

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2024

Open to Public
Inspection

A For the 2024 calendar year, or tax year beginning and ending																												
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization SPRINGPOINT SENIOR LIVING, INC.</td> <td rowspan="4">D Employer identification number 22-3498690</td> </tr> <tr> <td colspan="2">Doing business as</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td>4814 OUTLOOK DRIVE</td> <td>201</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code WALL, NJ 07753</td> <td>E Telephone number 732-430-3650</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: ANTHONY ARGONDIZZA SAME AS C ABOVE</td> <td>G Gross receipts \$ 286,516,735.</td> </tr> <tr> <td colspan="2">I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527</td> <td>H(a) Is this a group return STMT 1 for subordinates? ☒ Yes ☐ No</td> </tr> <tr> <td colspan="2">J Website: WWW.SPRINGPOINTSL.ORG</td> <td>H(b) Are all subordinates included? ☒ Yes ☐ No If "No," attach a list. See instructions</td> </tr> <tr> <td colspan="2">K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other</td> <td>H(c) Group exemption number 8048</td> </tr> <tr> <td colspan="2">L Year of formation:</td> <td>M State of legal domicile: NJ</td> </tr> </table>	C Name of organization SPRINGPOINT SENIOR LIVING, INC.		D Employer identification number 22-3498690	Doing business as		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	4814 OUTLOOK DRIVE	201	City or town, state or province, country, and ZIP or foreign postal code WALL, NJ 07753		E Telephone number 732-430-3650	F Name and address of principal officer: ANTHONY ARGONDIZZA SAME AS C ABOVE		G Gross receipts \$ 286,516,735.	I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527		H(a) Is this a group return STMT 1 for subordinates? ☒ Yes ☐ No	J Website: WWW.SPRINGPOINTSL.ORG		H(b) Are all subordinates included? ☒ Yes ☐ No If "No," attach a list. See instructions	K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other		H(c) Group exemption number 8048	L Year of formation:		M State of legal domicile: NJ
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Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO INSPIRE OUR FAMILY WITH ENDLESS OPPORTUNITIES.																
	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 15																
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 14																
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 5 1969																
	6 Total number of volunteers (estimate if necessary) 6 809																
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.																
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.																	
Revenue	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h) 11,057,382.</td> <td>12,167,374.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g) 217,339,712.</td> <td>236,537,822.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 6,130,443.</td> <td>8,628,917.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,944,533.</td> <td>1,952,950.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 237,472,070.</td> <td>259,287,063.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h) 11,057,382.	12,167,374.	9 Program service revenue (Part VIII, line 2g) 217,339,712.	236,537,822.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 6,130,443.	8,628,917.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,944,533.	1,952,950.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 237,472,070.	259,287,063.			
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Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date	
	GARRETT T. MIDGETT, III, CHIEF FINANCIAL OFFICER			
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check ☒ if self-employed PTIN
	KERRI N. BOGDA	KERRI N. BOGDA	10/28/25	P00760402
Preparer Use Only	Firm's name	Firm's EIN		
	BAKER TILLY ADVISORY GROUP, LP	39-0859910		
	Firm's address	Phone no.		
	1570 FRUITVILLE PIKE, SUITE 400 LANCASTER, PA 17601	717.740.4863		

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:**OUR MISSION - TO INSPIRE OUR FAMILY WITH ENDLESS OPPORTUNITIES.****OUR VISION - TO BE THE PREMIER PROVIDER, OFFERING EXCEPTIONAL SERVICES AND INNOVATIVE PROGRAMS THAT EMPOWER THOSE WE SERVE AND THOSE WHO****2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **232,919,599.** including grants of \$ **355,997.**) (Revenue \$ **236,537,822.**)**EXPENSES INCURRED IN PROVIDING SENIOR HOUSING AND SERVICES, AFFORDABLE HOUSING, ASSISTED LIVING, SKILLED NURSING CARE, REHABILITATION, AND ALZHEIMER'S CARE. PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT.****4b** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **232,919,599.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9 X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a 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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
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? <i>If "Yes," complete Schedule J</i>	23 X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	X
c 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? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33 X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a X	
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38 X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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 795	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 1969		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
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 on Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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 Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	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:			
a 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.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
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		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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

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

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	15			
b Enter the number of voting members included on line 1a, above, who are independent		14		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	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
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
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
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 on Schedule O			9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
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?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	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 on Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 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?		
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 on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	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?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed NJ, PA

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records
GARRETT T. MIDGETT, III - 732-430-3650
4814 OUTLOOK DRIVE, 201, WALL, NJ 07753

