. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 18 X Person Pavroll 500,000. Noncash \$ (Complete Part II for noncash contributions.) 523452 10-26-15

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

10090701

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2015.04030 SPRINGPOINT SENIOR LIVING,

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Employer identification number

22-3498690 SPRINGPOINT SENIOR LIVING, INC. Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 19 X Person Payroll 12,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 20 X Person Payroll 23,161. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 21 X Person Payroll 5,050. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 22 Х Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 23 X Person Payroll 42,664. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 24 X Person Pavroll 30,000. Noncash \$ (Complete Part II for noncash contributions.) 523452 10-26-15

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

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2015.04030 SPRINGPOINT SENIOR LIVING,

12481020 789762 1009070-010

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Name of organization Employer identification number 22-3498690 SPRINGPOINT SENIOR LIVING, INC. Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 25 X Person Payroll 7,493. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 26 X Person Payroll 30,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 27 X Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 28 Х Person Payroll 10,838. Noncash \$ (Complete Part II for noncash contributions.) (c) (a) (b) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 29 X Person Payroll 7,100. Noncash \$ (Complete Part II for noncash contributions.) (a) No.

| (a)         | (b)                        | (c)                 | (d)  |
|-------------|----------------------------|---------------------|--|
| No.         | Name, address, and ZIP + 4 | Total contributions | Type of contribution   |
| 30          |                            | \$5,000.            | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| 523452 10-2 | 26-15                      | Schedule B (Form    | 990, 990-EZ, or 990-PF) (201   |

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Employer identification number

| SPRIN      | GPOINT SENIOR LIVING, INC.  | 22-3498690   |
|------------|---|--|
| Part I     | Contributors (see instructions). Use duplicate copies of Part I if ac | ditional space is needed.  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                     | (c) (d)<br>Total contributions Type of contribution  |
| 31         |   | \$       10,000.         Person       X         Payroll       Image: Complete Part II for noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                     | (c) (d)<br>Total contributions Type of contribution  |
| 32         |   | \$     20,000.       \$     20,000.         Person     X       Payroll     Image: Complete Part II for noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                     | (c) (d)<br>Total contributions Type of contribution  |
| 33         |   | \$   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                     | (c) (d)<br>Total contributions Type of contribution  |
| 34         |   | \$     5,000.       Person     X       Payroll     Noncash       (Complete Part II for noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                     | (c) (d)<br>Total contributions Type of contribution  |
| 35         |   | \$     5,000.       Person     X       Payroll     Noncash       (Complete Part II for noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                     | (c) (d)<br>Total contributions Type of contribution  |
| 36         | 6-15  | \$ 100,000.         \$ 200,000.      > |

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### Name of organization

Employer identification number

22-3498690

SPRINGPOINT SENIOR LIVING, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 37 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution X 38 Person Payroll 120,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 39 X Person Payroll 6,331. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 40 Х Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 41 X Person Payroll 18,495. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 42 X Person Pavroll 4,504,741. Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2015) 523452 10-26-15 33

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### Name of organization

Employer identification number

22-3498690

SPRINGPOINT SENIOR LIVING, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 43 X Person Payroll 175,719. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** X 44 Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 45 X Person Payroll 6,125. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 46 Х Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 47 X Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 48 X Person Pavroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2015) 523452 10-26-15 34

2015.04030 SPRINGPOINT SENIOR LIVING,

Employer identification number

(d)

(d)

X

22-3498690

SPRINGPOINT SENIOR LIVING, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 49 Person Payroll 15,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) Name, address, and ZIP + 4 Total contributions No

| No.          | Name, address, and ZIP + 4        | Total contributions        | Type of contribution   |
|--------------|-----------------------------------|----------------------------|--|
| 50           |                                   | \$ <u>20,000.</u>          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 51           |                                   | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 52           |                                   | \$8,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|              |                                   | \$                         | Person Payroll On Complete Part II for noncash contributions.)                     |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 523452 10-20 |                                   | \$<br>Schedule B (Form 5   | Person Payroll Payroll Payroll Payroll Payroll Part II for noncash contributions.) |
|              | 35                                | -                          |  |

12481020 789762 1009070-010

22-3498690

### SPRINGPOINT SENIOR LIVING, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received  |
|------------------------------|--|--|-----------------------|
|                              |  | \$   |                       |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received  |
|                              |  | \$   |                       |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received  |
| -                            |  | \$   |                       |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received  |
|                              |  | \$   |                       |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received  |
| —                            |  | \$   | <br>                  |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received  |
|                              |  | \$   | 000 000 EZ ~ 000 PC   |
| 3453 10-26-15                | 30   | Schedule B (Form                               | 990, 990-EZ, or 990-P |

| Schedule B ( | Form 990, 990-EZ, or 990-PF) ( | 2015) |
|--------------|--------------------------------|-------|
|              |                                |       |

| Page - |
|--------|
|--------|

| Dart III                 | DINT SENIOR LIVING, I<br>Exclusively religious, charitable, etc., cont                                   | ributions to organizations describe  | d in sectio                      | n 501(c)(7), (8), or (10) | 22-3498690<br>that total more than \$1,00 |
|--------------------------|--|--|----------------------------------|---------------------------|---|
| 1                        | the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou | columns (a) through (e) and the fol<br>s. charitable. etc contributions of \$1.000 | owing line of<br>or less for the | entry. For organizations  | \$  |
| l                        | Use duplicate copies of Part III if addition   |  |                                  |                           |   |
| a) No.<br>from           | (b) Purpose of gift  | (c) Use of gift  |                                  | (d) Description           | on of how gift is held                    |
| Part I                   | (  | (0) 000 01 g.11  |                                  | (4) 2000 (4)              |   |
|                          |  |  |                                  |                           |   |
|                          |  |  |                                  |                           |   |
|                          |  |  |                                  |                           |   |
|                          |  | (e) Transfer of g  | ift                              |                           |   |
|                          | Transferacio nomo addresa a  | nd <b>7</b> ID + 4   | Pa                               | lationship of transfor    | or to transforce                          |
|                          | Transferee's name, address, a  |  | Re                               | lationship of transfer    | or to transferee                          |
|                          |  |  |                                  |                           |   |
|                          |  |  |                                  |                           |   |
| a) No.                   |  |  |                                  |                           |   |
| a) No.<br>from<br>Part I | (b) Purpose of gift  | (c) Use of gift  |                                  | (d) Description           | on of how gift is held                    |
|                          |  |  |                                  |                           |   |
|                          |  |  |                                  |                           |   |
| <u> </u>                 |  |  |                                  |                           |   |
|                          |  | (e) Transfer of g  | ift                              |                           |   |
|                          |  |  |                                  |                           |   |
|                          | Transferee's name, address, a  | nd ZIP + 4   | Re                               | lationship of transfer    | or to transferee                          |
|                          |  |  |                                  |                           |   |
| —                        |  |  |                                  |                           |   |
| —                        |  |  |                                  |                           |   |
| a) No.<br>from           | (b) Purpose of gift  | (c) Use of gift  |                                  | (d) Description           | on of how gift is held                    |
| Part I                   |  | (0) 000 0. g.i.t   |                                  | (4) 2000 191              | gitte field                               |
| <u> </u>                 |  |  |                                  |                           |   |
|                          |  |  |                                  |                           |   |
|                          |  |  |                                  |                           |   |
|                          |  | (e) Transfer of g  | ift                              |                           |   |
|                          | Transferee's name, address, a  | nd <b>ZIP</b> + 4  | Be                               | lationship of transfer    | or to transferee                          |
|                          |  |  | 110                              |                           |   |
|                          |  |  |                                  |                           |   |
| <u> </u>                 |  |  |                                  |                           |   |
| a) No.<br>from           |  |  |                                  |                           |   |
| from<br>Part I           | (b) Purpose of gift  | (c) Use of gift  |                                  | (d) Description           | on of how gift is held                    |
|                          |  |  |                                  |                           |   |
|                          |  |  |                                  |                           |   |
| —                        |  |  |                                  |                           |   |
|                          |  | (e) Transfer of g  | ift                              |                           |   |
|                          |  | -  |                                  |                           |   |
|                          | Transferee's name, address, a  | nd ZIP + 4   | Re                               | lationship of transfer    | or to transferee                          |
|                          |  |  |                                  |                           |   |
|                          |  |  |                                  |                           |   |
|                          |  |  |                                  |                           |   |
|                          |  |  |                                  | Cohodulo D / Co           | m 990, 990-EZ, or 990-PF                  |

| SCHEDULE C           | Political Campaign and Lobbying Activities                                    |      |
|----------------------|---|------|
| (Form 990 or 990-EZ) | For Organizations Exempt From Income Tax Under section 501(c) and section 527 | 2015 |

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

5 Open to Public Inspection

### If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

### If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

| <ul> <li>Section 501(c)(4),</li> </ul> | (5), or (6) organizations: Complete Part III. |
|--|---|
| Name of organization                   |   |

| Nan    | ne of organization                        |   |                          |  | Employ   | yer identificatior   | n number                                    |
|--------|---|---|--------------------------|--|----------|--|---|
|        |   | POINT SENIOR LIVIN                      |                          |  |          | 22-34986   | 90  |
| Pa     | rt I-A Complete if the or                 | ganization is exempt unde               | r section 501(c) c       | or is a section 5  | 527 org  | ganization.  |   |
| 2<br>3 | Political expenditures<br>Volunteer hours | ization's direct and indirect political |                          |  |          |  |   |
|        |   | ganization is exempt unde               |                          |  |          |  |   |
| 1      | Enter the amount of any excise tax        | k incurred by the organization under    | r section 4955           |  | ▶\$_     |  |   |
| 2      | Enter the amount of any excise tax        | k incurred by organization managers     | s under section 4955     |  | ►\$_     |  |   |
| 3      | If the organization incurred a secti      | on 4955 tax, did it file Form 4720 fo   | r this year?             |  |          | L Yes  |   |
| 4a     | Was a correction made?                    |   |                          |  |          | L Yes  | No No                                       |
| -      | If "Yes," describe in Part IV.            |   |                          |  |          |  |   |
|        | · · · · · · · · · · · · · · · · · · ·     | ganization is exempt unde               | • •                      | -  | . ,      |  |   |
| 1      | Enter the amount directly expende         | ed by the filing organization for sect  | ion 527 exempt function  | on activities  | ►\$_     |  |   |
| 2      | Enter the amount of the filing orga       | nization's funds contributed to othe    | er organizations for sec | ction 527  |          |  |   |
|        | exempt function activities                |   |                          |  | ▶\$_     |  |   |
| 3      |   | s. Add lines 1 and 2. Enter here and    |                          |  |          |  |   |
|        | line 17b                                  |   |                          |  | ►\$_     |  |   |
| 4      |   | <b>1120-POL</b> for this year?          |                          |  |          |  | L No  |
| 5      |   | mployer identification number (EIN)     |                          | -  |          |  |   |
|        | . ,                                       | ation listed, enter the amount paid f   |                          |  |          | •  |   |
|        | -   | romptly and directly delivered to a s   |                          |  | separate | e segregated fund  | d or a                                      |
|        | political action committee (PAC). I       | f additional space is needed, provid    | e information in Part IV | V.   |          |  |   |
|        | <b>(a)</b> Name                           | (b) Address                             | (c) EIN                  | (d) Amount paid<br>filing organizatic<br>funds. If none, ent | on's o   | (e) Amount of p<br>contributions reco<br>promptly and o<br>delivered to a s<br>political organi<br>If none, ente | eived and<br>directly<br>eparate<br>zation. |

|                                     |                                  |              |            | If none, enter -U         |
|-------------------------------------|----------------------------------|--------------|------------|---------------------------|
|                                     |                                  |              |            |                           |
|                                     |                                  |              |            |                           |
|                                     |                                  |              |            |                           |
|                                     |                                  |              |            |                           |
|                                     |                                  |              |            |                           |
|                                     |                                  |              |            |                           |
| For Paperwork Reduction Act Notice, | see the Instructions for Form 99 | 0 or 990-EZ. | Schedule C | (Form 990 or 990-EZ) 2015 |

| Schedule C (Form 990 or 990-EZ) 2015 S  |                     |                                     |                           |   | 498690 Page 2               |
|---|---------------------|-------------------------------------|---------------------------|---|-----------------------------|
| Part II-A Complete if the orga section 501(h)).   | nization is ex      | empt under sectio                   | n 501(c)(3) and fil       |   | election under              |
|   |                     | ffiliata al avec un (ave al lint in |                           |   |                             |
| •••   | •                   | ffiliated group (and list ir        | n Part IV each affiliated | group member's nam                            | ie, address, EIN,           |
| expenses, and share<br>B Check ► ☐ if the filing organization   |                     | and "limited control" pro           | visions apply             |   |                             |
| Limits  | on Lobbying Exp     | ·                                   |                           | <b>(a)</b> Filing<br>organization's<br>totals | (b) Affiliated group totals |
|   |                     |                                     |                           |   |                             |
| 1a Total lobbying expenditures to influe  |                     |                                     |                           |   |                             |
| <b>b</b> Total lobbying expenditures to influe  |                     |                                     |                           |   |                             |
| c Total lobbying expenditures (add line   |                     |                                     |                           |   |                             |
| d Other exempt purpose expenditures   |                     | 4 -1\                               |                           |   |                             |
| e Total exempt purpose expenditures   |                     |                                     |                           |   |                             |
| f Lobbying nontaxable amount. Enter   |                     |                                     |                           |   |                             |
| If the amount on line 1e, column (a) or   | ( )                 | bbying nontaxable am                |                           |   |                             |
| Not over \$500,000  |                     | of the amount on line 1e.           |                           |   |                             |
| Over \$500,000 but not over \$1,000,  |                     | 000 plus 15% of the exc             | . ,                       |   |                             |
| Over \$1,000,000 but not over \$1,500   |                     | 000 plus 10% of the exc             | . , ,                     |   |                             |
| Over \$1,500,000 but not over \$17,00   |                     | 000 plus 5% of the exce             | ess over \$1,500,000.     |   |                             |
| Over \$17,000,000   | \$1,000             | J,UUU.                              |                           |   |                             |
| Crassrate pertayable amount (ant/   | vr OEO( of line 1f) |                                     |                           |   |                             |
| g Grassroots nontaxable amount (ente  | ,                   |                                     |                           |   |                             |
| <ul> <li>h Subtract line 1g from line 1a. If zero</li> <li>i Subtract line 1f from line 1c. If zero of</li> </ul> |                     |                                     |                           |   |                             |
| j If there is an amount other than zero   |                     | vr lina 1i, did tha arganiz         |                           |   |                             |
|   |                     |                                     |                           | ٦   | Yes No                      |
| reporting section 4911 tax for this ye  |                     | veraging Period Under               |                           | L   |                             |
| (Some organizations that  | t made a section    |                                     | have to complete all      | of the five columns b                         | pelow.                      |
|   | Lobbying Exp        | enditures During 4-Yea              | ar Averaging Period       |   |                             |
| Calendar year<br>(or fiscal year beginning in)  | <b>(a)</b> 2012     | <b>(b)</b> 2013                     | (c) 2014                  | <b>(d)</b> 2015                               | (e) Total                   |
| 2a Lobbying nontaxable amount   |                     |                                     |                           |   |                             |
| b Lobbying ceiling amount<br>(150% of line 2a, column(e))   |                     |                                     |                           |   |                             |
| c Total lobbying expenditures   |                     |                                     |                           |   |                             |
| d Grassroots nontaxable amount  |                     |                                     |                           |   |                             |
| e Grassroots ceiling amount   |                     |                                     |                           |   |                             |
| (150% of line 2d, column (e))   |                     |                                     |                           |   |                             |
| f Grassroots lobbying expenditures  |                     |                                     |                           |   |                             |

Schedule C (Form 990 or 990-EZ) 2015

532042 10-05-15

12481020 789762 1009070-010 2015.04030 SPRINGPOINT SENIOR LIVING, 10090701

# 22-3498690 Page 3

# Schedule C (Form 990 or 990-EZ) 2015 SPRINGPOINT SENIOR LIVING, INC. 22-349869 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description   | (;            | a)                 | (1         | <b>)</b>  |
|--|---------------|--------------------|------------|-----------|
| of the lobbying activity.  | Yes           | No                 | Amo        | ount      |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or  |               |                    |            |           |
| local legislation, including any attempt to influence public opinion on a legislative matter   |               |                    |            |           |
| or referendum, through the use of:   |               |                    |            |           |
| a Volunteers?  |               | Х                  |            |           |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  |               | Х                  |            |           |
| c Media advertisements?  |               | Х                  |            |           |
| d Mailings to members, legislators, or the public?   |               | Х                  |            |           |
| e Publications, or published or broadcast statements?  |               | Х                  |            |           |
| f Grants to other organizations for lobbying purposes?   |               | Х                  |            |           |
| g Direct contact with legislators, their staffs, government officials, or a legislative body?  |               | Х                  |            |           |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?   | Х             |                    | 142        | 2,975.    |
| i Other activities?  |               | X                  |            |           |
| j Total. Add lines 1c through 1i   |               |                    | 142        | 2,975.    |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?   |               | X                  |            | .,        |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912   |               |                    |            |           |
|  |               |                    |            |           |
| <ul> <li>c If "Yes," enter the amount of any tax incurred by organization managers under section 4912</li> <li>d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?</li> </ul> |               |                    |            |           |
| art III-A Complete if the organization is exempt under section 501(c)(4), section  | on 501(c)     | (5), or se         | ction      |           |
| 501(c)(6).   |               | (0), 01 30         |            |           |
|  |               |                    | Yes        | No        |
| 1 Were substantially all (90% or more) dues received nondeductible by members?   |               | 1                  |            |           |
|  |               |                    |            |           |
|  |               | 2                  |            |           |
| 3 Did the organization agree to carry over lobbying and political expenditures from the prior year?<br>Part III-B Complete if the organization is exempt under section 501(c)(4), section                                |               | •                  | ation      |           |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).   | al            |                    |            |           |
| a Current year   |               | 2a                 |            |           |
| b Carryover from last year   |               |                    |            |           |
| c Total  |               |                    |            |           |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  |               |                    |            |           |
| If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc   |               |                    |            |           |
| does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p  |               |                    |            |           |
|  |               | 4                  |            |           |
| 5 Taxable amount of lobbying and political expenditures (see instructions)   |               | 4                  |            |           |
| Part IV Supplemental Information   | <u></u>       | J                  |            |           |
| rovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part I-A (affiliated group  | lict): Dort I |                    | and 2 (soo |           |
| instructions); and Part II-B, line 1. Also, complete this part for any additional information.   | list), Fait i |                    | anu 2 (See |           |
| PART II-B, LINE 1, LOBBYING ACTIVITIES:  |               |                    |            |           |
|  |               |                    |            |           |
| PRINGPOINT SENIOR LIVING, INC., THE PARENT ENTITY OF   | ALL S         | SUBORD             | INATE      | 5         |
| NCLUDED IN THIS GROUP FORM 990 IS A MEMBER OF SEVERA   | L TRAI        | DE                 |            |           |
| RGANIZATIONS OF WHICH A PORTION OF THE DUES PAID TO  | THESE         | TRADE              |            |           |
| RGANIZATIONS ARE ALLOCATED TO LOBBYING EFFORTS PERFO   | ז היזאס       | סע התב             | וחגסייי    | 7         |
|  |               |                    | IKADI      | <u>د</u>  |
| DRGANIZATIONS ON BEHALF OF SPRINGPOINT SENIOR LIVING,  |               | AND<br>Ile C (Form | 990 or 99  | 0-EZ) 201 |
| <sup>32043</sup><br>0-05-15 <b>40</b>  |               |                    |            | ,         |
| 81020 789762 1009070-010 2015.04030 SPRINGPOINT SEN  | NIOR L        | IVING              | , 100      | 90701     |

| Schedule C | (Form 990 or 990-EZ) 2015 | SPRINGPOINT        | SENIOR | LIVING, | INC. |
|------------|---------------------------|--------------------|--------|---------|------|
| Part IV    | Supplemental Inform       | nation (continued) |        |         |      |

SUBORDINATES.

Schedule C (Form 990 or 990-EZ) 2015

532044 10-05-15

41 12481020 789762 1009070-010 2015.04030 SPRINGPOINT SENIOR LIVING, 10090701

Department of the Treasury Internal Revenue Service

(Form 990)

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.



10090701

| Name | of the | organization   |  |
|------|--------|----------------|--|
| Name |        | UI YAIIIZAUUII |  |

SPRINGPOINT SENIOR LIVING TNC Employer identification number 22 - 3498690

| Pa | t I Organizations Maintaining Donor Advise  |   | or Accounts.          | Complete if the           |
|----|---|---|-----------------------|---------------------------|
|    | organization answered "Yes" on Form 990, Part IV, lin   |   |                       |                           |
|    |   | (a) Donor advised funds                     | (b) Funds and         | other accounts            |
| 1  | Total number at end of year   |   |                       |                           |
| 2  | Aggregate value of contributions to (during year)   |   |                       |                           |
| 3  | Aggregate value of grants from (during year)  |   |                       |                           |
| 4  | Aggregate value at end of year  |   |                       |                           |
| 5  | Did the organization inform all donors and donor advisors in                                    |   | ed funds              |                           |
|    | are the organization's property, subject to the organization's                                  | -   |                       | Yes No                    |
| 6  | Did the organization inform all grantees, donors, and donor a                                   |   |                       |                           |
|    | for charitable purposes and not for the benefit of the donor of                                 |   |                       |                           |
|    | impermissible private benefit?  |   |                       | Yes No                    |
| Pa | t II Conservation Easements. Complete if the org  | ganization answered "Yes" on Form 990, F    | Part IV, line 7.      |                           |
| 1  | Purpose(s) of conservation easements held by the organizati                                     | on (check all that apply).                  |                       |                           |
|    | X Preservation of land for public use (e.g., recreation or e                                    | education) Preservation of a histo          | prically important la | nd area                   |
|    | X Protection of natural habitat   | Preservation of a cert                      | fied historic structu | re                        |
|    | Preservation of open space  |   |                       |                           |
| 2  | Complete lines 2a through 2d if the organization held a quality                                 | fied conservation contribution in the form  | of a conservation e   | asement on the last       |
|    | day of the tax year.  |   | Held a                | t the End of the Tax Year |
| а  | Total number of conservation easements  |   |                       | 2                         |
| b  | Total acreage restricted by conservation easements  |   |                       | 32.00                     |
| С  | Number of conservation easements on a certified historic str                                    |   |                       | 0                         |
| d  | Number of conservation easements included in (c) acquired a                                     |   |                       | 0                         |
|    | listed in the National Register   |   |                       | 0                         |
| 3  | Number of conservation easements modified, transferred, re                                      | leased, extinguished, or terminated by the  | organization during   | g the tax                 |
|    | year ▶  | . 1   |                       |                           |
| 4  | Number of states where property subject to conservation ear                                     |   |                       |                           |
| 5  | Does the organization have a written policy regarding the per                                   |   |                       | Yes X No                  |
| -  | violations, and enforcement of the conservation easements i                                     |   |                       |                           |
| 6  | Staff and volunteer hours devoted to monitoring, inspecting, $\blacktriangleright$ 0            | handling of violations, and enforcing cons  | servation easement    | s during the year         |
| 7  |   | lling of violations, and enforcing concerns | tion accomente dur    | ing the year              |
| 7  | Amount of expenses incurred in monitoring, inspecting, hand $\mathbf{b} = 0$ .                  | aling of violations, and enforcing conserva | tion easements dur    | ing the year              |
| 0  | Does each conservation easement reported on line 2(d) above                                     | a patient, the requirements of eastion 170  |                       |                           |
| 8  | •   |   |                       | Yes No                    |
| 9  | and section 170(h)(4)(B)(ii)?<br>In Part XIII, describe how the organization reports conservati |   |                       |                           |
| 5  | include, if applicable, the text of the footnote to the organization                            | -   |                       |                           |
|    | conservation easements.   |   | and organization 3 a  |                           |
| Pa | t III Organizations Maintaining Collections o   | f Art, Historical Treasures, or O           | ther Similar As       | sets.                     |
|    | Complete if the organization answered "Yes" on Form   |   |                       |                           |
| 1a | If the organization elected, as permitted under SFAS 116 (AS                                    |   | nent and balance sh   | neet works of art.        |
|    | historical treasures, or other similar assets held for public ext                               |   |                       |                           |
|    | the text of the footnote to its financial statements that descri                                |   |                       |                           |
| b  | If the organization elected, as permitted under SFAS 116 (AS                                    | SC 958), to report in its revenue statement | and balance sheet     | works of art, historical  |
|    | treasures, or other similar assets held for public exhibition, ed                               |   |                       |                           |
|    | relating to these items:  |   |                       | Ū.                        |
|    | (i) Revenue included on Form 990, Part VIII, line 1   |   | ▶ \$                  |                           |
|    |   |   | ▶ \$                  |                           |
| 2  | If the organization received or held works of art, historical tre                               |   |                       |                           |
|    | the following amounts required to be reported under SFAS 1                                      |   |                       |                           |
| а  | Revenue included on Form 990, Part VIII, line 1   |   | 🕨 💲                   |                           |
| b  | Assets included in Form 990, Part X   |   |                       |                           |
| -  | For Paperwork Reduction Act Notice, see the Instruction   |   |                       | ule D (Form 990) 2015     |

42 2015.04030 SPRINGPOINT SENIOR LIVING,

12481020 789762 1009070-010

532051 11-02-15

| Sche  | · · · · · · · · · · · · · · · · · · ·                 | OINT SENIOR                             |                         |                |              |                      | 22-34      |                |                | age <b>2</b> |
|-------|---|---|-------------------------|----------------|--------------|----------------------|------------|----------------|----------------|--------------|
| Par   | t III Organizations Maintaining C                     | ollections of Ar                        | t, Historical Tr        | easures, o     | or Othe      | er Simila            | ar Asse    | ts(contir      | nued)          |              |
| 3     | Using the organization's acquisition, accessi         | on, and other records                   | s, check any of the     | following that | at are a sig | gnificant ι          | use of its | collectio      | n item         | s            |
|       | (check all that apply):                               |   |                         |                |              |                      |            |                |                |              |
| а     | Public exhibition                                     | d                                       | Loan or exc             | hange progra   | ams          |                      |            |                |                |              |
| b     | Scholarly research                                    | e                                       | U Other                 |                |              |                      |            |                |                |              |
| с     | Preservation for future generations                   |   |                         |                |              |                      |            |                |                |              |
| 4     | Provide a description of the organization's co        | ollections and explair                  | how they further t      | he organizati  | ion's exer   | npt purpo            | se in Par  | t XIII.        |                |              |
| 5     | During the year, did the organization solicit o       | r receive donations c                   | of art, historical trea | sures, or oth  | er similar   | assets               |            |                |                |              |
|       | to be sold to raise funds rather than to be ma        | aintained as part of th                 | ne organization's co    | ollection?     |              |                      |            | Yes            |                | No           |
| Par   | t IV Escrow and Custodial Arran                       | gements. Comple                         | te if the organizatio   | n answered     | "Yes" on     | Form 990             | , Part IV, | line 9, or     |                |              |
|       | reported an amount on Form 990, Par                   | t X, line 21.                           |                         |                |              |                      |            |                |                |              |
| 1a    | Is the organization an agent, trustee, custodi        | an or other intermed                    | iary for contribution   | ns or other as | ssets not    | included             |            | _              |                | -            |
|       | on Form 990, Part X?                                  |   |                         |                |              |                      | L          | Yes            | X              | No           |
| b     | If "Yes," explain the arrangement in Part XIII        | and complete the fol                    | lowing table:           |                |              |                      |            |                |                |              |
|       |   |   |                         |                |              |                      |            | Amoun          | t              |              |
| С     | Beginning balance                                     |   |                         |                |              | . 1c                 |            |                |                |              |
| d     | Additions during the year                             |   |                         |                |              | . 1d                 |            |                |                |              |
| е     | Distributions during the year                         |   |                         |                |              | . 1e                 |            |                |                |              |
| f     | Ending balance  |   |                         |                |              | . 1f                 |            | _              |                |              |
| 2a    | Did the organization include an amount on Fe          | orm 990, Part X, line                   | 21, for escrow or cu    | ustodial acco  | ount liabili | ty?                  | LX         | Yes            |                | No           |
|       | If "Yes," explain the arrangement in Part XIII.       |   |                         |                |              |                      |            |                | X              |              |
| Par   | t V Endowment Funds. Complete in                      | f the organization and                  | swered "Yes" on Fo      | orm 990, Parl  |              |                      |            |                |                |              |
|       |   | (a) Current year                        | (b) Prior year          | (c) Two yea    |              | ( <b>d)</b> Three ye |            |                |                |              |
|       | Beginning of year balance                             | 11,756,354.                             | 11,246,890.             |                | 8,158.       |                      | 09,951.    |                | ,687,          |              |
|       | Contributions   | 1,817,311.                              | 1,248,666.              | ,              | 0,071.       | ,                    | 36,442.    | 2              | ,253,          |              |
|       | Net investment earnings, gains, and losses            | -123,875.                               | 306,155.                | 84             | 2,271.       | 6                    | 89,624.    |                | 22,            | 823.         |
| d     | Grants or scholarships                                |   |                         |                |              |                      |            |                |                |              |
| е     | Other expenditures for facilities                     |   |                         |                |              |                      |            |                |                |              |
|       | and programs  | 1,379,402.                              | 1,045,357.              | 1,37           | 3,610.       | 2,1                  | 37,859.    | 2              | ,453,          | 848.         |
|       | Administrative expenses                               |   |                         |                |              |                      |            |                |                |              |
| g     | End of year balance                                   | 12,070,388.                             | 11,756,354.             | 11,24          | 6,890.       | 8,5                  | 98,158.    | 8              | ,509,          | 951.         |
| 2     | Provide the estimated percentage of the curr          |   | e (line 1g, column (a   | a)) held as:   |              |                      |            |                |                |              |
|       | Board designated or quasi-endowment                   | .00                                     | _%                      |                |              |                      |            |                |                |              |
|       | Permanent endowment  31.00                            | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |                         |                |              |                      |            |                |                |              |
| С     | Temporarily restricted endowment  6                   |   |                         |                |              |                      |            |                |                |              |
|       | The percentages on lines 2a, 2b, and 2c sho           | uld equal 100%.                         |                         |                |              |                      |            |                |                |              |
| 3a    | Are there endowment funds not in the posse            | ssion of the organiza                   | tion that are held a    | nd administe   | ered for th  | ne organiz           | ation      | г              |                |              |
|       | by:   |   |                         |                |              |                      |            |                | Yes            | No           |
|       | (i) unrelated organizations                           |   |                         |                |              |                      |            | 3a(i)          |                | X            |
|       | (ii) related organizations                            |   |                         |                |              |                      |            | . 3a(ii)       |                | Х            |
| b     | If "Yes" on line 3a(ii), are the related organization |   |                         |                |              |                      |            | . 3b           |                |              |
| 4     | Describe in Part XIII the intended uses of the        | <u> </u>                                | wment funds.            |                |              |                      |            |                |                |              |
| Par   | t VI Land, Buildings, and Equipm                      |   |                         |                |              |                      |            |                |                |              |
|       | Complete if the organization answered                 |   |                         | 1              |              |                      |            |                |                |              |
|       | Description of property                               | (a) Cost or ot                          |                         | or other       | .,           | cumulate             | d          | <b>(d)</b> Boo | k value        | Э            |
|       |   | basis (investm                          | ,                       |                | dep          | reciation            |            | <u> </u>       |                | 01           |
|       | Land  |   | 26,29                   | 4,681.         | 001 0        |                      |            | 6,29           |                |              |
|       | Buildings   |   | 587,56                  | 4,706.         | ∠84,8        | 566,01               | 10.30      | 2,69           | ŏ, 6           | 90.          |
|       | Leasehold improvements                                |   |                         | 4 0 5 0        |              |                      |            | <u> </u>       |                |              |
|       | Equipment   |   |                         | 4,050.         |              |                      |            | 6,99           |                |              |
|       | Other   |   |                         | 6,157.         | 20,2         | 44,62                |            |                |                |              |
| Total | . Add lines 1a through 1e. (Column (d) must e         | qual Form 990, Part 2                   | X, column (B), line 1   | 0c.)           |              |                      |            | 3,02           |                |              |
|       |   |   |                         |                |              | 5                    | Schedule   | D (Forn        | n <b>990</b> ) | 2015         |

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| Schedule D (Form 990) 2015 SPRINGPOINT                               | ' SENIOR LIVIN             | G, INC. Z                           | 2-3498690 Pag            |
|--|----------------------------|-------------------------------------|--------------------------|
| Part VII Investments - Other Securities.                             |                            |                                     |                          |
| Complete if the organization answered "Yes"                          | on Form 990, Part IV, line | 11b. See Form 990, Part X, line 12. |                          |
| (a) Description of security or category (including name of security) | (b) Book value             | (c) Method of valuation: Cost or e  | end-of-year market value |
| (1) Financial derivatives  |                            |                                     |                          |
| (2) Closely-held equity interests                                    |                            |                                     |                          |
| (3) Other  |                            |                                     |                          |
| (A)  |                            |                                     |                          |
| (B)  |                            |                                     |                          |
| (C)  |                            |                                     |                          |
| (D)  |                            |                                     |                          |
| (E)  |                            |                                     |                          |
| (F)  |                            |                                     |                          |
| (G)  |                            |                                     |                          |
| (H)  |                            |                                     |                          |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)     |                            |                                     |                          |
| Part VIII Investments - Program Related.                             |                            |                                     |                          |
| Complete if the organization answered "Yes"                          | on Form 990, Part IV, line | 11c. See Form 990, Part X, line 13. |                          |
| (a) Description of investment  | (b) Book value             | (c) Method of valuation: Cost or e  | end-of-year market value |
| (1) EQUITY SECURITIES  | 41,330,861.                | END-OF-YEAR MARKE                   | T VALUE                  |
| (2) CASH & CASH EQUIVALENTS  | 22,109,101.                | END-OF-YEAR MARKE                   |                          |
| (3) CORPORATE BONDS  | 43,298,142.                | END-OF-YEAR MARKE                   | T VALUE                  |
| (4) LIMITED PARTNERSHIPS   | 3,150,062.                 | END-OF-YEAR MARKE                   | T VALUE                  |
| (5)  |                            |                                     |                          |
| (6)  |                            |                                     |                          |
| (7)  |                            |                                     |                          |
| (8)  |                            |                                     |                          |
| (9)  |                            |                                     |                          |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)     | 109,888,166.               |                                     |                          |
| Part IX Other Assets.  |                            |                                     |                          |
| Complete if the organization answered "Yes"                          | on Form 990, Part IV, line | 11d. See Form 990, Part X, line 15. |                          |
| (a)  | Description                |                                     | (b) Book value           |
| (1)  |                            |                                     |                          |
| (2)  |                            |                                     |                          |
| (3)  |                            |                                     |                          |
| (4)  |                            |                                     |                          |
| (5)  |                            |                                     |                          |
| (6)  |                            |                                     |                          |
| (7)  |                            |                                     |                          |