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANTHONY ARGONDIZZA TRUSTEE; EX-OFFICIO-PRESIDENT & CEO	50.00 5.00	X		X				0.	1,273,736.	411,893.
(2) GARRETT I. MIDGETT SENIOR VP/CFO, TREASURER	50.00 5.00			X				0.	503,820.	92,897.
(3) MAUREEN E. CAFFERTY, ESQ. SR. VP/GENERAL COUNSEL, SECRETARY	50.00 5.00			X				0.	489,654.	93,061.
(4) DAVID WOODWARD SENIOR VP/COO, ASSISTANT TREASURER	50.00 5.00			X				0.	495,197.	75,484.
(5) MARYBETH KOPEC VP FINANCE	50.00 5.00				X			0.	300,402.	33,530.
(6) RICHARD WHITEMAN LPC EXECUTIVE DIRECTOR	50.00 5.00					X		0.	287,844.	39,550.
(7) MICHAEL OAKES SR. VP FOUNDATION	50.00 5.00				X			305,331.	0.	18,119.
(8) ODESSA SADSAD VP HEALTH SERVICES	50.00 5.00				X			0.	266,106.	34,200.
(9) NOEMI VALENCIA REGISTERED NURSE	50.00 5.00					X		0.	250,505.	44,851.
(10) JOHN MARTIN VP INFORMATION TECHNOLOGY	50.00 5.00				X			0.	286,492.	1,426.
(11) JAMES TAVORMINA VP OF SALES	50.00 5.00				X			0.	241,487.	37,795.
(12) SANDI KO VP OF HUMAN RESOURCES	50.00 5.00				X			0.	262,670.	9,500.
(13) SUSAN LIPPY LPC EXECUTIVE DIRECTOR	50.00 5.00					X		0.	246,524.	16,970.
(14) ANNE HAY LPC EXECUTIVE DIRECTOR	50.00 5.00					X		0.	246,611.	7,014.
(15) MICHAEL GENTILE LPC EXECUTIVE DIRECTOR	50.00 5.00					X		0.	235,809.	4,719.
(16) JULIA ZAUNER VP OF MARKETING (UNTIL 10/24)	50.00 5.00				X			0.	195,077.	13,088.
(17) BARBARA KREIDER CHAIR - TRUSTEE / LPC BOARD CHAIR	1.00 1.00	X		X				0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARK OLEAR VICE CHAIR - TRUSTEE	1.00 1.00	X		X				0.	0.	0.
(19) EDGAR M. COSTER TRUSTEE	1.00 1.00	X						0.	0.	0.
(20) THOMAS WHELAN TRUSTEE	1.00 1.00	X						0.	0.	0.
(21) PATRICIA SCHAEFFER TRUSTEE	1.00 1.00	X						0.	0.	0.
(22) ELENA LADYGINA TRUSTEE	1.00 1.00	X						0.	0.	0.
(23) KRISTIN MCCARTHY TRUSTEE	1.00 1.00	X						0.	0.	0.
(24) JOHN CLARKE TRUSTEE / FOUNDATION BOARD - CHAIR	1.00 1.00	X						0.	0.	0.
(25) YULIA MURPHY TRUSTEE	1.00 1.00	X						0.	0.	0.
(26) LISA MCCracken TRUSTEE	1.00 1.00	X						0.	0.	0.
1b Subtotal								305,331.	5,581,934.	934,097.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								305,331.	5,581,934.	934,097.

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

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- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MORRISON MGMT SPECIALISTS, INC. DBA COMPASS 400 NORTHRIDGE RD , SANDY SPRINGS, GA 30350	DINING DEPARTMENT OPERATIONS	27,504,121.
AC DRYWALL AND PAINTING LLC DBA AC CONSTRU 147 ROUTE 46, NETCONG, NJ 07857	CONSTRUCTION	6,520,283.
YES WE DO LLC 21 OAKLAND DRIVE, JACKSON, NJ 08527	CONSTRUCTION	5,332,800.
TWOMAGNETS INC., DBA CLIPBOARD HEALTH P O BOX 103125, PASADENDA, CA 91189-3125	CONTRACTED NURSING STAFF	2,307,443.
PREMIER CUSTOM HOMES LLC 346 AUDREY LANE, SMYRNA, DE 19977	CONSTRUCTION	1,463,380.