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

#### Part X Other Liabilities.

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

| 1. (a) Description of liability   | (b) Book value |  |
|---|----------------|--|
| (1) Federal income taxes  |                |  |
| (2) RESIDENTS DEPOSITS  | 2,801,451.     |  |
| (3) DUE TO AFFILIATES   | 9,413,358.     |  |
| (4) DERIVATIVE INSTRUMENTS  | 3,692,184.     |  |
| (5) OTHER LIABILITIES   | 360,000.       |  |
| (6) CAPITAL ADVANCES  | 80,835,527.    |  |
| (7) LIABILITIES OF SPLIT INTEREST   |                |  |
| (8) AGREEMENTS  | 3,623,713.     |  |
| (9) NOTES PAYABLE TO AFFILIATES   | 25,249,760.    |  |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)                | 363,362,178.   |  |
| • Lishility for uncertain toy positions. In Dark XIII, provide the toyst of the f |                |  |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII 🚺

### Schedule D (Form 990) 2015

532053 09-21-15

(8)

| Sche | dule D (Form 990) 2015 SPRINGPOINT SENIOR LIVING,   | INC.                  | 22-3498690 Page 4 |
|------|---|-----------------------|-------------------|
| Pa   | t XI Reconciliation of Revenue per Audited Financial Stateme  | ents With Revenue per |                   |
|      | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a                              |                       |                   |
| 1    | Total revenue, gains, and other support per audited financial statements                                |                       | 1                 |
| 2    | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                     |                       |                   |
| а    | Net unrealized gains (losses) on investments  | 2a                    |                   |
| b    | Donated services and use of facilities  | 2b                    |                   |
| с    | Recoveries of prior year grants   | 2c                    |                   |
| d    | Other (Describe in Part XIII.)  | 2d                    |                   |
| е    | Add lines 2a through 2d   |                       | 2e                |
| 3    | Subtract line 2e from line 1  |                       | 3                 |
| 4    | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                    |                       |                   |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b  | 4a                    |                   |
| b    | Other (Describe in Part XIII.)  | 4b                    |                   |
| С    | Add lines 4a and 4b   |                       | 4c                |
| 5    | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)                         |                       |                   |
| Pa   | t XII Reconciliation of Expenses per Audited Financial Statem   |                       | er Return.        |
|      | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a                              |                       |                   |
| 1    | Total expenses and losses per audited financial statements  |                       | 1                 |
| 2    | Amounts included on line 1 but not on Form 990, Part IX, line 25:                                       | 11                    |                   |
| а    | Donated services and use of facilities  |                       |                   |
| b    | Prior year adjustments  |                       |                   |
| С    | Other losses  |                       | _                 |
| d    | Other (Describe in Part XIII.)  |                       |                   |
| е    | Add lines 2a through 2d   |                       |                   |
| 3    | Subtract line 2e from line 1  |                       | 3                 |
| 4    | Amounts included on Form 990, Part IX, line 25, but not on line 1:                                      | 1 1                   |                   |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b  |                       |                   |
| b    | Other (Describe in Part XIII.)  | 4b                    |                   |
| С    | Add lines 4a and 4b   |                       |                   |
| 5    | Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> ) |                       | 5                 |
| Pa   | t XIII Supplemental Information.  |                       |                   |

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

# PART II, LINE 9:

# SPRINGPOINT DOES NOT REPORT THE CONSERVATION EASEMENTS ON ITS FINANCIAL

STATEMENTS.

PART IV, LINE 2B:

FOR CERTAIN MEDICAID RESIDENTS, SPRINGPOINT IS THE RECEIVER OF THEIR

SOCIAL SECURITY CHECK. THE SOCIAL SECURITY CHECK INCLUDES AN AMOUNT EACH

MONTH THAT THE RESIDENT IS ALLOWED TO USE FOR PERSONAL NEEDS. WE HOLD THAT

AMOUNT FOR THE RESIDENT AND DISBURSE THE FUNDS TO THE RESIDENTS AT THEIR

REQUEST TO PURCHASE PERSONAL ITEMS.

PART X, LINE 2:

532054 09-21-15

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| Schedule D (Form 990) 2015    | SPRINGPOINT SENIOR  | R LIVING, INC.       | 22-3498690 Page 5 |
|-------------------------------|---------------------|----------------------|-------------------|
| Part XIII Supplemental Inform | nation (continued)  |                      |                   |
| THE SPRINGPOINT SEN           | OR LIVING GROUP RE  | TURN ACCOUNTS FOR U  | ICERTAINTY IN     |
| INCOME TAXES USING A          | A RECOGNITION THRES | HOLD OF MORE-LIKELY  | -THAN NOT TO BE   |
| SUSTAINED UPON EXAM           | NATION BY THE APPI  | OPRIATE TAXING AUTHO | DRITY.            |
| MEASUREMENT OF THE            | AX UNCERTAINTY OCC  | CURS IF THE RECOGNIT | ION THRESHOLD IS  |
| MET. MANAGEMENT DETH          | RMINED THERE WERE   | NO TAX UNCERTAINTIES | S THAT MET THE    |
| RECOGNITION THRESHOL          | D IN 2015 AND 2014  | L.                   |                   |

THE GROUP RETURN'S FEDERAL EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURNS FOR THE YEARS ENDED DECEMBER 31, 2014, 2013, AND 2012 REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE.

Schedule D (Form 990) 2015

SPRINGPOINT SENIOR LIVING, INC.

| Part XIII Supplemental Information (continued)           |                            |  |  |
|--|----------------------------|--|--|
| Part X Other Liabilities. See Form 990, Part X, line 25. |                            |  |  |
| (a) Description of liability                             | (b) Amount<br>237,386,185. |  |  |
| REFUNDABLE ENTRANCE FEES                                 | 227 296 195                |  |  |
| REFUNDABLE ENTRANCE FEES                                 | 237,300,105.               |  |  |
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| 532451 04-01-15  | Schedule D (Form 990)      |  |  |

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| SCHEDULE G  | Supplana  | ntol Information Description  |   | draia   | ing or Coming   | A ativ         | itiaa  | OMB No. 1545-0047  |
|---|---|---|---|---|---|----------------|--|--|
| (Form 990 or 990-EZ)  |   | ental Information Regardin<br>e organization answered "Yes" o   |   |   |   |                |  | 2015   |
| Department of the Treasury  |   | organization entered more than \$   | \$15,000  | on Fo   | rm 990-EZ, line 6a.   |                |  | Open to Public   |
| Internal Revenue Service  |   | Attach to Form 9<br>about Schedule G (Form 990 or 990-E   |   |   |   |                | 111330.  | Inspection   |
| Name of the organization  |   | OINT SENIOR LIVIN   | IC T  | NC  |   |                | Employer id<br>22-3498   | entification number  |
| Part I Fundrais   |   | Complete if the organization answ   |   |   |   |                |  |  |
| required to   | complete this par   | t.  |   |   |   |                |  |  |
| <ul> <li>a X Mail solicitat</li> <li>b X Internet and</li> <li>c X Phone solicitat</li> <li>d X In-person so</li> <li>2 a Did the organization key employees list</li> <li>b If "Yes," list the term</li> </ul> | ions<br>email solicitations<br>tations<br>licitations<br>on have a written o<br>ed in Form 990, F<br>n highest paid ind | s <b>f</b> Solici<br><b>g</b> X Speci<br>or oral agreement with any individu<br>Part VII) or entity in connection with<br>ividuals or entities (fundraisers) pu | tation of<br>tation of<br>ial fundra<br>ual (inclue | non-g<br>gover<br>aising<br>ding o<br>ional 1 | overnment grants<br>rnment grants<br>events<br>fficers, directors, tru<br>fundraising services? | stees o        | X Ye   |  |
| compensated at le   | east \$5,000 by the   | e organization.   |   |   | 1   |                |  |  |
| (i) Name and addres<br>or entity (fund  |   | (ii) Activity   | have c  | Did<br>aiser<br>ustody<br>trol of<br>utions?  | (iv) Gross receipts from activity   | tò (or<br>fu   | mount paid<br>retained by)<br>Indraiser<br>ed in col. <b>(i)</b> | <b>(vi)</b> Amount paid<br>to (or retained by)<br>organization |
| ZANONI & ASSOCIATE  |   |   | Yes   | No  | -   |                |  |  |
| SHEFFIELD DRIVE, M  | ANSFIELD,   | PROGRAM SOLICITATIONS   |   | X   | 94,500.   |                | 66,000   | . 0.   |
|   |   |   |   |   |   |                |  |  |
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|   |   |   |   |   | 04 500  |                |  |  |
| Total           3 List all states in whi  | ich the organizatio   | on is registered or licensed to solic   | it contrib  |   | 94,500.<br>s or has been notifie  | l<br>d it is e | 66,000<br>exempt from  |  |
| or licensing.   |   | -   |   |   |   |                | •  |  |
| NJ,PA   |   |   |   |   |   |                |  |  |
|   |   |   |   |   |   |                |  |  |
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|   |   |   |   |   |   |                |  |  |
| LHA For Paperwork R   | eduction Act Not  | ice, see the Instructions for Forr  | n 990 or  | 990-  | EZ.   | Sched          | ule G (Form  | 990 or 990-EZ) 2015  |
| •   |   | FOR CONTINUATIONS   |   |   |   |                | -  | -  |
| 09-14-15  |   |   | 48  |   |   |                |  |  |
| 481020 789762   | 2 1009070   | -010 2015.04030   |   | ING   | POINT SENIC   | OR I           | JVING,   | 10090701   |

| Schedule G (Form 990 or 990-EZ) 2015 SPRINGPOINT SENIOR LIVING, IN | 2. |
|--|----|
|--|----|

Part II

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

| - 1                    |  |  | (a) Event #1   | (b) Event #2            | (c) Other events<br>NONE | (d) Total events          |
|------------------------|--|--|--|-------------------------|--------------------------|---------------------------|
|                        |  |  | GOLF OUTING  |                         | NONE                     | (add col. (a) through     |
|                        |  |  | (event type)   | (event type)            | (total number)           | col. <b>(c)</b> )         |
|                        |  |  |  | (even type)             |                          |                           |
| חפעפוומפ               | 1  | Gross receipts   | 182,581.   |                         |                          | 182,581                   |
|                        | 2  | Less: Contributions  | 101,177.   |                         |                          | 101,177                   |
|                        | 3  | Gross income (line 1 minus line 2)   | 81,404.  |                         |                          | 81,404                    |
|                        | 4  | Cash prizes  |  |                         |                          |                           |
|                        | 5  | Noncash prizes   |  |                         |                          |                           |
| חוופרו באחפוואפא       | 6  | Rent/facility costs  | 81,404.  |                         |                          | 81,404                    |
| בל<br>מכו              | 7  | Food and beverages   |  |                         |                          |                           |
| 5                      | 8  | Entertainment  |  |                         |                          |                           |
|                        | 9  | Other direct expenses  |  |                         |                          | 12,460                    |
|                        | 10   | Direct expense summary. Add lines 4 through  |  | ·                       | ►                        | 93,864                    |
|                        |  | Net income summary. Subtract line 10 from I<br>III Gaming. Complete if the organization          |  |                         |                          | -12,460                   |
| -                      |  | \$15,000 on Form 990-EZ, line 6a.  |  | (b) Pull tabs/instant   |                          | (d) Total gaming (ad      |
|                        |  |  | (a) Bingo  | bingo/progressive bingo | (c) Other gaming         | col. (a) through col. (a) |
|                        | 1  | Gross revenue  |  |                         |                          |                           |
|                        |  |  |  |                         |                          |                           |
| <u>,</u>               | 2  | Cash prizes  |  |                         |                          |                           |
| υΙ                     | -  | 1  |  |                         |                          |                           |
|                        |  | Noncash prizes   |  |                         |                          |                           |
| חוופרו באהפוואפא       | 3  |  |  |                         |                          |                           |
| חוובתו באחבוואב        | 3<br>4   | Noncash prizes   |  |                         |                          |                           |
|                        | 3<br>4<br>5  | Noncash prizes   |  | └── Yes%<br>└── No      | └── Yes %<br>└── No      |                           |
|                        | 3<br>4<br>5<br>6                                   | Noncash prizes<br>Rent/facility costs<br>Other direct expenses                                   | └── Yes%<br>└── No   | No                      | No                       |                           |
|                        | 3<br>4<br>5<br>6<br>7                              | Noncash prizes         Rent/facility costs         Other direct expenses         Volunteer labor | Yes%           No           5 in column (d)  | No No                   | <u>No</u> No             |                           |
|                        | 3<br>4<br>5<br>7<br>8                              | Noncash prizes   | Yes         %           No         %           1 5 in column (d)            7 from line 1, column (d)  | No No                   | ─ No                     |                           |
| Ð                      | 3<br>4<br>5<br>7<br>8<br>Ent                       | Noncash prizes   | Yes       %         No       %         1 5 in column (d)          7 from line 1, column (d)          ucts gaming activities:                   | No                      | ─ No                     |                           |
| 9<br>a                 | 3<br>4<br>5<br>6<br>7<br>8<br>Ent<br>Is t          | Noncash prizes   | Yes%         No         1 5 in column (d)         7 from line 1, column (d)         ucts gaming activities:         ctivities in each of these | No No states?           | ─ No                     |                           |
| e<br>e<br>e<br>e       | 3<br>4<br>5<br>6<br>7<br>8<br>Ent<br>Is t<br>If "I | Noncash prizes   | h 5 in column (d)<br>from line 1, column (d)<br>ucts gaming activities: _<br>ctivities in each of these  | States?                 | No                       | Yes N                     |
| e<br>e<br>e<br>b<br>Da | 3<br>4<br>5<br>6<br>7<br>8<br>Ent<br>Is t<br>If "I | Noncash prizes   | Yes % No No f 5 in column (d) from line 1, column (d) ucts gaming activities: _ ctivities in each of these evoked, suspended or te             | states?                 | No                       | Yes . N                   |
| a<br>b                 | 3<br>4<br>5<br>6<br>7<br>8<br>Ent<br>Is t<br>If "I | Noncash prizes   | Yes % No No f 5 in column (d) from line 1, column (d) ucts gaming activities: _ ctivities in each of these evoked, suspended or te             | states?                 | No                       | Yes . N                   |

| Schedule G (Form 990 or 990-EZ) 2015 SPRINGPOINT SENIOR LIVING, INC. 22-3498690 Pa   |
|--|
| 11 Does the organization conduct gaming activities with nonmembers?  |
| 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?   |
| 13 Indicate the percentage of gaming activity conducted in:  |
| a The organization's facility 13a  |
| b An outside facility 13b  |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:   |
| Name   |
| Address  |
| 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?   |
|  |
| <b>b</b> If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount   |
| of gaming revenue retained by the third party $\triangleright$ \$  |
| <b>c</b> If "Yes," enter name and address of the third party:  |
|  |
| Address 🕨  |
| 16 Gaming manager information:   |
|  |
|  |
| Gaming manager compensation 🕨 \$   |
| Description of services provided 🕨   |
|  |
|  |
|  |
| Director/officer Employee Independent contractor   |
|  |
| 17 Mandatory distributions:  |
| a Is the organization required under state law to make charitable distributions from the gaming proceeds to  |
| retain the state gaming license? Yes<br>b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the |
| organization's own exempt activities during the tax year <b>&gt;</b> \$  |
| Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15                    |
| 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).   |
| SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:   |
|  |
|  |
| (I) NAME OF FUNDRAISER: ZANONI & ASSOCIATES  |
| (I) ADDRESS OF FUNDRAISER: 33 SHEFFIELD DRIVE, MANSFIELD, NJ 08022   |
|  |
|  |
|  |
|  |
|  |
|  |
| 532083 09-14-15 Schedule G (Form 990 or 990-EZ)<br>50  |
| 81020 789762 1009070-010 2015.04030 SPRINGPOINT SENIOR LIVING, 100907  |

| Schedule G | (Form 990 or 990-EZ | ) SPRINGPOINT          | SENIOR | LIVING, | INC. |
|------------|---------------------|------------------------|--------|---------|------|
| Part IV    | Supplemental        | nformation (continued) |        |         |      |

| 532084<br>04-01-15 | 1009070-010 | 51<br>SPRINGPOINT |                |                   |
|--------------------|-------------|-------------------|----------------|-------------------|
| 522004             |             |                   | Schedule G (Fo | orm 990 or 990-EZ |
|                    |             |                   |                |                   |
|                    |             |                   |                |                   |
|                    |             | <br>              |                |                   |
|                    |             |                   | <br>           |                   |
|                    |             |                   |                |                   |
|                    |             |                   |                |                   |
|                    |             |                   |                |                   |
|                    |             | <br>              |                |                   |
|                    |             |                   |                |                   |
|                    |             | <br>              |                |                   |
|                    |             |                   |                |                   |
|                    | <br>        | <br>              | <br>           |                   |
|                    |             |                   |                |                   |
|                    |             |                   |                |                   |
|                    |             |                   |                |                   |
|                    |             |                   |                |                   |
|                    |             |                   |                |                   |
|                    |             |                   |                |                   |
|                    |             |                   |                |                   |
|                    | <br>        | <br>              | <br>           |                   |
|                    |             |                   |                |                   |
|                    |             |                   |                |                   |

| SCHEDULE I<br>(Form 990)<br>Department of the Treasury<br>Internal Revenue Service |  | <b>Go</b><br>Comp    | Grants and Oth<br>vernments, ar  | nd Individual<br>n answered "Yes"<br>Attach to For | <b>ls in the Ŭni</b><br>' on Form 990, Pa<br>m 990. | ted States<br>rt IV, line 21 or 22.                                   | 0                                      |                                       | OMB No. 1<br>20<br>Open to<br>Inspe | 15<br>Public |
|--|--|----------------------|----------------------------------|--|---|---|--|---------------------------------------|-------------------------------------|--------------|
| Name of the organizat  | ion  | Informat             | ion about Schedule I             | (Form 990) and its                                 | s instructions is a                                 | tt www.irs.gov/iorini98   | 0.                                     | Employer                              | identificatio                       | on number    |
|  |  |                      | LIVING, IN                       | IC .   |   |   |  |                                       | 22-34                               | 98690        |
|  | nformation on Grants a                                 |                      |                                  |  |   |   |  |                                       |                                     |              |
| -  | zation maintain records                                |                      | -                                |  |   |   |  | ction                                 | X Yes                               | ∏ No         |
| 2 Describe in Part   | award the grants or assis<br>IV the organization's pro |                      | toring the use of grant          | funds in the Linite                                | d States  |   |  |                                       | 11 fes                              |              |
|  | d Other Assistance to                                  |                      |                                  |  |   | anization answered "  | /es" on Form 990. Par                  | t IV. line 21                         | . for anv                           |              |
|  | hat received more than                                 | -                    |                                  |  |   |   |  |                                       | , for any                           |              |
| 1 (a) Name and ac  | ddress of organization<br>vernment                     | (b) EIN              | (c) IRC section<br>if applicable | (d) Amount of cash grant                           | (e) Amount of<br>non-cash<br>assistance             | <b>(f)</b> Method of<br>valuation (book,<br>FMV, appraisal,<br>other) | (g) Description of non-cash assistance |                                       | Purpose of g<br>or assistanc        |              |
| TWO RIVER THEATER<br>12 BRIDGE AVE<br>RED BANK, NJ 0770                            |  | 18-5775700           | 501(C)(3)                        | 15,000.  | 0.  |   |  | GENERAL                               | PURPOSE                             |              |
|  |  |                      |                                  |  |   |   |  |                                       |                                     |              |
| GROUNDS FOR SCULF  |  |                      |                                  |  |   |   |  |                                       |                                     |              |
| 14 FAIRGROUNDS RC<br>HAMILTON, NJ 0861   |  | 22-3694371           | 501(C)(3)                        | 5,000.   | 0.  |   |  | GENERAL                               | DUDDOGE                             |              |
|  | .5   | 22 3034371           | 501(0)(3)                        | 5,000.   |   |   |  | GENEIKE                               | TORIOSE                             |              |
|  |  |                      |                                  |  |   |   |  |                                       |                                     |              |
|  |  |                      |                                  |  |   |   |  |                                       |                                     |              |
|  |  |                      |                                  |  |   |   |  |                                       |                                     |              |
|  |  |                      |                                  |  |   |   |  |                                       |                                     |              |
|  |  |                      |                                  |  |   |   |  |                                       |                                     |              |
| 2 Enter total numb   | per of section 501(c)(3) a                             | nd government o      | rganizations listed in th        | ne line 1 table                                    |   |   | •                                      | · · · · · · · · · · · · · · · · · · · |                                     | 2.           |
| 3 Enter total numb   | per of other organization                              | s listed in the line | 1 table                          |  |   |   |  | ►                                     |                                     | 0.           |
| LHA For Paperwork  | Reduction Act Notice                                   | , see the Instruct   | tions for Form 990.              |  |   |   |  | Scheo                                 | lule I (Form                        | 990) (2015)  |

22-3498690

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<br>cash grant | (d) Amount of non-<br>cash assistance | <b>(e)</b> Method of valuation<br>(book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|-----------------------------|---------------------------------------|---|--|
|                                 |                          |                             |                                       |   |  |
| ESIDENT ASSISTANCE              | 13                       | 309,022.                    | 0.                                    |   |  |
|                                 |                          |                             |                                       |   |  |
|                                 |                          |                             |                                       |   |  |
|                                 |                          |                             |                                       |   |  |
|                                 |                          |                             |                                       |   |  |
|                                 |                          |                             |                                       |   |  |
|                                 |                          |                             |                                       |   |  |
|                                 |                          |                             |                                       |   |  |
|                                 |                          |                             |                                       |   |  |

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

GRANTS ARE MONITORED BY THE ORGANIZATION'S FINANCE PERSONNEL THROUGH THE

UTILIZATION OF COST CENTERS AND OTHER INFORMATION; INCLUDING WRITTEN

DOCUMENTATION AND RECEIPTS.

| SC  | HEDULE J  | Compensation Information  | I         | OMB No. 1    | 1545-00 | 47     |
|-----|---|---|-----------|--------------|---------|--------|
| (Fo | rm 990)   | For certain Officers, Directors, Trustees, Key Employees, and Highest   | F         | 20           | 16      |        |
| •   | ,   | Compensated Employees   |           | 20           | IJ      | )      |
|     |   | <ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</li> <li>Attach to Form 990.</li> </ul> |           | Open to      | Publ    | ic     |
|     | tment of the Treasury<br>al Revenue Service   | Information about Schedule J (Form 990) and its instructions is at www.irs.gov/fo.  | rm990.    | Inspe        | ction   |        |
| Nam | e of the organizatio  | n   | Employer  | identificati | on nu   | mber   |
|     |   | SPRINGPOINT SENIOR LIVING, INC.   | 22-3      | 349869       | 0       |        |
| Pa  | rt I Question   | s Regarding Compensation  |           |              |         |        |
|     |   |   |           |              | Yes     | No     |
| 1a  | Check the appropr   | iate box(es) if the organization provided any of the following to or for a person listed on Form                            | n 990,    |              |         |        |
|     | Part VII, Section A,  | line 1a. Complete Part III to provide any relevant information regarding these items.                                       |           |              |         |        |
|     | First-class or o  | charter travel Housing allowance or residence for perso   | onal use  |              |         |        |
|     | Travel for com  | panions Payments for business use of personal re  | sidence   |              |         |        |
|     | Tax indemnifie  | ation and gross-up payments Health or social club dues or initiation fee  | 'S        |              |         |        |
|     | Discretionary   | spending account Personal services (e.g., maid, chauffeur, o  | chef)     |              |         |        |
|     |   |   |           |              |         |        |
| b   | •   | on line 1a are checked, did the organization follow a written policy regarding payment or                                   |           |              |         |        |
|     | reimbursement or p  | provision of all of the expenses described above? If "No," complete Part III to explain                                     |           | 1b           |         |        |
| 2   |   | n require substantiation prior to reimbursing or allowing expenses incurred by all directors,                               |           |              |         |        |
|     | trustees, and office  | ers, including the CEO/Executive Director, regarding the items checked in line 1a?  |           | 2            |         |        |
| -   |   |   |           |              |         |        |
| 3   |   | ny, of the following the filing organization used to establish the compensation of the organization                         |           |              |         |        |
|     |   | ector. Check all that apply. Do not check any boxes for methods used by a related organizat                                 | lion to   |              |         |        |
|     | ·   | ation of the CEO/Executive Director, but explain in Part III.   |           |              |         |        |
|     | Compensation committee  |   |           |              |         |        |
|     | ·   | compensation consultant   |           |              |         |        |
|     | └── Form 990 of o   | ther organizations Approval by the board or compensation of   | committee |              |         |        |
| 4   | During the year di  | Lany parson listed on Form 000. Dart VII. Section A line 1s, with respect to the filing                                     |           |              |         |        |
| 4   | organization or a re  | any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing                                     |           |              |         |        |
| а   | 0   | e payment or change-of-control payment?   |           | 4a           |         | x      |
| b   |   | ceive payment from, a supplemental nonqualified retirement plan?  |           |              | х       |        |
|     |   | ceive payment from, an equity-based compensation arrangement?   |           |              |         | x      |
| Ŭ   |   | nes 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   |   | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati                                | on        |              |         |        |
|     | contingent on the r   |   |           |              |         |        |
| а   | •   |   |           |              |         | X      |
| b   | Any related organiz   | ation?  |           | 5b           |         | X      |
|     |   | r 5b, describe in Part III.   |           |              |         |        |
| 6   |   | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati                                | on        |              |         |        |
|     | contingent on the r   | net earnings of:  |           |              |         |        |
| а   | The organization?   | -   |           | 6a           |         | X      |
| b   | Any related organiz   | ation?  |           | 6b           |         | X      |
|     |   | or 6b, describe in Part III.  |           |              |         |        |
| 7   | For persons listed  | on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payment                               | ts        |              |         |        |
|     |   | nes 5 and 6? If "Yes," describe in Part III   |           | 7            | Х       |        |
| 8   | 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the |   |           |              |         |        |
|     | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       |   |           |              |         | X      |
| 9   | 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in          |   |           |              |         |        |
|     |   | ז 53.4958-6(c)?   | <u></u>   | 9            |         |        |
| LHA | For Paperwork R   | eduction Act Notice, see the Instructions for Form 990.   | Schee     | dule J (Forn | n 990   | ) 2015 |

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12481020 789762 1009070-010 2015.04030 SPRINGPOINT SENIOR LIVING, 10090701

22-3498690

#### 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 are not 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-MI                        | SC compensation                           | (C) Retirement and other deferred | (D) Nontaxable | (E) Total of columns | (F) Compensation   |
|----------------------------|------|--------------------------|---|---|-----------------------------------|----------------|----------------------|--|
| (A) Name and Title         |      | (i) Base<br>compensation | (ii) Bonus &<br>incentive<br>compensation | (iii) Other<br>reportable<br>compensation | other deferred<br>compensation    | benefits       | (B)(i)-(D)           | in column (B)<br>reported as deferred<br>on prior Form 990 |
| (1) GARY T. PUMA           | (i)  | 0.                       | 0.  | 0.  | 0.                                | 0.             | 0.                   | 0.   |
|                            | (ii) | 554,045.                 | 353,270.                                  | 21,322.                                   | 21,050.                           | 30,568.        | 980,255.             | 0.   |
| (2) GARRETT T. MIDGETT III | (i)  | 0.                       | 0.  | 0.  | 0.                                | 0.             | 0.                   | 0.   |
|                            | (ii) | 301,899.                 | 121,615.                                  | 10,826.                                   | 50,859.                           | 30,674.        | 515,873.             | 0.   |
|                            | (i)  | 0.                       | 0.  | 0.  | 0.                                | 0.             | 0.                   | 0.   |
|                            | (ii) | 246,930.                 | 123,749.                                  | 8,207.                                    | 45,668.                           | 26,987.        | 451,541.             | 0.   |
|                            | (i)  | 0.                       | 0.  | 0.  | 0.                                | 0.             | 0.                   | 0.   |
|                            | (ii) | 345,071.                 | 162,593.                                  | 11,194.                                   | 89,050.                           | 29,283.        | 637,191.             | 0.   |
| (5) MICHAEL OAKES          | (i)  | 222,218.                 | 48,289.                                   | 6,142.                                    | 3,377.                            | 17,170.        | 297,196.             | 0.   |
|                            | (ii) | 0.                       | 0.  | 0.  | 0.                                | 0.             | 0.                   | 0.   |
| (6) DAVID B. WEAN          | (i)  | 0.                       | 0.  | 0.  | 0.                                | 0.             | 0.                   | 0.   |
|                            | (ii) | 200,813.                 | 55,242.                                   | 7,518.                                    | 17,113.                           | 24,205.        | 304,891.             | 0.   |
| (7) PAMELA SMITH           | (i)  | 0.                       | 0.  | 0.  | 0.                                | 0.             | 0.                   | 0.   |
|                            | (ii) | 181,475.                 | 80,647.                                   | 7,494.                                    | 20,307.                           | 27,398.        | 317,321.             | 0.   |
| (8) JESSICA FOGG           | (i)  | 0.                       | 0.  | 0.  | 0.                                | 0.             | 0.                   | 0.   |
|                            | (ii) | 121,391.                 | 45,844.                                   | 31,068.                                   | 14,989.                           | 19,734.        | 233,026.             | 0.   |
| (9) MARYBETH KOPEC         | (i)  | 0.                       | 0.  | 0.  | 0.                                | 0.             | 0.                   | 0.   |
|                            | (ii) | 198,511.                 | 60,259.                                   | 7,541.                                    | 18,618.                           | 30,674.        | 315,603.             | 0.   |
| (10) RAYMOND R. LEENIG     | (i)  | 0.                       | 0.  | 0.  | 0.                                | 0.             | 0.                   | 0.   |
|                            | (ii) | 203,623.                 | 60,259.                                   | 9,847.                                    | 18,873.                           | 18,520.        | 311,122.             | 0.   |
| (11) LINDA ROSE            | (i)  | 0.                       | 0.  | 0.  | 0.                                | 0.             | 0.                   | 0.   |
|                            | (ii) | 225,616.                 | 83,949.                                   | 7,908.                                    | 19,354.                           | 23,028.        | 359,855.             | 0.   |
| (12) DAVID WOODWARD        | (i)  | 0.                       | 0.  | 0.  | 0.                                | 0.             | 0.                   | 0.   |
| VP OPERATIONS              | (ii) | 218,651.                 | 64,950.                                   | 10,811.                                   | 9,082.                            | 19,153.        | 322,647.             | 0.   |
| (13) JEAN BROPHY           | (i)  | 0.                       | 0.  | 0.  | 0.                                | 0.             | 0.                   | 0.   |
| CCRC EXECUTIVE DIRECTOR    | (ii) | 174,563.                 | 46,735.                                   | 5,529.                                    | 10,824.                           | 9,822.         | 247,473.             | 0.   |
| (14) RICHARD WHITEMAN      | (i)  | 0.                       | 0.  | 0.  | 0.                                | 0.             | 0.                   | 0.   |
|                            | (ii) | 167,834.                 | 51,283.                                   | 559.                                      | 17,635.                           | 33,434.        | 270,745.             | 0.   |
|                            | (i)  | 0.                       | 0.  | 0.  | 0.                                | 0.             | 0.                   | 0.   |
|                            | (ii) | 172,148.                 | 48,170.                                   | 2,532.                                    | 6,797.                            | 34,973.        | 264,620.             | 0.   |
| (16) SUSAN LIPPY           | (i)  | 0.                       | 0.  | 0.  | 0.                                | 0.             | 0.                   | 0.   |
|                            | (ii) | 175,547.                 | 46,735.                                   | 1,285.                                    | 7,824.                            | 8,048.         | 239,439.             | 0.   |

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#### 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 are not 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-MI                        | SC compensation                           | (C) Retirement and other deferred | (D) Nontaxable | (E) Total of columns |  |
|-------------------------|-------------|--------------------------|---|---|-----------------------------------|----------------|----------------------|--|
| (A) Name and Title      |             | (i) Base<br>compensation | (ii) Bonus &<br>incentive<br>compensation | (iii) Other<br>reportable<br>compensation | other deferred<br>compensation    | benefits       | (B)(i)-(D)           | in column (B)<br>reported as deferred<br>on prior Form 990 |
| (17) BRENDEN GAROZZO    | (i)         | 0.                       | 0.  | 0.  |                                   | 0.             |                      | 0.   |
| CCRC EXECUTIVE DIRECTOR | (ii)        | 172,106.                 | 50,585.                                   | 2,623.                                    | 11,918.                           | 9,822.         | 247,054.             | 0.   |
|                         | (i)         |                          |   |   |                                   |                |                      |  |
|                         | (ii)        |                          |   |   |                                   |                |                      |  |
|                         | (i)         |                          |   |   |                                   |                |                      |  |
|                         | (ii)        |                          |   |   |                                   |                |                      |  |
|                         | (i)         |                          |   |   |                                   |                |                      |  |
|                         | (ii)        |                          |   |   |                                   |                |                      |  |
|                         | (i)         |                          |   |   |                                   |                |                      |  |
|                         | (ii)        |                          |   |   |                                   |                |                      |  |
|                         | (i)         |                          |   |   |                                   |                |                      |  |
|                         | (ii)        |                          |   |   |                                   |                |                      |  |
|                         | (i)         |                          |   |   |                                   |                |                      |  |
|                         | (ii)        |                          |   |   |                                   |                |                      |  |
|                         | (i)         |                          |   |   |                                   |                |                      |  |
|                         | (ii)        |                          |   |   |                                   |                |                      |  |
|                         | (i)<br>(ii) |                          |   |   |                                   |                |                      |  |
|                         | (i)         |                          |   |   |                                   |                |                      |  |
|                         | (i)<br>(ii) |                          |   |   |                                   |                |                      |  |
|                         | (i)         |                          |   |   |                                   |                |                      |  |
|                         | (ii)        |                          |   |   |                                   |                |                      |  |
|                         | (i)         |                          |   |   |                                   |                |                      |  |
|                         | (ii)        |                          |   |   |                                   |                |                      |  |
|                         | (i)         |                          |   |   |                                   |                |                      |  |
|                         | (ii)        |                          |   |   |                                   |                |                      |  |
|                         | (i)         |                          |   |   |                                   |                |                      |  |
|                         | (ii)        |                          |   |   |                                   |                |                      |  |
|                         | (i)         |                          |   |   |                                   |                |                      |  |
|                         | (ii)        |                          |   |   |                                   |                |                      |  |
|                         | (i)         |                          |   |   |                                   |                |                      |  |
|                         | (ii)        |                          |   |   |                                   |                |                      |  |

#### Part III Supplemental Information

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

PART I, LINE 3:

THE PARENT COMPANY OF SPRINGPOINT SENIOR LIVING, INC. USES THE FOLLOWING

METHODS FOR ESTABLISHING COMPENSATION: A COMPENSATION COMMITTEE, AN

INDEPENDENT COMPENSATION CONSULTANT, A COMPENSATION SURVEY AND APPROVAL BY

THE BOARD OR COMPENSATION COMMITEE.