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

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SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2024)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MICHAEL SERLUCO TRUSTEE	1.00 1.00	X						0.	0.	0.
(28) JESSICA L. ISRAEL TRUSTEE	1.00 1.00	X						0.	0.	0.
(29) MAUREEN A. SCHNEIDER TRUSTEE	1.00 1.00	X						0.	0.	0.
(30) ANJANA D. PATEL TRUSTEE	1.00 1.00	X						0.	0.	0.
(31) BARUCH FALK TRUSTEE - LPCS	1.00 0.00	X						0.	0.	0.
(32) DAVID GERRIDGE TRUSTEE - LPCS	1.00 0.00	X						0.	0.	0.
(33) ANTHONY GLOCKER TRUSTEE - LPCS	1.00 0.00	X						0.	0.	0.
(34) AUDREY HAIMOWITZ TRUSTEE - LPCS	1.00 0.00	X						0.	0.	0.
(35) JULI TOWELL TRUSTEE - LPCS	1.00 0.00	X						0.	0.	0.
(36) DIANE BIRCH TRUSTEE - LPCS	1.00 0.00	X						0.	0.	0.
(37) JAMES MCMULLEN TRUSTEE - LPCS	1.00 0.00	X						0.	0.	0.
(38) EVAN QUARTON TRUSTEE - LPCS	1.00 0.00	X						0.	0.	0.
(39) TIMOTHY M. FERGES TRUSTEE - FOUNDATION	1.00 0.00	X						0.	0.	0.
(40) VINCENT P. CELENZA TRUSTEE - FOUNDATION	1.00 0.00	X						0.	0.	0.
(41) CHRISTIAN T. KOERNER TRUSTEE - FOUNDATION	1.00 0.00	X						0.	0.	0.
(42) RENEE R. VENEZIANO TRUSTEE - FOUNDATION	1.00 0.00	X						0.	0.	0.
(43) GLENN MEKLES TRUSTEE - FOUNDATION	1.00 0.00	X						0.	0.	0.
(44) CINDY DEEVY TRUSTEE - FOUNDATION	1.00 0.00	X						0.	0.	0.
(45) BRIDGET MURPHY TRUSTEE - FOUNDATION	1.00 0.00	X						0.	0.	0.
(46) CARL DELLI BOVI CHAIRMAN - TRUSTEE - EAST WINDSOR	0.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) MARY LEE KLEINKAUF VICE CHAIR - TRUSTEE - EAST WINDSOR	0.00 0.00	X						0.	0.	0.
(48) DAVID ROUSSELL TRUSTEE - EAST WINDSOR	0.00 0.00	X						0.	0.	0.
(49) RICHARD SCHROEDER TRUSTEE - EAST WINDSOR	0.00 0.00	X						0.	0.	0.
(50) DEBORAH L THOMAS TRUSTEE - EAST WINDSOR	0.00 0.00	X						0.	0.	0.
(51) TERRY GOLDSTEIN TRUSTEE - EAST WINDSOR	0.00 0.00	X						0.	0.	0.
(52) MARC PLATIZKY TRUSTEE - EAST WINDSOR	0.00 0.00	X						0.	0.	0.
(53) JANE FROTTON CHAIRWOMAN - TRUSTEE - PORTLAND POIN	0.00 0.00	X						0.	0.	0.
(54) MARILYN SCHERFEN VICE-CHAIR, TRUSTEE - PORTLAND POINT	0.00 0.00	X						0.	0.	0.
(55) JANE H. OLCOTT TRUSTEE - PORTLAND POINTE	0.00 0.00	X						0.	0.	0.
(56) ROBERT SCHOEFFLING TRUSTEE - PORTLAND POINTE	0.00 0.00	X						0.	0.	0.
(57) RICHARD STRYKER TRUSTEE - PORTLAND POINTE	0.00 0.00	X						0.	0.	0.
(58) PAUL MAZZELLA TRUSTEE - PORTLAND POINTE	0.00 0.00	X						0.	0.	0.
(59) MURIEL J. SMITH TRUSTEE - PORTLAND POINTE	0.00 0.00	X						0.	0.	0.
(60) ELLEN YUNG O'DWYER TRUSTEE - PORTLAND POINTE	0.00 0.00	X						0.	0.	0.
(61) ROY DELLOSSO TRUSTEE - PORTLAND POINTE	0.00 0.00	X						0.	0.	0.
(62) SHERLEY PENROSE CHAIRWOMAN - TRUSTEE - MIDDLESEX	0.00 0.00	X						0.	0.	0.
(63) NANCY LYNN AVERY VICE CHAIRWOMAN - TRUSTEE - MIDDLESE	0.00 0.00	X						0.	0.	0.
(64) WILLIAM COYLE TRUSTEE - MIDDLESEX	0.00 0.00	X						0.	0.	0.
(65) LOUISE CREDE TRUSTEE - MIDDLESEX	0.00 0.00	X						0.	0.	0.
(66) DENISE BAGONYI TRUSTEE - MIDDLESEX	0.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

[illegible]

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	293,690.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	8,061,622.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	3,812,062.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		12,167,374.			
Program Service Revenue	2 a	NET PROGRAM SERVICE REVENUE	Business Code	541900	235643132.	235643132.	
	b	MANAGEMENT REVENUE		561000	785,028.	785,028.	
	c	FIN. SERVICES & CHARGEBACK REV.		541900	109,662.	109,662.	
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		236537822.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			4,949,144.	
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6 a		Gross rents	(i) Real	686,718.			
b		Less: rental expenses ...	(ii) Personal	200,249.			
c		Rental income or (loss)		486,469.			
d		Net rental income or (loss)		486,469.		486,469.	
7 a		Gross amount from sales of assets other than inventory	(i) Securities	30,560,720.			
b		Less: cost or other basis and sales expenses	(ii) Other	26,880,947.			
c		Gain or (loss)		3,679,773.			
d		Net gain or (loss)		3,679,773.		3679773.	
8 a		Gross income from fundraising events (not including \$ 293,690. of contributions reported on line 1c). See Part IV, line 18		58,986.			
b		Less: direct expenses		148,476.			
c		Net income or (loss) from fundraising events		-89,490.		-89,490.	
9 a	Gross income from gaming activities. See Part IV, line 19						
b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	DEBT FORGIVENESS	Business Code	900099	778,680.		778,680.
	b	INSURANCE REIMBURSEMENT		900099	425,351.		425,351.
	c	SOLAR RENEWABLE ENERGY CREDITS		900099	240,782.		240,782.
	d	All other revenue		900099	111,158.		111,158.
	e	Total. Add lines 11a-11d		1,555,971.			
	12	Total revenue. See instructions		259287063.	236537822.	0.	10581867.

Part IX Statement of Functional Expenses

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

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

☒ X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,073.	2,073.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	353,924.	353,924.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	323,450.			323,450.
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	83,911,284.	74,838,234.	8,555,823.	517,227.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,122,676.	938,631.	145,970.	38,075.
9 Other employee benefits	9,075,277.	8,056,543.	979,404.	39,330.
10 Payroll taxes	6,286,974.	5,573,593.	656,686.	56,695.
11 Fees for services (nonemployees):				
a Management				
b Legal	1,286,601.		1,271,386.	15,215.
c Accounting	801,029.		801,029.	
d Lobbying	164,266.		164,266.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	110,638.		110,638.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	38,119,793.	30,143,553.	7,775,134.	201,106.
12 Advertising and promotion	3,181,309.	3,160,610.		20,699.
13 Office expenses	4,748,689.	3,830,295.	858,299.	60,095.
14 Information technology				
15 Royalties				
16 Occupancy	19,826,844.	19,824,609.	2,235.	
17 Travel	238,330.	168,841.	44,540.	24,949.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	308,883.	154,138.	151,429.	3,316.
20 Interest	12,458,235.	12,458,235.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	40,851,859.	40,851,859.		
23 Insurance	5,101,243.	5,101,243.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a SHARED SERVICES	13,750,810.	3,692,516.	10,058,294.	
b FOOD EXPENSES	8,330,066.	8,330,066.		
c REPAIRS & MAINTENANCE	4,844,256.	4,829,722.	14,534.	
d MEDICAL SUPPLIES	2,762,499.	2,762,499.		
e All other expenses	9,395,658.	7,848,415.	1,427,197.	120,046.
25 Total functional expenses. Add lines 1 through 24e	267,356,666.	232,919,599.	33,016,864.	1,420,203.
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)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	19,770.	1	19,770.
	2 Savings and temporary cash investments	46,139,419.	2	47,312,865.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	18,621,738.	4	19,378,230.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	5,581,313.	7	6,153,934.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	4,424,470.	9	7,351,744.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 902,349,113.		
	b Less: accumulated depreciation	10b 459,730,316.		
		458,195,670.	10c	442,618,797.
	11 Investments - publicly traded securities	173,923,816.	11	184,201,235.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	67,000,812.	14	66,959,113.
15 Other assets. See Part IV, line 11	25,081,428.	15	29,119,802.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	798,988,436.	16	803,115,490.	
Liabilities	17 Accounts payable and accrued expenses	18,427,774.	17	20,219,232.
	18 Grants payable		18	
	19 Deferred revenue	145,320,923.	19	164,430,618.
	20 Tax-exempt bond liabilities	167,471,697.	20	177,838,340.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	36,596.	21	31,834.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	141,039,962.	23	116,164,008.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	452,847,502.	25	447,916,178.
	26 Total liabilities. Add lines 17 through 25	925,144,454.	26	926,600,210.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	-139,980,968.	27	-139,447,198.
	28 Net assets with donor restrictions	13,824,950.	28	15,962,478.
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	-126,156,018.	32	-123,484,720.
	33 Total liabilities and net assets/fund balances	798,988,436.	33	803,115,490.