PART I, LINE 4B:

THE DEFERRED COMPENSATION AMOUNT IN COLUMN C FOR THE FOLLOWING INDIVIDUALS

INCLUDES UNVESTED BENEFITS IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN

WHICH ARE SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE.

ACCORDINGLY, THE INDIVIDUALS MAY NEVER ACTUALLY RECEIVE THIS UNVESTED

BENEFIT AMOUNT. THE AMOUNTS OUTLINED HEREIN WERE NOT INCLUDED IN THE

INDIVIDUAL'S 2015 FORM W-2, BOX 5 AS TAXABLE MEDICARE WAGES: GARRETT T.

MIDGETT III, \$29,809, ANTHONY ARGONDIZZA, \$68,000 AND MAUREEN E. CAFFERTY,

ESQ., \$24,956.

PART I, LINE 7:

CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS DURING

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#### Part III Supplemental Information

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

CALENDAR YEAR 2015. THESE AMOUNTS WERE INCLUDED IN COLUMN B(II) HEREIN AND

IN EACH INDIVIDUAL'S 2015 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES.

PLEASE REFER TO THIS SECTION OF THE FORM 990, SCHEDULE J FOR THIS

INFORMATION BY PERSON BY AMOUNT. BONUS AMOUNTS FOR SENIOR MANAGEMENT ARE

DETERMINED BASED ON PERFORMANCE MEASURED AGAINST CERTAIN OPERATING AND

FINANCIAL METRICS WHICH ARE REVIEWED AND APPROVED ANNUALLY BY THE

COMPENSATION COMMITTEE OF THE SPRINGPOINT SENIOR LIVING BOARD OF TRUSTEES.

| SCHEDULE K<br>(Form 990)<br>Department of the Treasury<br>Internal Revenue Service     | Complete if the organ                      | nization answere<br>explanations, and | d any additional i | 990, Part IV      | , line 24a.<br>n Part VI. | Provide descri       | -            | ).              |                     | Оре    | 20       | 1545-0047<br>)15<br>Public<br>on |
|--|--|---------------------------------------|--------------------|-------------------|---------------------------|----------------------|--------------|-----------------|---------------------|--------|----------|----------------------------------|
| Name of the organization   | POINT SENIOR LI                            | VING, INC                             | 2.                 |                   |                           |                      |              | Emp             | loyer io<br>2 – 3 4 |        |          | n number                         |
| Part I Bond Issues   | SEE PART VI                                | FOR COLUN                             | IN (F) COI         | TINUAT            | IONS                      |                      |              |                 |                     |        |          |                                  |
| (a) Issuer name  | (b) Issuer EIN                             | (c) CUSIP #                           | (d) Date issued    | d <b>(e)</b> Issu | ue price                  | (f) Descripti        | on of purpos | e <b>(g)</b> De | efeased             | • •    |          | (i) Pooled                       |
|  |  |                                       |                    |                   |                           |                      |              |                 |                     | of iss |          | financing                        |
| NEW JERSEY ECONOMIC  |  |                                       |                    |                   |                           | ADVANCE              |              | Yes             | No                  | Yes    | No       | Yes No                           |
| A DEVELOPMENT AUTHORI  |  | NONE                                  | 06/15/1            | 5 24              |                           | OF 2011A             |              |                 | x                   |        | x        | x                                |
| NEW JERSEY ECONOMIC  |  | NONE                                  |                    | 24,               |                           | ADVANCE              |              |                 |                     |        | ~        |                                  |
| B DEVELOPMENT AUTHORI  | TY 22-2045817                              | NONE                                  | 12/01/1            | 5 50              |                           | OF 2012A             |              |                 | x                   |        | x        | x                                |
| NEW JERSEY ECONOMIC  | 11 22 2045017                              | NONE                                  |                    | <b>j</b> 30,      |                           | ADVANCE              |              |                 | - 23                |        |          |                                  |
| C DEVELOPMENT AUTHORI  | TY 22-2045817                              | NONE                                  | 12/01/1            | 5 30              |                           | OF 1998A             |              |                 | x                   |        | x        | x                                |
| NEW JERSEY ECONOMIC  | 11 22 201301,                              | HOHE                                  | 12/01/1            | <b>,</b> 30,      |                           | ADVANCE              |              |                 |                     |        |          |                                  |
| D DEVELOPMENT AUTHORI  | TY 22-2045817                              | NONE                                  | 09/29/14           | 4 31              |                           | OF 2004              |              |                 | x                   |        | x        | x                                |
| Part II Proceeds   |  |                                       |                    |                   | ,                         |                      |              |                 |                     |        |          |                                  |
|  |  |                                       |                    | 4                 |                           | В                    |              |                 |                     |        | D        |                                  |
| 1 Amount of bonds retired  |  |                                       | 19,6               | 74,980.           | 49,                       | <u>.</u><br>674,610. |              | 90,339          | •                   | 30     |          | 9,125.                           |
|  |  |                                       |                    | •                 | , ·                       | •                    | ,            |                 |                     |        |          |                                  |
| 3 Total proceeds of issue  |  |                                       | 24,48              | 30,000.           | 50,                       | 085,000.             | 30,94        | 45,000          | •                   | 31     | ,28      | 5,000.                           |
|  |  |                                       |                    | -                 |                           |                      |              | -               |                     |        | -        | -                                |
| 5 Capitalized interest from proceeds   |  |                                       |                    |                   |                           |                      |              |                 |                     |        |          |                                  |
| 6 Proceeds in refunding escrows  |  |                                       |                    |                   |                           |                      |              |                 |                     |        |          |                                  |
| 7 Issuance costs from proceeds   |  |                                       | 12                 | 28,695.           |                           | 410,390.             | 2            | 54,661          | •                   |        | 28       | 5,875.                           |
| 8 Credit enhancement from proceeds   |  |                                       |                    |                   |                           |                      |              |                 |                     |        |          |                                  |
| 9 Working capital expenditures from p  | roceeds                                    |                                       |                    |                   |                           |                      |              |                 |                     |        |          |                                  |
| 10 Capital expenditures from proceeds  |  |                                       | 4,6'               | 76,325.           |                           |                      |              |                 |                     |        |          |                                  |
| 11 Other spent proceeds  |  |                                       |                    |                   |                           |                      |              |                 |                     |        |          |                                  |
| 12 Other unspent proceeds  |  |                                       |                    |                   |                           |                      |              |                 |                     |        |          |                                  |
| 13 Year of substantial completion  |  |                                       |                    |                   |                           |                      |              |                 |                     |        | 2        | 014                              |
|  |  |                                       | Yes                | No                | Yes                       | No                   | Yes          | No              |                     | Yes    |          | No                               |
| 14 Were the bonds issued as part of a c  | current refunding issue?                   |                                       |                    | X                 |                           | X                    |              | X               |                     |        |          | Х                                |
| 15 Were the bonds issued as part of an   | <u> </u>                                   |                                       |                    |                   | X                         | _                    | X            |                 |                     | X      |          |                                  |
| 16 Has the final allocation of proceeds  |  |                                       | X                  |                   | X                         |                      | X            |                 | _                   | X      |          |                                  |
| 17 Does the organization maintain adequate books                                       | and records to support the final allocatio | n of proceeds?                        | X                  |                   | X                         |                      | Х            |                 |                     | Х      |          |                                  |
| Part III Private Business Use  |  |                                       | i                  |                   |                           |                      |              |                 |                     |        |          |                                  |
|  |  |                                       |                    | <b>A</b>          |                           | В                    |              |                 | _                   |        | <u>P</u> |                                  |
| 1 Was the organization a partner in a p  | • •  | •                                     | Yes                | No                | Yes                       | No                   | Yes          | No              | <u> </u>            | Yes    |          | No                               |
| which owned property financed by t   |  |                                       |                    | X                 |                           | X                    |              | X               | _                   |        |          | Х                                |
| 2 Are there any lease arrangements th  |  |                                       |                    | υ                 |                           |                      |              |                 |                     |        |          | v                                |
| bond-financed property?<br><sup>532121</sup><br>10-22-15 LHA For Paperwork Reduction A |  |                                       |                    | Х                 |                           | X                    |              | Х               |                     |        |          | Х                                |

# Schedule K (Form 990) 2015 SPRINGPOINT SENIOR LIVING, INC.

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| Part III Private Business Use (Continued)  |           | - 1         |     | _       |            |        |           |         |
|--|-----------|-------------|-----|---------|------------|--------|-----------|---------|
|  | · · · · · | A           | -   | 3       |            | ;      |           | )       |
| <b>3a</b> Are there any management or service contracts that may result in private                     | Yes       | No          | Yes | No<br>X | Yes        | No     | Yes       | No      |
| business use of bond-financed property?  |           | X           |     | X       |            | X      |           | X       |
| <b>b</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?               |           |             |     |         |            |        |           |         |
| c Are there any research agreements that may result in private business use of bond-financed property? |           | X           |     | X       |            | X      |           | X       |
| 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 $\ldots$           |           | %           |     | %       |            | %      |           | 9       |
| 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   |           | %           |     | %       |            | %      |           | ç       |
| 6 Total of lines 4 and 5   |           | %           |     | %       |            | %      |           | 9       |
| 7 Does the bond issue meet the private security or payment test?                                       |           | X           |     | X       |            | X      |           | 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?                   |           | X           |     | x       |            | x      |           | X       |
| <b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed          |           |             |     | •       |            |        |           |         |
| of   |           | %           |     | %       |            | %      |           | ç       |
| c 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?   | x         |             | Х   |         | х          |        | х         |         |
| Part IV Arbitrage  |           | 1           |     |         |            |        |           | <u></u> |
| raitiv Albitrage   |           | Δ           |     | 3       |            | :      |           |         |
| 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?   | 163       | X           | 105 | X       | 165        | X      | 165       | X       |
| 2 If "No" to line 1, did the following apply?  |           |             |     |         |            |        |           |         |
|  |           | X           |     | X       |            | X      |           | X       |
| a Rebate not due yet?  |           | X           |     | X       |            | X      |           | X       |
| b Exception to rebate?   |           | X           |     | X       |            | X      |           | X       |
| c No rebate due?   |           | Λ           |     | A       |            | A      |           | л       |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was                            |           |             |     |         |            |        |           |         |
| performed  | X         | 1 1         | v   |         | x          |        | x         |         |
| 3 Is the bond issue a variable rate issue?   | A         |             | X   |         | A          |        | Δ         |         |
| <b>4a</b> Has the organization or the governmental issuer entered into a qualified                     | v         |             | v   |         | v          |        | v         | 1       |
| hedge with respect to the bond issue?  | X         | 1           | X   |         | X          |        | X         | i       |
| <b>b</b> Name of provider  |           | LADSTONE BA |     |         | CAPITAL ON |        | SUN TRUST |         |
| c Term of hedge  | 15.       | 0000000     | 12. | 0000000 | 10.0       | 000000 | 15.(      | 00000   |
| d Was the hedge superintegrated?   |           | X           |     | X       |            | X      |           | X       |
| e Was the hedge terminated?  |           | X           |     | X       |            | X      |           | Х       |

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| Part IV Arbitrage (Continued)   |            |                |           |      |     |    |     |          |
|---|------------|----------------|-----------|------|-----|----|-----|----------|
|   | ŀ          | <u>\</u>       | E         | 3    | (   | 2  | C   | )        |
|   | Yes        | No             | Yes       | No   | Yes | No | Yes | No       |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)?                    |            | Х              |           | Х    |     | 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    |     | Х  |     | Х        |
| 7 Has the organization established written procedures to monitor the requirements of          |            |                |           |      |     |    |     |          |
| section 148?  | Х          |                | Х         |      | X   |    | X   |          |
| Part V Procedures To Undertake Corrective Action  |            |                |           |      |     |    |     |          |
|   | ļ          | <u>\</u>       | E         | 3    | c   | 2  | C   | <u> </u> |
|   | Yes        | No             | Yes       | No   | Yes | No | Yes | No       |
| Has the organization established written procedures to ensure that violations of              |            |                |           |      |     |    |     |          |
| federal tax requirements are timely identified and corrected through the voluntary            |            |                |           |      |     |    |     |          |
| closing agreement program if self-remediation is not available under applicable               |            |                |           |      |     |    |     |          |
| regulations?  | Х          |                | Х         |      | X   |    | Х   |          |
| Part VI Supplemental Information. Provide additional information for responses to questions   | on Schedul | e K (see instr | uctions). |      |     |    |     |          |
| SCHEDULE K, PART I, BOND ISSUES:  |            |                |           |      |     |    |     |          |
| (A) ISSUER NAME: NEW JERSEY ECONOMIC DEVELOPMENT  | AUTHOR     | RITY           |           |      |     |    |     |          |
| (F) DESCRIPTION OF PURPOSE:   |            |                |           |      |     |    |     |          |
| ADVANCE REFUNDING OF 2011A AND 2011B BONDS AND C  | ONSTRUC    | CTION C        | OSTS      |      |     |    |     |          |
|   |            |                |           |      |     |    |     |          |
| (A) ISSUER NAME: NEW JERSEY ECONOMIC DEVELOPMENT  |            |                |           |      |     |    |     |          |
| (F) DESCRIPTION OF PURPOSE: ADVANCE REFUNDING OF  | 2012A      | AND 20         | 12B BOI   | NDS  |     |    |     |          |
|   |            |                |           |      |     |    |     |          |
| (A) ISSUER NAME: NEW JERSEY ECONOMIC DEVELOPMENT  |            |                |           |      |     |    |     |          |
| (F) DESCRIPTION OF PURPOSE: ADVANCE REFUNDING OF  | 1998A      | AND 20         | 10B BOI   | NDS  |     |    |     |          |
|   |            |                |           |      |     |    |     |          |
| (A) ISSUER NAME: NEW JERSEY ECONOMIC DEVELOPMENT  |            |                |           |      |     |    |     |          |
| (F) DESCRIPTION OF PURPOSE: ADVANCE REFUNDING OF  | 2004 1     | NJEDA B        | ONDS      |      |     |    |     |          |
|   |            |                |           |      |     |    |     |          |
| SCHEDULE K, PART I  |            |                |           |      |     |    |     |          |
| THE TAX-EXEMPT BOND ISSUANCE IN THE AMOUNT OF \$2   |            |                |           |      |     |    |     |          |
| SCHEDULE K, PART I, LINE A WAS ISSUED ON BEHALF (   |            |                |           |      |     |    |     |          |
| ATRIUM, INC. THE TOTAL PROCEEDS FROM THE BOND IS  |            |                |           |      |     |    |     |          |
| ADVANCE REFUND A PRIOR ISSUE, (B) FINANCE CAPITA  |            | NDITURE        | S AND     | (C)  |     |    |     |          |
| TO FINANCE CERTAIN COSTS OF ISSUANCE OF THE BOND  | •          |                |           |      |     |    |     |          |
|   |            |                |           |      |     |    |     |          |
| THE TAX-EXEMPT BOND ISSUANCE IN THE AMOUNT OF \$5   |            |                |           | IN   |     |    |     |          |
| SCHEDULE K, PART I, LINE B WAS ISSUED ON BEHALF   |            |                |           |      |     |    |     |          |
| MONTGOMERY, INC. THE TOTAL PROCEEDS FROM THE BON  | D ISSUA    | ANCE WE        | RE USEI   | O TO |     |    |     |          |

532123 10-22-15 SEE PART VI SUPPLEMENTAL INFORMATION SHEET

| Schedule K | (Form 990) | 2015 |
|------------|------------|------|
|            |            |      |

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) (Continued)

(A) ADVANCE REFUND A PRIOR ISSUE AND (B) TO FINANCE CERTAIN COSTS OF

ISSUANCE OF THE BOND.