Form 990 (2024)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	259,287,063.
2	Total expenses (must equal Part IX, column (A), line 25)	2	267,356,666.
3	Revenue less expenses. Subtract line 2 from line 1	3	-8,069,603.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-126,156,018.
5	Net unrealized gains (losses) on investments	5	8,469,543.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	2,271,358.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	-123,484,720.

Part XII Financial Statements and ReportingCheck 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 ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	3b	

Form 990 (2024)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Name of the organization

SPRINGPOINT SENIOR LIVING, INC.

Employer identification number	
--------------------------------	--

22-3498690

Part I	Reason for Public Charity Status. (All organizations must complete this part.) See instructions.
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The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

g. Provide the following information about the supported organization(s):						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization'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.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		

Schedule A (Form 990) 2024

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15497608.	14955366.	10502109.	11057382.	12167374.	64179839.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	180785100	182245919	198821721	217339712	236537822	1015730274.
3 Gross receipts from activities that are not an unrelated trade or business under section 513				9,603.	11,598.	21,201.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	196282708	197201285	209323830	228406697	248716794	1079931314.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	41,397.	52,507.	48,402.	47,759.	85,598.	275,663.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b	41,397.	52,507.	48,402.	47,759.	85,598.	275,663.
8 Public support. (Subtract line 7c from line 6.)						1079655651.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6	196282708	197201285	209323830	228406697	248716794	1079931314.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2800524.	3651533.	2028015.	5061133.	5635862.	19177067.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	2800524.	3651533.	2028015.	5061133.	5635862.	19177067.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2120779.	1124235.	883,369.	2403982.	1603359.	8135724.
13 Total support. (Add lines 9, 10c, 11, and 12.)	201204011	201977053	212235214	235871812	255956015	1107244105.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	97.51 %
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	97.67 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	1.73 %
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	2.00 %

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI 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 officers, directors, or trustees were allocated among the supported 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, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III 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 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 organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a 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 Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how 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 on line 2a, above, 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 Part VI 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 lines 3a and 3b below.			
a 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? If "Yes" or "No," provide details in Part VI .			
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 Part VI the role played by the organization in this regard.			
3b			

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 (*explain in Part VI*). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2024

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

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.)

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:**SOLAR RENEWABLE ENERGY CREDITS**

2020 AMOUNT: \$ 220,489.
2021 AMOUNT: \$ 237,537.
2022 AMOUNT: \$ 241,085.
2023 AMOUNT: \$ 226,329.
2024 AMOUNT: \$ 240,782.

INSURANCE REIMBURSEMENTS

2020 AMOUNT: \$ 35,709.
2021 AMOUNT: \$ 185,513.
2022 AMOUNT: \$ 51,667.
2024 AMOUNT: \$ 425,351.

MISCELLANEOUS REVENUE

2020 AMOUNT: \$ 115,940.
2021 AMOUNT: \$ 34,234.
2022 AMOUNT: \$ 49,255.
2023 AMOUNT: \$ 45,476.
2024 AMOUNT: \$ 18,384.

VENDOR REIMBURSEMENT

2020 AMOUNT: \$ 44,743.
2021 AMOUNT: \$ 1,142.

FORGIVENESS OF DEBT

2020 AMOUNT: \$ 1,557,460.
2023 AMOUNT: \$ 2,000,000.
2024 AMOUNT: \$ 778,680.

UTILITY CHARGES

2020 AMOUNT: \$ 29,004.
2021 AMOUNT: \$ 31,237.
2022 AMOUNT: \$ 25,415.
2023 AMOUNT: \$ 36,235.
2024 AMOUNT: \$ 38,256.

REIMBURSEMENTS RE: SALE OF PROP.

2020 AMOUNT: \$ 80,174.

CONSTRUCTION LITIGATION SETTLEMENT

2021 AMOUNT: \$ 525,000.

STORAGE FEES

2021 AMOUNT: \$ 30,594.
2022 AMOUNT: \$ 10,140.
2023 AMOUNT: \$ 15,790.
2024 AMOUNT: \$ 10,967.

REIMBURSEMENTS

2021 AMOUNT: \$ 26,915.
2022 AMOUNT: \$ 64,665.
2023 AMOUNT: \$ 15,871.
2024 AMOUNT: \$ 12,738.

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.)