SCHEDULE K, PART I (CONTINUED)

THE TAX-EXEMPT BOND ISSUANCE IN THE AMOUNT OF \$30,945,000 REFLECTED IN SCHEDULE K, PART I, LINE C WAS ISSUED ON BEHALF OF THE SPRINGPOINT SENIOR LIVING OBLIGATED GROUP "THE OBLIGATED GROUP". SPRINGPOINT SENIOR LIVING, INC. IS A MEMBER OF THE OBLIGATED GROUP AND IS THE TAX-EXEMPT PARENT OF THIS ORGANIZATION. ALSO INCLUDED IN THE OBLIGATED GROUP ARE SPRINGPOINT AT MEADOW LAKES, INC., SPRINGPOINT AT CRESTWOOD, INC., AND SPRINGPOINT AT MONROE VILLAGE, INC.; WHICH ARE ALL INCLUDED IN THIS GROUP RETURN. PLEASE NOTE THAT SCHEDULE K, PARTS II, III, AND IV HAVE BEEN COMPLETED BASED UPON THE TOTAL AMOUNT OF THE TAX-EXEMPT BOND ISSUANCE FOR THE OBLIGATED GROUP; SPRINGPOINT SENIOR LIVING-PARENT IS PART OF THE OBLIGATED GROUP BUT IS NOT REPORTED AS PART OF THIS GROUP RETURN. THE TOTAL PROCEEDS FROM THE BOND ISSUANCE WERE ALLOCATED TO MEMBERS OF THE OBLIGATED GROUP BASED ON THEIR DIRECT USE OF THE PROCEEDS AND WAS USED TO (A) ADVANCE REFUND A PRIOR ISSUE AND (B) TO FINANCE CERTAIN COSTS OF ISSUANCE OF THE BOND.

THE TAX-EXEMPT BOND ISSUANCE IN THE AMOUNT OF \$31,285,000 REFLECTED IN SCHEDULE K, PART I, LINE D WAS ISSUED ON BEHALF OF MACUS L. WARD HOME. THE TOTAL PROCEEDS FROM THE BOND ISSUANCE WERE USED TO (A) ADVANCE REFUND A PRIOR ISSUE AND (B) TO FINANCE CERTAIN COSTS OF ISSUANCE OF THE BOND. SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

# 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 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



SPRINGPOINT SENIOR LIVING, INC.

Employer identification number 22 - 3498690

# PART III, LINE 4A

BACKGROUND

SPRINGPOINT SENIOR LIVING IS NEW JERSEY'S LEADING NOT-FOR-PROFIT PROVIDER OF SENIOR HOUSING AND CARE, IN BUSINESS SINCE 1916. THROUGH OUR SPRINGPOINT FOUNDATION, WE PROVIDE FINANCIAL SUPPORT FOR RESIDENTS IN NEED, AS WELL AS OFFER LIFE-ENHANCING EDUCATIONAL, ARTS AND CULTURAL PROGRAMMING. OTHER AFFILIATED SERVICES INCLUDE PERSONAL CARE SERVICES PROVIDED BY SPRINGPOINT AT HOME.

SPRINGPOINT SENIOR LIVING OWNS AND OPERATES 24 SENIOR COMMUNITIES THROUGHOUT NEW JERSEY INCLUDING SIX FULL-SERVICE SENIOR LIVING AND 18 AFFORDABLE HOUSING COMMUNITIES. SPRINGPOINT EMPLOYS APPROXIMATELY 1,350 INDIVIDUALS WHO CARE FOR MORE THAN 3,300 RESIDENTS.

SPRINGPOINT SENIOR LIVING IS GUIDED BY ITS COMMITMENT TO THE QUALITY OF

LIFE OF ITS OWN RESIDENTS AS WELL AS CONCERN FOR THE WELL-BEING OF

SENIORS THROUGHOUT NEW JERSEY. SPRINGPOINT SENIOR LIVING IS

NON-DENOMINATIONAL, WELCOMING RESIDENTS OF ALL FAITHS AND BACKGROUNDS.

"RESIDENTS-FIRST" PHILOSOPHY

AT SPRINGPOINT SENIOR LIVING, OUR "RESIDENTS-FIRST" PHILOSOPHY GUIDES

US IN PROMOTING AND EXPANDING OUR MISSION OF OFFERING HIGH-QUALITY

HOUSING AND SERVICES AND AN OUTSTANDING QUALITY OF LIFE FOR EVERY

RESIDENT, EVERY DAY.

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

SPRINGPOINT SENIOR LIVING, INC.

SPRINGPOINT SENIOR LIVING STATEMENT FOR COMMUNITY BENEFITS

SPRINGPOINT SENIOR LIVING IS AN ACTIVE COMMUNITY PARTNER, BRINGING

PHILANTHROPIC, CULTURAL AND EDUCATIONAL RESOURCES TO SENIORS AND THEIR

FAMILY MEMBERS ACROSS NEW JERSEY.

SPRINGPOINT SENIOR LIVING VALUES

SPRINGPOINT SENIOR LIVING IS GUIDED BY THE FOLLOWING VALUES IN

FURTHERING ITS CHARITABLE TAX-EXEMPT PURPOSES:

1. RESPECT: WE RECOGNIZE THE VALUE AND DIGNITY OF EVERY PERSON

2. COMPASSION: WE SEEK TO UNDERSTAND AND EMPATHIZE WITH OTHERS

3. INTEGRITY: WE ARE HONEST, RESPONSIBLE AND ETHICAL

4. SERVICE: WE ENDEAVOR TO EXCEED EXPECTATIONS

5. EXCELLENCE: WE STRIVE TO DO EVERYTHING OF THE HIGHEST QUALITY

VISION

TO BE THE LEADER IN INNOVATIVE HOUSING, HEALTHCARE AND INTEGRATED

SUPPORTIVE SERVICE SOLUTIONS.

SPRINGPOINT SENIOR LIVING COMMUNITIES

FULL-SERVICE SENIOR LIVING

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| Name of the organization SPRINGPOINT SENIOR LIVING, INC.  | Employer identification number 22-3498690 |
| SPRINGPOINT FULL SERVICE SENIOR LIVING COMMUNITIES OFFER  | FLEXIBLE                                  |
| ACCOMMODATIONS DESIGNED TO MEET HEALTH AND HOUSING NEEDS  | THAT CAN                                  |
| CHANGE OVER TIME. THE FULL-SERVICE CARE SPECTRUM ENCOMPAS | SSES                                      |
| INDEPENDENT LIVING, ASSISTED LIVING AND SKILLED NURSING C | CARE. THESE                               |
| COMMUNITIES ALSO OFFER HOUSEKEEPING, MEALS AND ACTIVITIES | S. ALL SIX                                |
| SPRINGPOINT FULL-SERVICE RETIREMENT COMMUNITIES HOLD ACCE | REDITATION BY                             |
| CARF-CCAC, THE NATION'S ONLY ACCREDITING BODY FOR CONTINU | JING CARE                                 |
| RETIREMENT COMMUNITIES.                                   |   |
|   |   |
| SERVICES OFFERED BY SPRINGPOINT FULL-SERVICE SENIOR LIVIN | IG COMMUNITIES                            |
| INCLUDE:  |   |
|   |   |
| - RESTAURANT-STYLE AND CASUAL DINING                      |   |
| - HIGH-QUALITY ON-SITE HEALTH CARE                        |   |
| - FITNESS CENTER AND INDOOR POOL (CRESTWOOD MANOR, MEADOW | ILAKES, MONROE                            |
| VILLAGE, STONEBRIDGE AT MONTGOMERY AND WINCHESTER GARDENS | 5)  |
| - BEAUTY AND BARBER SHOP                                  |   |
| - HOUSEKEEPING SERVICES                                   |   |
| - CONCIERGE SERVICES                                      |   |
|   |   |
| FULL-SERVICE SENIOR LIVING COMMUNITY SNAPSHOT             |   |
|   |   |
| CRESTWOOD MANOR, WHITING, NJ                              |   |
| CRESTWOOD OFFERS 262 ONE- AND TWO-BEDROOM APARTMENTS, 32  | EXPANDED                                  |
| SERVICES PROGRAM UNITS, AND A 64-BED SKILLED NURSING CARE | E CENTER ON A                             |
| 40-ACRE CAMPUS IN OCEAN COUNTY.                           |   |
| MEADOW LAKES, EAST WINDSOR, NJ                            |   |
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| •   | Employer identification number |
| SPRINGPOINT SENIOR LIVING, INC.                           | 22-3498690                     |
| TEADOW LAKES OFFERS 245 INDEPENDENT LIVING APARTMENTS, 15 | COTTAGES 44                    |

ASSISTED LIVING SUITES AND 60 SKILLED NURSING BEDS ON A 103-ACRE CAMPUS

IN MERCER COUNTY.

MONROE VILLAGE, MONROE TOWNSHIP, NJ

MONROE VILLAGE OFFERS 287 INDEPENDENT LIVING APARTMENTS, 28 ASSISTED

LIVING SUITES AND 60 SKILLED NURSING BEDS ON 55 ACRES IN MIDDLESEX

COUNTY.

STONEBRIDGE AT MONTGOMERY, SKILLMAN, NJ

STONEBRIDGE OFFERS 187 INDEPENDENT LIVING APARTMENTS, 24 COTTAGES, 60

ASSISTED LIVING APARTMENTS AND 40 SKILLED NURSING BEDS ON 40 ACRES IN

SOMERSET COUNTY.

THE ATRIUM AT NAVESINK HARBOR, RED BANK, NJ

THE ATRIUM AT NAVESINK HARBOR OFFERS 140 INDEPENDENT LIVING UNITS, AND

43 SKILLED NURSING BEDS.

WINCHESTER GARDENS, MAPLEWOOD, NJ

WINCHESTER GARDENS OFFERS 162 INDEPENDENT LIVING APARTMENTS, 40 VILLAS

AND 115 HEALTH CENTER UNITS OFFERING ASSISTED LIVING AND FORMAL LONG

TERM CARE SERVICES.

AFFORDABLE HOUSING

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SPRINGPOINT AFFORDABLE HOUSING COMMUNITIES OFFER COMFORTABLE,

ATTRACTIVE, REASONABLY-PRICED HOUSING OPTIONS TO INDIVIDUALS WITH

LIMITED INCOMES. PROSPECTIVE RESIDENTS ARE AGE 62 AND OVER AND MUST

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| MEET FEDERAL INCOME GUIDELINES. RESIDENTS PAY RENT BASED    | ON 30% OF                                 |
| THEIR ADJUSTED GROSS ANNUAL INCOME. INCOME LIMITS VARY BY   | LOCATION.                                 |
| HEAT AND HOT WATER ARE ALSO INCLUDED IN THE RENTAL FEE. P   | LEASE NOTE:                               |
| BELOW-MARKET FLAT-FEE RENTS APPLY AT SAMUEL MILLER AND FC   | R SOME                                    |
| APARTMENTS AT ASBURY TOWER.                                 |   |
|   |   |
| EACH SPRINGPOINT AFFORDABLE HOUSING COMMUNITY OFFERS PRIV   | ATE                                       |
| UNFURNISHED APARTMENTS WITH EASY ACCESS TO TRANSPORTATION   | I, SHOPPING,                              |
| MEDICAL FACILITIES AND OTHER AMENITIES. SPRINGPOINT SENIC   | R LIVING                                  |
| AFFORDABLE HOUSING COMMUNITIES INCLUDE:                     |   |
|   |   |
| - ALLAIRE CROSSING, WALL, 66 UNITS (MANAGED)                |   |
| - ASBURY TOWER, ASBURY PARK, 350 UNITS (MANAGED)            |   |
| - BUTLER SENIOR COMMUNITY, BUTLER, 90 UNITS (MANAGED)       |   |
| - COUNTRYSIDE MEADOWS, EGG HARBOR CITY, 83 UNITS            |   |
| - CROSSROADS AT HOWELL, FREEHOLD, 86 UNITS                  |   |
| - THE OAKS AT TOMS RIVER, 85 UNITS                          |   |
| - FRIENDSHIP GARDENS, HOWELL, 99 UNITS (MANAGED)            |   |
| - THE GABLES AT WEST WINDSOR, 85 UNITS                      |   |
| - HIDDEN BROOK AT FRANKLIN, 85 UNITS                        |   |
| - MANCHESTER PINES, WHITING, 84 UNITS                       |   |
| - PLAINFIELD TOWER WEST, PLAINFIELD, 154 UNITS (MANAGED)    |   |
| - PORTLAND POINTE, ATLANTIC HIGHLANDS, 57 UNITS             |   |
| - ROBERT NOBLE MANOR, 40 UNITS (MANAGED)                    |   |
| - SAMUEL MILLER SENIOR HOUSING, MOUNT HOLLY, 29 UNITS (MA   | NAGED)                                    |
| - STAFFORD BY THE BAY, MANAHAWKIN, 85 UNITS                 |   |
| - WATCHING TERRACE AT MIDDLESEX, 86 UNITS                   |   |
| - WHEATON POINTE AT EAST WINDSOR, 84 UNITS                  |   |
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Name of the organization

SPRINGPOINT SENIOR LIVING, INC.

- WOODLANDS AT RAMSEY, 99 UNITS (MANAGED)

## SPRINGPOINT FOUNDATION

THE SPRINGPOINT FOUNDATION IS THE COMMUNITY OUTREACH AND PHILANTHROPIC ARM OF SPRINGPOINT SENIOR LIVING. SINCE 1916, THE PRIMARY PURPOSE OF THE SPRINGPOINT FOUNDATION HAS BEEN MAKING A DIFFERENCE IN THE LIVES OF SENIORS AND THEIR FAMILIES THROUGH OUR RESIDENT AND COMMUNITY PARTNERSHIP PROGRAMS. WE SEEK TO ACCOMPLISH OUR GOALS BY ENCOURAGING CHARITABLE SUPPORT THROUGH A VARIETY OF GIVING AND SPONSORSHIP OPPORTUNITIES, SPECIAL EVENTS AND GIFT PLANNING PROGRAMS.

LIFE-ENHANCING RESIDENT ASSISTANCE

BENEVOLENT CARE: FINANCIAL STABILITY EQUALS PEACE OF MIND FOR TODAY'S AGING ADULTS. TODAY, WE ARE HOLDING TRUE TO OUR MISSION AND HELPING MORE RESIDENTS FINANCIALLY THAN IN ANY PREVIOUS YEAR.

TRANSPORTATION: MANY OLDER ADULTS ARE UNABLE TO DRIVE, SIGNIFICANTLY LIMITING THEIR ABILITY TO REMAIN INDEPENDENT AND NEGATIVELY IMPACTING THEIR QUALITY OF LIFE. EACH YEAR, THE FOUNDATION ALLOCATES FUNDING FOR TRANSPORTATION. FOR EXAMPLE, THE FOUNDATION CURRENTLY SUPPORTS THE PURCHASE AND MAINTENANCE OF NEW BUSES THAT PROVIDE GREATER INDEPENDENCE FOR MORE THAN 1,700 RESIDENTS LIVING IN 18 AFFORDABLE HOUSING COMMUNITIES.

CHAPLAINCY: SPIRITUAL LEADERSHIP POSITIVELY INFLUENCES BOTH THE

 PHYSICAL AND EMOTIONAL WELL-BEING OF SENIORS. OUR PROGRAMS ENCOURAGE

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SPRINGPOINT SENIOR LIVING, INC.

SENIORS TO PRACTICE THEIR FAITH AND OBTAIN THE SPIRITUAL GUIDANCE THEY

NEED TO MAINTAIN A HEALTHY STATE OF MIND AND BODY.

COMMUNITY ENRICHMENT PARTNERSHIP PROGRAMS

WORLD-CLASS ARTS AND CULTURE: THIS EXCITING AND INNOVATIVE PARTNERSHIP INITIATIVE BRINGS WORLD-CLASS ARTS ORGANIZATIONS, ARTISTS, AND CULTURAL LEADERS TOGETHER WITH THE SPRINGPOINT FOUNDATION. AS A RESULT, AN EXPANSIVE REPERTOIRE OF ARTS AND CULTURAL DISCIPLINES ARE MORE READILY AVAILABLE, ACCESSIBLE, AND AFFORDABLE FOR OLDER ADULTS.

FUNDED IN PART BY THE SPRINGPOINT FOUNDATION, AS WELL AS INDIVIDUAL AND CORPORATE SPONSORS, OUR ARTS AND CULTURE INITIATIVE ENGAGES LEADING ARTS AND CULTURAL PARTNERS TO DEVELOP PROGRAMS DESIGNED TO MAKE ARTS MORE ACCESSIBLE AND AFFORDABLE. RECENT PROGRAMS INCLUDED WORLD-CLASS CHAMBER MUSIC CONCERTS, DANCE RECITALS, BI-MONTHLY LECTURES ON VARIOUS ART AND HISTORY TOPICS, AND A SERIES OF LIVE OPERA PERFORMANCES.

COMMUNITY SERVICE AND VOLUNTEERING: IN AN EFFORT TO ENRICH THE LARGER COMMUNITY, THE SPRINGPOINT FOUNDATION ACTS AS A CONVENER AND COORDINATOR OF COMMUNITY SERVICE AND VOLUNTEER PROGRAMS. WORKING WITH INDIVIDUALS AND ORGANIZATIONS, THE FOUNDATION CREATES AND IDENTIFIES VOLUNTEER OPPORTUNITIES THAT BENEFIT PEOPLE AND COMMUNITIES IN NEED.

HEALTH AND WELLNESS EDUCATION: OLDER PEOPLE TODAY FACE A TREMENDOUS NUMBER OF UNIQUE ISSUES. AT THE FOUNDATION, WE FIRMLY BELIEVE THAT CONTINUING EDUCATION BY TOP PROFESSIONALS IS THE KEY TO OVERCOMING THOSE CHALLENGES. THROUGH ADVICE, KNOWLEDGE-SHARING AND RELATED 532212 09-02-15 Schedule O (Form 990 or 990-EZ) (2015) 69 12481020 789762 1009070-010 2015.04030 SPRINGPOINT SENIOR LIVING, 10090701

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| SERVICES, WE CAN ADDRESS THE NEEDS OF SENIORS AND THEIR F   | AMILIES,                                  |
| GIVING THEM THE GUIDANCE NEEDED TO MAKE THE MOST INFORMED   | DECISIONS                                 |
| ABOUT THEIR LIVES.  |   |

THE FOUNDATION SUPPORTS A COMMUNITY EDUCATION INITIATIVE WHICH SERVES AS A VITAL INFORMATION RESOURCE FOR OLDER ADULTS, THEIR FAMILIES AND CAREGIVERS. THE FOUNDATION ENHANCES QUALITY OF LIFE BY HIGHLIGHTING CURRENT, RELEVANT ISSUES AS THEY RELATE TO HEALTH, HOUSING AND FINANCES FOR OLDER PEOPLE.

WORKFORCE DEVELOPMENT AND INTERNSHIPS: OUR TOMORROW'S LEADERS PROGRAM IS DESIGNED TO CREATE AND INSPIRE THE NEXT GENERATION OF LEADERS AND INNOVATORS IN SENIOR CARE. IT IS SUPPORTED THROUGH SPONSORSHIP OF INTERNS BY INDIVIDUALS, CORPORATIONS, AND SPRINGPOINT VENDORS. INTERNS GAIN HANDS-ON EXPERIENCE AND FIRST-HAND KNOWLEDGE OF THE LATEST POLICIES AND PRACTICES THAT AFFECT THE NEEDS OF AGING ADULTS. WE ARE PROUD THAT MANY OF OUR INTERNS CONTINUE ON TO A CAREER IN THE FIELD OF SENIOR CARE.

CONCLUSION

SPRINGPOINT SENIOR LIVING IS A NOT-FOR-PROFIT LEADER IN HIGH-QUALITY SENIOR HOUSING AND CARE. SPRINGPOINT OFFERS DIVERSE RETIREMENT LIFESTYLE OPTIONS AS WELL AS A RANGE OF INNOVATIVE SERVICES AND PROGRAMMING THAT ENHANCE RESIDENTS' LIVES EACH DAY. OUR LIFESTYLE CHOICES INCLUDE FULL-SERVICE SENIOR LIVING, AND AFFORDABLE HOUSING.

 BECAUSE SPRINGPOINT IS A NOT-FOR-PROFIT CORPORATION, RESIDENTS AND

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| THEIR FAMILIES ARE ALWAYS OUR FIRST PRIORITY. OUR COMPASS   | SIONATE,                                  |
| PROFESSIONAL STAFF ENSURES THAT RESIDENTS ENJOY THE BEST    | QUALITY OF                                |
| LIFE EACH DAY WHILE MAINTAINING THE HIGHEST POSSIBLE LEVE   | EL OF                                     |
| INDEPENDENCE.   |   |

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

THE PRESIDENT OF THE CORPORATION SHALL SERVE AS EX OFFICIO TRUSTEE WITH THE SAME RIGHTS AS OTHER TRUSTEES, INCLUDING THE RIGHT TO VOTE. NOTWITHSTANDING THE FOREGOING, THE PRESIDENT SHALL NOT SERVE AS A MEMBER OF THE COMPENSATION COMMITTEE AND SHALL NOT HAVE A RIGHT TO VOTE ON PERSONNEL COMPENSATION MATTERS OR SUCH OTHER MATTERS ARISING FROM THE COMPENSATION COMMITTEE. THE PRESIDENT, IN HIS ROLE AS A MEMBER OF THE GOVERNANCE COMMITTEE, SHALL ABSTAIN FROM VOTING ON RECOMMENDATIONS TO THE BOARD CONCERNING THE NOMINATION OF QUALIFIED PERSONS TO STAND FOR ELECTION OR RE-ELECTION AS TRUSTEES OR TO FILL VACANCIES ON THE BOARD.

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

SPRINGPOINT SENIOR LIVING, INC. ("SPRINGPOINT") IS THE SOLE MEMBER OF ALL ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990. SPRINGPOINT HAS THE RIGHT TO ELECT THE MEMBERS OF EACH SUBORDINATE ORGANIZATION'S BOARD OF TRUSTEES AND HAS CERTAIN RESERVED POWERS AS DEFINED IN EACH SUBORDINATE ORGANIZATION'S BYLAWS.

| FORM 990, PART VI, SECTION  | A, LINE 7A:              |  |
|-----------------------------|--------------------------|--|
| SPRINGPOINT SENIOR LIVING,  | INC. ("SPRINGPOINT") IS  | THE SOLE MEMBER OF ALL                 |
| ORGANIZATIONS INCLUDED IN   | THIS CONSOLIDATED GROUP  | FORM 990. SPRINGPOINT HAS              |
| THE RIGHT TO ELECT THE MEM  | BERS OF EACH SUBORDINATE | ORGANIZATION'S BOARD OF                |
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TRUSTEES AND HAS CERTAIN RESERVED POWERS AS DEFINED IN EACH SUBORDINATE

ORGANIZATION'S BYLAWS.

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

SPRINGPOINT SENIOR LIVING, INC. ("SPRINGPOINT") IS THE SOLE MEMBER OF ALL ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990. SPRINGPOINT HAS THE RIGHT TO ELECT THE MEMBERS OF EACH SUBORDINATE ORGANIZATION'S BOARD OF TRUSTEES AND HAS CERTAIN RESERVED POWERS AS DEFINED IN EACH SUBORDINATE ORGANIZATION'S BYLAWS.

FORM 990, PART VI, SECTION B, LINE 11:

THE ORGANIZATION IS THE PARENT OF A TAX-EXEMPT GROUP OF ORGANIZATIONS THAT PROVIDE CONTINUING CARE RETIREMENT COMMUNITY SERVICES AND AFFORDABLE HOUSING. THE FORM 990 WAS PROVIDED TO THE MEMBERS OF THE ORGANIZATION'S FULL GOVERNING BODY; ITS BOARD OF TRUSTEES, FOR ITS REVIEW AND APPROVAL PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE ("IRS"). THE AUDIT COMMITTEE OF THE ORGANIZATION HELD A MEETING AND PERFORMED A REVIEW OF THE FORM 990 PRIOR TO THE PROVISION OF THE FORM TO THE ORGANIZATION'S BOARD OF TRUSTEES. THE ORGANIZATION'S BOARD OF TRUSTEES HAS DELEGATED TO ITS AUDIT COMMITTEE THE RESPONSIBILITY TO OVERSEE, REVIEW AND APPROVE OF THE FEDERAL FORM 990, INCLUDING THE PREPARATION, REVIEW AND FILING PROCESS.

AS PART OF THE TAX RETURN PREPARATION PROCESS, THE ORGANIZATION HIRED A PROFESSIONAL CPA FIRM WITH EXPERIENCE AND EXPERTISE IN BOTH HEALTHCARE AND NOT-FOR-PROFIT TAX RETURN PREPARATION TO PREPARE THE FEDERAL FORM 990. THE CPA FIRM'S TAX PROFESSIONALS WORKED CLOSELY WITH THE ORGANIZATION'S FINANCE PERSONNEL AND VARIOUS OTHER INDIVIDUALS OF THE ORGANIZATION TO OBTAIN THE INFORMATION NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN. 532212 09-02-15 72 12481020 789762 1009070-010 2015.04030 SPRINGPOINT SENIOR LIVING, 10090701

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THE CPA FIRM PREPARED A DRAFT FEDERAL FORM 990 AND FURNISHED IT TO THE ORGANIZATION'S FINANCE PERSONNEL AND OTHER INDIVIDUALS FOR THEIR REVIEW. THE ORGANIZATION'S FINANCE PERSONNEL AND OTHER INDIVIDUALS REVIEWED THE DRAFT FEDERAL FORM 990 AND DISCUSSED QUESTIONS AND COMMENTS WITH THE CPA FIRM. REVISIONS WERE MADE TO THE DRAFT FEDERAL FORM 990 WHERE NECESSARY AND A FINAL DRAFT WAS FURNISHED BY THE CPA FIRM TO THE ORGANIZATION'S FINANCE PERSONNEL AND VARIOUS OTHER INDIVIDUALS FOR FINAL REVIEW AND APPROVAL PRIOR TO PRESENTATION OF THE FEDERAL FORM 990 TO THE MEMBERS OF THE SPRINGPOINT SENIOR LIVING, INC. AUDIT COMMITTEE AND THEREAFTER THE PROVISION TO ITS FULL BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION B, LINE 12C: SPRINGPOINT SENIOR LIVING, INC. ("SPRINGPOINT") IS THE CENTRAL ORGANIZATION FOR THIS CONSOLIDATED GROUP FORM 990. THE ORGANIZATION REGULARLY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY. ANNUALLY ALL MEMBERS OF THE BOARD OF TRUSTEES, OFFICERS AND SENIOR MANAGEMENT PERSONNEL ARE REQUIRED TO REVIEW THE EXISTING CONFLICT OF INTEREST POLICY AND COMPLETE A QUESTIONNAIRE. THE COMPLETED QUESTIONNAIRES ARE RETURNED TO THE ORGANIZATION'S GENERAL COUNSEL FOR REVIEW. THEREAFTER, THE ORGANIZATION'S GENERAL COUNSEL PREPARES A SUMMARY OF THE COMPLETED QUESTIONNAIRES WHICH CONTAINS INFORMATION DISCLOSED ON AN INDIVIDUAL BY INDIVIDUAL BASIS AND PRESENTS THIS SUMMARY TO THE ORGANIZATION'S GOVERNANCE COMMITTEE FOR ITS REVIEW AND DISCUSSION.

FORM 990, PART VI, SECTION B, LINE 15:THE ORGANIZATION'S BOARD OF TRUSTEES HAS AN EXECUTIVE COMPENSATIONCOMMITTEE ("COMMITTEE"). THE COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE532212 09-02-157312481020 789762 1009070-0102015.04030 SPRINGPOINT SENIOR LIVING, 10090701

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| COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS  | AND APPROVES OF                           |
| THE COMPENSATION AND BENEFITS OF THE ORGANIZATION'S SENIC | R MANAGEMENT,                             |
| INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER, CHIEF OP | ERATING OFFICER                           |
| AND CHIEF FINANCIAL OFFICER. THE COMMITTEE REVIEWS THE "T | OTAL COMPENSATION"                        |
| OF THE INDIVIDUALS WHICH IS INTENDED TO INCLUDE BOTH CURR | ENT AND DEFERRED                          |
| COMPENSATION AND ALL EMPLOYEE BENEFITS, BOTH QUALIFIED AN | D NON-QUALIFIED.                          |
| THE COMMITTEE'S REVIEW IS COMPLETED AND DOCUMENTED ON AT  | LEAST AN ANNUAL                           |
| BASIS AND ENSURES THAT THE "TOTAL COMPENSATION" OF SENIOR | MANAGEMENT OF THE                         |
| ORGANIZATION IS REASONABLE.                               |   |
|   |   |
| THE ACTIONS TAKEN BY THE COMMITTEE ENABLE THE ORGANIZATIO | N TO SATISFY THE                          |
| REBUTTABLE PRESUMPTION OF REASONABLENESS FOR PURPOSES OF  | INTERNAL REVENUE                          |
| CODE SECTION 4958 WITH RESPECT TO THE TOTAL COMPENSATION  | OF CERTAIN MEMBERS                        |
| OF THE SENIOR MANAGEMENT TEAM, INCLUDING THE PRESIDENT/CH | IEF EXECUTIVE                             |
| OFFICER, CHIEF OPERATING OFFICER AND CHIEF FINANCIAL OFFI | CER. THE THREE                            |

FACTORS WHICH MUST BE COMPLETED IN ORDER TO SATISFY THE REBUTTABLE

PRESUMPTION OF REASONABLENESS ARE THE FOLLOWING:

1. THE COMPENSATION ARRANGEMENT IS APPROVED IN ADVANCE BY AN "AUTHORIZED BODY" OF THE APPLICABLE TAX-EXEMPT ORGANIZATION WHICH IS COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A "CONFLICT OF INTEREST" WITH RESPECT TO THE COMPENSATION ARRANGEMENT;

2. THE AUTHORIZED BODY OBTAINED AND RELIED UPON "APPROPRIATE DATA AS TO COMPARABILITY" PRIOR TO MAKING ITS DETERMINATION; AND

3. THE AUTHORIZED BODY "ADEQUATELY DOCUMENTED THE BASIS FOR ITS

DETERMINATION" CONCURRENTLY WITH MAKING THAT DETERMINATION. THE COMMITTEE

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IS COMPRISED OF MEMBERS OF THE BOARD OF TRUSTEES EACH OF WHO ARE

INDEPENDENT AND ARE FREE FROM ANY CONFLICTS OF INTEREST.

532212 09-02-15

12481020 789762 1009070-010 2015.04030 SPRINGPOINT SENIOR LIVING, 10090701

| Schedule O (Form 990 or 990-EZ) (2015)<br>Name of the organization<br>SPRINGPOINT SENIOR LIVING, INC. | Pa<br>Employer identification num<br>22-3498690 |
|---|---|
| THE COMMITTEE RELIED UPON APPROPRIATE COMPARABLE DATA; SI   | PECIFICALLY THE                                 |
| COMMITTEE OBTAINED A WRITTEN COMPENSATION STUDY FROM AN I   | INDEPENDENT FIRM                                |
| WHICH SPECIALIZES IN THE REVIEWING OF RETIREMENT HOUSING  | AND SENIOR LIVIN                                |
| HEALTHCARE SERVICES EXECUTIVE COMPENSATION AND BENEFITS   | THROUGHOUT THE                                  |
| UNITED STATES. THIS STUDY USED COMPARABLE GEOGRAPHIC AND  | DEMOGRAPHIC MAR                                 |
| DATA INCLUDING BUT NOT LIMITED TO SIMILAR SIZED ORGANIZAT   | TIONS, NUMBER                                   |
| OF CONTINUING CARE RETIREMENT COMMUNITIES AND RESIDENTIAL   | L FACILITY REVENU                               |
| THE COMMITTEE ADEQUATELY DOCUMENTED ITS BASIS FOR ITS DET   | TERMINATION THROU                               |
| THE TIMELY PREPARATION OF WRITTEN MINUTES OF THE COMPENS  | ATION COMMITTEE                                 |
| MEETINGS DURING WHICH THE EXECUTIVE COMPENSATION AND BENN   | EFITS WAS REVIEWE                               |
| AND SUBSEQUENTLY APPROVED.  |   |
| FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.<br>FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: |   |
| NET ASSET TRANSFER  | -1,310,00                                       |
| CHANGE IN FAIR VALUE OF DERIVATIVE FINANCIAL INSTRUMENTS  | -2,006,63                                       |
| PENSION LIABILITY ADJUSTMENT  | -90,93  |
| CHANGE IN VALUE OF PERPETUAL TRUST  | -171,85   |
|   | ±/±/0、  |
| CHANGE IN VALUE SPLIT INTEREST AGREEMENTS   |   |
| CHANGE IN VALUE SPLIT INTEREST AGREEMENTS<br>TOTAL TO FORM 990, PART XI, LINE 9                       | 113,93  |
|   | 113,93  |
|   | 113,93  |
|   | 113,93  |
|   | -3,465,47                                       |

| SCH | IEDULE 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.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

# SPRINGPOINT SENIOR LIVING, INC.

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

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

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

| (a)<br>Name, address, and EIN<br>of related organization | <b>(b)</b><br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | <b>(e)</b><br>Public charity<br>status (if section | <b>(f)</b><br>Direct controlling<br>entity | cont | <b>g)</b><br>512(b)(13)<br>rolled<br>ity? |
|--|--------------------------------|---|-------------------------------|--|--|------|---|
|  |                                |   |                               | 501(c)(3))   |  | Yes  | No  |
| SPRINGPOINT SENIOR LIVING, INC - PARENT -                |                                |   |                               |  |  |      |   |
| 31-1480524, 4814 OUTLOOK DRIVE, SUITE 201,               | ]                              |   |                               |  |  |      |   |
| WALL, NJ 07753   | HEALTHCARE                     | NEW JERSEY  | 501(C)(3)                     | LINE 11A, I  | N/A  |      | х   |
|  |                                |   |                               |  |  |      |   |
|  |                                |   |                               |  |  |      |   |
|  | -                              |   |                               |  |  |      |   |