REFUND

2021 AMOUNT: \$ 12,888.

GROSS NON-CHARITABLE FUNDRAISING INCOME

2020 AMOUNT: \$ 37,260.

2021 AMOUNT: \$ 39,175.

2022 AMOUNT: \$ 55,300.

2023 AMOUNT: \$ 58,791.

2024 AMOUNT: \$ 58,986.

PROPERTY USE FEE

2022 AMOUNT: \$ 374,717.

PATIO ENCLOSURES

2022 AMOUNT: \$ 11,125.

2023 AMOUNT: \$ 5,490.

SWIMMING SCHOOL

2024 AMOUNT: \$ 19,215.

SCHEDULE A, PART III:

THE PUBLIC CHARITY STATUS REFLECTED ON SCHEDULE A, PART I IS FOR SPRINGPOINT SENIOR LIVING, INC THE PARENT, SPRINGPOINT SENIOR LIVING, INC., FILES SEPARATELY WHILE THE GROUP RETURN IS COMPOSED OF SEVERAL SUBSIDIARIES.

EACH OF THE FOLLOWING SUBORDINATE ORGANIZATIONS HAVE THE SAME PUBLIC CHARITY STATUS INCLUDED IN THE GROUP EXEMPTION REFLECTED ON SCHEDULE A, PART I, LINE 10; 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.

SPRINGPOINT AT LEWES, INC.

SPRINGPOINT AT MEADOW LAKES, INC.

SPRINGPOINT AT MONROE VILLAGE, INC.

SPRINGPOINT AT MONTGOMERY, INC.

MARCUS L. WARD HOME

SPRINGPOINT AT DENVILLE, INC.

SPRINGPOINT AT HALF ACRE ROAD, INC.

SPRINGPOINT AT HADDONFIELD, INC.

PRESBYTERIAN HOME AT DOVER, INC.

PRESBYTERIAN HOME AT GALLOWAY, INC.

PRESBYTERIAN HOME AT HOWELL, INC.

PRESBYTERIAN HOME AT WEST WINDSOR, INC.

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.)

PRESBYTERIAN HOME AT FRANKLIN, INC.

PRESBYTERIAN HOME AT ATLANTIC HIGHLANDS, INC.

THE PRESBYTERIAN HOME AT STAFFORD, INC.

MIDDLESEX BOROUGH SENIOR CITIZENS HOUSING CORPORATION

PRESBYTERIAN HOME AT EAST WINDSOR, INC.

THE PRESBYTERIAN HOME AT MANCHESTER, INC.

PRESBYTERIAN HOME OF PLAINFIELD, INC.

PRESBYTERIAN HOME AT WALL, INC.

INTEGRATED MANAGEMENT SERVICES, INC.

SPRINGPOINT REALTY, INC.

SENIOR NET, INC.

SPRINGPOINT AT HOME, INC.

CADBURY AT CHERRY HILL, INC.

SPRINGPOINT AT MANALAPAN, INC.

SPRINGPOINT CHOICE, INC.

SPRINGPOINT AT TINTON FALLS, INC.

IN ADDITION TO THE ABOVE, SPRINGPOINT 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 GENERAL PUBLIC DESCRIBED IN SECTION 170(B)(1)(A)(VI). THE PUBLIC SUPPORT PERCENTAGE FOR 2024 IS 67.18%.

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

SPRINGPOINT SENIOR LIVING, INC.

Employer identification number

22-3498690

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

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

☒ 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization	Employer identification number
SPRINGPOINT SENIOR LIVING, INC.	22-3498690

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 22,817.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2		\$ 28,401.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3		\$ 20,500.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
4		\$ 12,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
5		\$ 21,788.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
6		\$ 12,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

SPRINGPOINT SENIOR LIVING, INC.

22-3498690

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 50,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
8		\$ 6,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
9		\$ 41,050.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
10		\$ 19,262.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
11		\$ 12,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
12		\$ 9,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

SPRINGPOINT SENIOR LIVING, INC.

22-3498690

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 6,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
14		\$ 6,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
15		\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
16		\$ 6,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
17		\$ 6,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
18		\$ 6,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
SPRINGPOINT SENIOR LIVING, INC.	22-3498690

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ 13,300.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
20		\$ 15,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
21		\$ 15,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
22		\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
23		\$ 6,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
24		\$ 6,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

SPRINGPOINT SENIOR LIVING, INC.

22-3498690

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 6,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
26		\$ 6,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
27		\$ 6,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
28		\$ 15,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
29		\$ 17,500.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
30		\$ 10,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
SPRINGPOINT SENIOR LIVING, INC.	22-3498690

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$ 10,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
32		\$ 6,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
33		\$ 20,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
34		\$ 6,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
35		\$ 6,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
36		\$ 6,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

SPRINGPOINT SENIOR LIVING, INC.

22-3498690

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
38		\$ 6,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
39		\$ 6,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
40		\$ 6,600.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
41		\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
42		\$ 9,171.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

SPRINGPOINT SENIOR LIVING, INC.

22-3498690

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$ 6,238.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
44		\$ 6,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
45		\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
46		\$ 100,200.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
47		\$ 8,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
48		\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

SPRINGPOINT SENIOR LIVING, INC.

22-3498690

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$ 7,813.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
50		\$ 6,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
51		\$ 499,120.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
52		\$ 6,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
53		\$ 7,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
54		\$ 5,800.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

SPRINGPOINT SENIOR LIVING, INC.

22-3498690

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$ 52,339.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
56		\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
57		\$ 5,200.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
58		\$ 11,500.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
59		\$ 6,815.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
60		\$ 8,200.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

SPRINGPOINT SENIOR LIVING, INC.

22-3498690

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$ 33,616.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
62		\$ 6,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
63		\$ 50,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
64		\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
65		\$ 25,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
66		\$ 15,175.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
SPRINGPOINT SENIOR LIVING, INC.	22-3498690

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>67</u>		\$ <u>12,500.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>68</u>		\$ <u>5,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>69</u>		\$ <u>6,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>70</u>		\$ <u>6,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>71</u>		\$ <u>6,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>72</u>		\$ <u>28,425.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
SPRINGPOINT SENIOR LIVING, INC.	22-3498690

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>73</u>		\$ <u>25,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>74</u>		\$ <u>127,500.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>75</u>		\$ <u>5,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>76</u>		\$ <u>22,500.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>77</u>		\$ <u>70,000.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
<u>78</u>		\$ <u>7,959,863.</u>	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
SPRINGPOINT SENIOR LIVING, INC.	22-3498690

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		\$ 101,759.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
80		\$ 12,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Employer identification number

22-3498690

Part II

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____

Name of organization	Employer identification number
SPRINGPOINT SENIOR LIVING, INC.	22-3498690

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

FORM 990

LINE H(B) - LIST OF SUBORDINATE
ORGANIZATIONS INCLUDED IN GROUP RETURN

STATEMENT 1

NAME OF ORGANIZATION	ORGANIZATION'S ADDRESS	EMPLOYER ID
SPRINGPOINT AT CRESTWOOD, INC.	50 LACEY RD - WHITING, NJ 08759	52-1572691
SPRINGPOINT AT THE ATRIUM, INC.	40 RIVERSIDE AVE - RED BANK, NJ 07701	20-4111730
SPRINGPOINT AT LEWES, INC.	17028 CADBURY CIR. - LEWES, DE 19958	22-3681799
SPRINGPOINT AT MEADOW LAKES, INC.	300 MEADOW LAKES - HIGHTSTOWN, NJ 08520	21-0643358
SPRINGPOINT AT MONROE VILLAGE, INC.	1 DAVID BRAINERD DR - MONROE TOWNSHIP, NJ 08831	22-2567703
SPRINGPOINT AT MONTGOMERY, INC.	100 HOLLINSHEAD SPRING RD - SKILLMAN, NJ 08558	22-3693840
MARCUS L. WARD HOME	333 ELMWOOD AVE - MAPLEWOOD, NJ 07040	22-1574538
SPRINGPOINT AT DENVILLE, INC.	19 POCONO RD - DENVILLE, NJ 07834	47-4925894
SPRINGPOINT AT HALF ACRE ROAD, INC.	3 DAVID BRAINERD DR. - MONROE TOWNSHIP, NJ 08831	47-2827647
THE PRESBYTERIAN HOME AT DOVER, INC.	923 OAK AVE - TOMS RIVER, NJ 08753	20-2005487
PRESBYTERIAN HOME AT HOWELL, INC.	720 ROUTE 9 SOUTH - FREEHOLD, NJ 07728	22-3338957
PRESBYTERIAN HOME AT WEST WINDSOR, INC.	996 ALEXANDER ROAD - PRINCETON JUNCTION, NJ 08550	22-2630096
PRESBYTERIAN HOME AT FRANKLIN, INC.	1 BOB FRANKS WAY - SOMERSET, NJ 08873	22-3598076
PRESBYTERIAN HOME AT ATLANTIC HIGHLANDS, INC.	202 FIRST AVE - ATLANTIC HIGHLANDS, NJ 07716	52-1795425
THE PRESBYTERIAN HOME AT STAFFORD, INC.	312 EAST BAY AVENUE - MANAHAWKIN, NJ 08050	22-3707435