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

OMB No. 1545-0047

2015 Open to Public Inspection

Employer identification number

22-3498690

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. Part III

|   |                  | -                    |                    |  |                |                       | 1       |           | 1                               | 1     |          |                       |
|---|------------------|----------------------|--------------------|--|----------------|-----------------------|---------|-----------|---------------------------------|-------|----------|-----------------------|
| (a)   | (b)              | (c)                  | (d)                | (e)  | (f)            | (g)                   | (I      | h)        | (i)                             | (j    |          | (k)                   |
| Name, address, and EIN<br>of related organization | Primary activity | Legal<br>domicile    | Direct controlling | Predominant income   | Share of total | Share of              | Disprop | ortionate | Code V-UBI                      | Gener | al or Pe | ercentage<br>wnership |
| of related organization                           |                  | (state or<br>foreign | entity             | (related, unrelated,<br>excluded from tax under<br>sections 512-514) | income         | end-of-year<br>assets |         | tions?    | amount in box<br>20 of Schedule | partr | er?      | wnership              |
|   |                  | country)             |                    | sections 512-514)  |                | 400010                | Yes     | No        | K-1 (Form 1065)                 | Yes   | No       |                       |
|   |                  |                      |                    |  |                |                       |         |           |                                 |       |          |                       |
|   |                  |                      |                    |  |                |                       |         |           |                                 |       |          |                       |
|   |                  |                      |                    |  |                |                       |         |           |                                 |       |          |                       |
|   |                  |                      |                    |  |                |                       |         |           |                                 |       |          |                       |
|   |                  |                      |                    |  |                |                       |         |           |                                 |       |          |                       |
|   |                  |                      |                    |  |                |                       |         |           |                                 |       |          |                       |
|   |                  |                      |                    |  |                |                       |         |           |                                 |       |          |                       |
|   |                  |                      |                    |  |                |                       |         |           |                                 |       |          |                       |
|   |                  |                      |                    |  |                |                       |         |           |                                 |       |          |                       |
|   |                  |                      |                    |  |                |                       |         |           |                                 |       |          |                       |
|   | 1                |                      |                    |  |                |                       |         |           |                                 |       |          |                       |
|   | 1                |                      |                    |  |                |                       |         |           |                                 |       |          |                       |
|   |                  |                      |                    |  |                |                       |         |           |                                 |       |          |                       |
|   | 1                |                      |                    |  |                |                       |         |           |                                 |       |          |                       |
|   | 1                |                      |                    |  |                |                       |         |           |                                 |       |          |                       |
|   | 1                |                      |                    |  |                |                       |         |           |                                 |       |          |                       |
|   |                  |                      |                    |  |                |                       |         |           |                                 | 1     |          |                       |

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. Part IV

| (a)  | (b)              | (c)                                    | (d)                          | (e)   | (f)                   | (g)                               | (h)<br>Percentage<br>ownership | (            | ( <b>i)</b><br>ction              |
|--|------------------|--|------------------------------|---|-----------------------|-----------------------------------|--------------------------------|--------------|-----------------------------------|
| Name, address, and EIN of related organization | Primary activity | Legal domicile<br>(state or<br>foreign | Direct controlling<br>entity | Type of entity<br>(C corp, S corp,<br>or trust) | Share of total income | Share of<br>end-of-year<br>assets |                                | 512(<br>cont | tion<br>b)(13)<br>rolled<br>tity? |
|  |                  | country)                               |                              | 0   |                       |                                   |                                | Yes          | No                                |
| AFFORDABLE HOUSING SOLUTIONS - 20-2018876      |                  |  |                              |   |                       |                                   |                                |              |                                   |
| 4814 OUTLOOK DRIVE, SUITE 201                  |                  |  |                              |   |                       |                                   |                                |              |                                   |
| WALL, NJ 07753                                 | HEALTH SERVICES  | NJ                                     | PH AT WALL                   | C CORP  | 149,497.              | 2,303,145.                        | 100.00%                        |              | X                                 |
| PLAINFIELD TOWER SOLUTIONS, INC                |                  |  |                              |   |                       |                                   |                                |              |                                   |
| 26-0765373, 4814 OUTLOOK DRIVE, SUITE 201,     | -                |  | РН АТ                        |   |                       |                                   |                                |              |                                   |
| WALL, NJ 07753                                 | HEALTH SERVICES  | NJ                                     | PLAINFIELD                   | C CORP  | -2,350.               | 578,226.                          | 100.00%                        |              | X                                 |
| SENIOR LIVING SOLAR, INC - 45-4364632          |                  |  |                              |   |                       |                                   |                                |              |                                   |
| 4814 OUTLOOK DRIVE, SUITE 201                  | 7                |  |                              |   |                       |                                   |                                |              |                                   |
| WALL, NJ 07753                                 | HEALTH SERVICES  | NJ                                     | PH AT WALL                   | C CORP  | -1,579.               | 2,101,072.                        | 100.00%                        |              | X                                 |
| MANCHESTER HOUSING SOLUTIONS, INC              |                  |  |                              |   |                       |                                   |                                |              |                                   |
| 46-3926430, 4814 OUTLOOK DRIVE, SUITE 201,     | 7                |  |                              |   |                       |                                   |                                |              |                                   |
| WALL, NJ 07753                                 | HEALTH SERVICES  | NJ                                     | PH AT WALL                   | C CORP  | 0.                    | 0.                                | 100.00%                        |              | x                                 |
|  | 4                |  |                              |   |                       |                                   |                                |              |                                   |
|  | -                |  |                              |   |                       |                                   |                                |              |                                   |
| 532162 09-08-15                                |                  | 77                                     | 1                            | 1   |                       | Sche                              | dule B (Fori                   | n 990        | ) 2015                            |

# Schedule R (Form 990) 2015 SPRINGPOINT SENIOR LIVING, INC.

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

| e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.  |    | Yes | s M          |
|---|----|-----|--------------|
| 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? |    |     |              |
| Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity   | 1a |     |              |
| Gift, grant, or capital contribution to related organization(s)   |    |     |              |
| Gift, grant, or capital contribution from related organization(s)   |    |     |              |
| Loans or loan guarantees to or for related organization(s)  |    | X   |              |
| Loans or loan guarantees by related organization(s)   |    | X   |              |
| Dividends from related organization(s)  |    |     |              |
| Sale of assets to related organization(s)   | 1g |     |              |
| Purchase of assets from related organization(s)   |    |     |              |
| Exchange of assets with related organization(s)   |    |     |              |
| Lease of facilities, equipment, or other assets to related organization(s)  |    | X   | _            |
| Lease of facilities, equipment, or other assets from related organization(s)  | 1k | x   | T            |
| Performance of services or membership or fundraising solicitations for related organization(s)  |    |     | Τ            |
| Performance of services or membership or fundraising solicitations by related organization(s)   |    | X   | T            |
| Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)   |    |     | Τ            |
| Sharing of paid employees with related organization(s)  |    | X   | 4            |
| Reimbursement paid to related organization(s) for expenses  |    | x   |              |
| Reimbursement paid by related organization(s) for expenses  |    |     | $\downarrow$ |
| Other transfer of cash or property to related organization(s)   | 1r | x   |              |
| Other transfer of cash or property from related organization(s)   |    | X   |              |

| (a)<br>Name of related organization   | <b>(b)</b><br>Transaction<br>type (a-s) | <b>(c)</b><br>Amount involved | (d)<br>Method of determining amount involved |
|---------------------------------------|---|-------------------------------|--|
| (1) SPRINGPOINT AT CRESTWOOD, INC.    | м                                       | 1,092,380.                    | соят   |
| (2) SPRINGPOINT AT CRESTWOOD, INC.    | 0                                       | 997,724.                      | COST   |
| (3) SPRINGPOINT AT CRESTWOOD, INC.    | Р                                       | 2,072,905.                    | Cost   |
| (4) SPRINGPOINT AT THE ATRIUM, INC.   | 0                                       | 258,249.                      | COST   |
| (5) SPRINGPOINT AT THE ATRIUM, INC.   | Р                                       | 1,649,740.                    | соят   |
| (6) SPRINGPOINT AT MEADOW LAKES, INC. | <u>M</u>                                | 1,528,488.                    | COST   |

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

| <b>(a)</b><br>Name of other organization     | <b>(b)</b><br>Transaction<br>type (a-r) | <b>(c)</b><br>Amount involved | <b>(d)</b><br>Method of determining<br>amount involved |
|--|---|-------------------------------|--|
| (7)SPRINGPOINT AT MEADOW LAKES, INC.         | 0                                       | 1,232,043.                    | Cost   |
| (8)SPRINGPOINT AT MEADOW LAKES, INC.         | Р                                       | 2,059,621.                    | соят   |
| (9)SPRINGPOINT AT MONROE VILLAGE, INC.       | М                                       | 1,278,991.                    | соят   |
| (10)SPRINGPOINT AT MONROE VILLAGE, INC.      | 0                                       | 762,043.                      | соят   |
| (11)SPRINGPOINT AT MONROE VILLAGE, INC.      | Р                                       | 2,743,604.                    | соят   |
| (12)SPRINGPOINT AT MONTGOMERY, INC.          | М                                       | 1,241,576.                    | соят   |
| (13)SPRINGPOINT AT MONTGOMERY, INC.          | 0                                       | 1,070,982.                    | соят   |
| (14)SPRINGPOINT AT MONTGOMERY, INC.          | Р                                       | 2,307,475.                    | соят   |
| (15)MARCUS L. WARD HOME                      | М                                       | 1,157,427.                    | соят   |
| (16)MARCUS L. WARD HOME                      | 0                                       | 683,240.                      | соят   |
| (17)MARCUS L. WARD HOME                      | Р                                       | 2,176,071.                    | соят   |
| (18)THE PRESBYTERIAN HOME AT DOVER, INC.     | М                                       | 53,162.                       | соят   |
| (19)THE PRESBYTERIAN HOME AT DOVER, INC.     | Р                                       | 103,966.                      | соят   |
| (20) PRESBYTERIAN HOME AT GALLOWAY, INC.     | М                                       | 51,792.                       | соят   |
| (21) PRESBYTERIAN HOME AT GALLOWAY, INC.     | Р                                       | 110,427.                      | соят   |
| (22) PRESBYTERIAN HOME AT HOWELL, INC.       | м                                       | 55,080.                       | соят   |
| (23) PRESBYTERIAN HOME AT HOWELL, INC.       | Р                                       | 84,958.                       | соят   |
| (24) PRESBYTERIAN HOME AT WEST WINDSOR, INC. | М                                       | 52,416.                       | соят   |

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

| (a)<br>Name of other organization                        | <b>(b)</b><br>Transaction<br>type (a-r) | <b>(c)</b><br>Amount involved | <b>(d)</b><br>Method of determining<br>amount involved |
|--|---|-------------------------------|--|
| (7) PRESBYTERIAN HOME AT WEST WINDSOR, INC.              | Р                                       | 111,465.                      | COST   |
| (8) PRESBYTERIAN HOME AT FRANKLIN, INC.                  | М                                       | 53,142.                       | Cost   |
| (9)PRESBYTERIAN HOME AT FRANKLIN, INC.                   | Р                                       | 121,367.                      | COST   |
| (10)THE PRESBYTERIAN HOME AT STAFFORD, INC.              | М                                       | 56,784.                       | соѕт   |
| (11)THE PRESBYTERIAN HOME AT STAFFORD, INC.              | Р                                       | 151,419.                      | COST   |
| MIDDLESEX BORO SENIOR CITIZEN HOUSING<br>(12)CORPORATION | М                                       | 56,347.                       | COST   |
| MIDDLESEX BORO SENIOR CITIZEN HOUSING<br>(13)CORPORATION | Р                                       | 100,435.                      | COST   |
| (14)PRESBYTERIAN HOME AT EAST WINDSOR, INC.              | М                                       | 52,779.                       | COST   |
| (15)PRESBYTERIAN HOME AT EAST WINDSOR, INC.              | Р                                       | 102,229.                      | соѕт   |
| (16)THE PRESBYTERIAN HOME AT MANCHESTER, INC.            | М                                       | 57,415.                       | соѕт   |
| (17)THE PRESBYTERIAN HOME AT MANCHESTER, INC.            | Р                                       | 104,032.                      | соѕт   |
| (18)SPRINGPOINT FOUNDATION, INC.                         | 0                                       | 121,077.                      | соѕт   |
| (19)SPRINGPOINT FOUNDATION, INC.                         | Р                                       | 518,652.                      | соѕт   |
| (20) INTEGRATED MANAGEMENT SERVICES, INC.                | М                                       | 531,584.                      | соѕт   |
| (21)INTEGRATED MANAGEMENT SERVICES, INC.                 | 0                                       | 59,142.                       | соят   |
| (22)INTEGRATED MANAGEMENT SERVICES, INC.                 | Р                                       | 481,505.                      | соѕт   |
| (23)SPRINGPOINT AT HOME, INC.                            | 0                                       | 1,547,104.                    | соѕт   |
| (24)SPRINGPOINT AT HOME, INC.                            | Р                                       | 226,439.                      | COST   |

# Schedule R (Form 990) 2015 SPRINGPOINT SENIOR LIVING, INC.

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

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

| (a)                           | (b)                     | (c)               | (d)                  |                                 |                 | (f)             | (g)             | /    | 1)            | (i)  | (j)             | (k) |
|-------------------------------|-------------------------|-------------------|----------------------|---------------------------------|-----------------|-----------------|-----------------|------|---------------|--|-----------------|-----|
| (a)<br>Name, address, and EIN | (b)<br>Primary activity | Legal domicile    | Predominant income   | Are<br>Partner<br>501(c<br>orgs | all             | (י)<br>Share of | (9)<br>Share of |      | J<br>nnor-    | Code V-LIBI  | UJ<br>General c |     |
| of entity                     | Frinary activity        | (state or foreign | (related, unrelated, | partner<br>501 (c               | s sec.<br>c)(3) | total           | end-of-year     | tior | opor-<br>nate | amount in box 20   | managing        |     |
| orentity                      |                         | country)          |                      | orgs                            |                 | income          | assets          |      | tions?        | Code V-UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | partner?        |     |
|                               |                         | country)          | Sections 512-514)    | Yes                             | No              |                 | 400010          | Yes  | No            | (1011111005)   | Yes NC          |     |
|                               |                         |                   |                      |                                 |                 |                 |                 |      |               |  |                 |     |
|                               |                         |                   |                      |                                 |                 |                 |                 |      |               |  |                 |     |
|                               |                         |                   |                      |                                 |                 |                 |                 |      |               |  |                 |     |
|                               |                         |                   |                      |                                 |                 |                 |                 |      |               |  |                 |     |
|                               |                         |                   |                      |                                 |                 |                 |                 |      |               |  |                 |     |
|                               |                         |                   |                      |                                 |                 |                 |                 |      |               |  |                 |     |
|                               |                         |                   |                      |                                 |                 |                 |                 |      |               |  |                 |     |
|                               |                         |                   |                      |                                 |                 |                 |                 |      |               |  |                 |     |
|                               |                         |                   |                      |                                 |                 |                 |                 |      |               |  |                 |     |
|                               |                         |                   |                      |                                 |                 |                 |                 |      |               |  |                 |     |
|                               |                         |                   |                      |                                 |                 |                 |                 |      |               |  |                 |     |
|                               |                         |                   |                      |                                 |                 |                 |                 |      |               |  |                 |     |
|                               |                         |                   |                      |                                 |                 |                 |                 |      |               |  |                 |     |
|                               |                         |                   |                      |                                 |                 |                 |                 |      |               |  |                 |     |
|                               |                         |                   |                      |                                 |                 |                 |                 |      |               |  |                 |     |
|                               |                         |                   |                      |                                 |                 |                 |                 |      |               |  |                 |     |
|                               |                         |                   |                      |                                 |                 |                 |                 |      |               |  |                 |     |
|                               |                         |                   |                      |                                 |                 |                 |                 |      |               |  |                 |     |
|                               |                         |                   |                      |                                 |                 |                 |                 |      |               |  |                 |     |
|                               |                         |                   |                      |                                 |                 |                 |                 |      |               |  |                 |     |
|                               |                         |                   |                      |                                 |                 |                 |                 |      |               |  |                 |     |
|                               |                         |                   |                      |                                 |                 |                 |                 | 1    |               |  |                 |     |
|                               |                         |                   |                      |                                 |                 |                 |                 |      |               |  |                 |     |
|                               |                         |                   |                      |                                 |                 |                 |                 |      |               |  |                 |     |
|                               |                         |                   |                      |                                 |                 |                 |                 |      |               |  |                 |     |
|                               |                         |                   |                      |                                 |                 |                 |                 |      |               |  |                 |     |
|                               |                         |                   |                      |                                 |                 |                 |                 |      |               |  |                 |     |
|                               |                         |                   |                      |                                 |                 |                 |                 |      |               |  |                 |     |
|                               | -                       |                   |                      |                                 |                 |                 |                 |      |               |  |                 |     |
|                               |                         |                   |                      |                                 |                 |                 |                 |      |               |  |                 |     |
|                               |                         |                   |                      |                                 |                 |                 |                 |      |               |  |                 |     |
|                               |                         |                   |                      |                                 |                 |                 |                 |      |               |  |                 |     |
|                               |                         |                   |                      |                                 |                 |                 |                 |      |               |  |                 |     |
|                               |                         |                   |                      |                                 |                 |                 |                 |      |               |  |                 |     |
|                               |                         |                   |                      |                                 |                 |                 |                 |      |               |  |                 |     |

Schedule R (Form 990) 2015

Schedule R (Form 990) 2015

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

# PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

SPRINGPOINT SENIOR LIVING, INC - PARENT

DIRECT CONTROLLING ENTITY: N/A

#### PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME OF RELATED ORGANIZATION:

AFFORDABLE HOUSING SOLUTIONS

DIRECT CONTROLLING ENTITY: PH AT WALL

NAME OF RELATED ORGANIZATION:

PLAINFIELD TOWER SOLUTIONS, INC.

DIRECT CONTROLLING ENTITY: PH AT PLAINFIELD

NAME OF RELATED ORGANIZATION:

SENIOR LIVING SOLAR, INC

DIRECT CONTROLLING ENTITY: PH AT WALL

NAME OF RELATED ORGANIZATION:

MANCHESTER HOUSING SOLUTIONS, INC.

DIRECT CONTROLLING ENTITY: PH AT WALL

532165 09-08-15

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10090701

Schedule R (Form 990) 2015

<sup>12481020 789762 1009070-010 2015.04030</sup> SPRINGPOINT SENIOR LIVING,