SPRINGPOINT SENIOR LIVING, INC.22-3498690

MIDDLESEX BORO SENIOR CITIZEN HOUSING CORPORATION	1187 MOUNTAIN AVE - MIDDLESEX, NJ 08846	52-1857760
PRESBYTERIAN HOME AT EAST WINDSOR, INC.	21 LANNING BLVD - EAST WINDSOR, NJ 08520	22-3410945
THE PRESBYTERIAN HOME AT MANCHESTER, INC.	3204 HILLTOP ROAD - WHITING, NJ 08759	26-1746122
PRESBYTERIAN HOME OF PLAINFIELD, INC.	4814 OUTLOOK DRIVE, SUITE 201 - WALL, NJ 07753	22-2266022
PRESBYTERIAN HOME AT WALL, INC.	4814 OUTLOOK DRIVE, SUITE 201 - WALL, NJ 07753	52-1629804
SPRINGPOINT AT HADDONFIELD, INC.	4814 OUTLOOK DRIVE, SUITE 201 - WALL, NJ 07753	22-2255288
SPRINGPOINT FOUNDATION, INC.	4814 OUTLOOK DRIVE, SUITE 201 - WALL, NJ 07753	22-2375658
INTEGRATED MANAGEMENT SERVICES, INC.	4814 OUTLOOK DRIVE, SUITE 201 - WALL, NJ 07753	22-3800002
SPRINGPOINT REALTY, INC.	4814 OUTLOOK DRIVE, SUITE 201 - WALL, NJ 07753	61-1421537
SENIOR NET, INC.	4814 OUTLOOK DRIVE, SUITE 201 - WALL, NJ 07753	52-2012280
SPRINGPOINT AT HOME, INC.	4814 OUTLOOK DRIVE, SUITE 201 - WALL, NJ 07753	45-3959189
CADBURY AT CHERRY HILL, INC.	4814 OUTLOOK DRIVE, SUITE 201 - WALL, NJ 07753	22-2182468
SPRINGPOINT AT MANALAPAN, INC.	4814 OUTLOOK DRIVE, SUITE 201 - WALL, NJ 07753	83-2813160
SPRINGPOINT CHOICE, INC.	4814 OUTLOOK DRIVE, SUITE 201 - WALL, NJ 07753	83-2827496
PRESBYTERIAN HOME AT GALLOWAY, INC.	205 WEST BUCHANAN AVE - EGG HARBOR, NJ 08215	52-1887090
SPRINGPOINT AT TINTON FALLS, INC.	4814 OUTLOOK DRIVE, SUITE 201 - WALL, NJ 07753	84-1977984

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

SPRINGPOINT SENIOR LIVING, INC.

Employer identification number (EIN)

22-3498690

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures \$

3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527
exempt function activities \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,
line 17b \$

4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No

5 Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each
organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were
promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC).
If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

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

Schedule C (Form 990) 2024

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table><thead><tr><th>IF the amount on line 1e, column (a) or (b), is:</th><th>THEN the lobbying nontaxable amount is:</th></tr></thead><tbody><tr><td>not over \$500,000</td><td>20% of the amount on line 1e.</td></tr><tr><td>over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000.</td></tr><tr><td>over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000.</td></tr><tr><td>over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000.</td></tr><tr><td>over \$17,000,000</td><td>\$1,000,000.</td></tr></tbody></table>	IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:	not over \$500,000	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000	\$1,000,000.			
IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:														
not over \$500,000	20% of the amount on line 1e.														
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ Yes	☐ No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (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) 2024

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 of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
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?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		164,266.
i Other activities?		X	
j Total. Add lines 1c through 1i			164,266.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments, and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid):		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

SPRINGPOINT SENIOR LIVING, INC., THE PARENT ENTITY OF ALL SUBORDINATES INCLUDED IN THIS GROUP FORM 990, IS A MEMBER OF SEVERAL TRADE ORGANIZATIONS. A PORTION OF THE DUES PAID TO THESE TRADE ORGANIZATIONS IS ALLOCATED TO LOBBYING EFFORTS PERFORMED BY THE TRADE ORGANIZATIONS ON BEHALF OF SPRINGPOINT SENIOR LIVING, INC. AND SUBORDINATES.

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

SPRINGPOINT SENIOR LIVING, INC.

Employer identification number

22-3498690

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	☐ Yes	☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	☐ Yes	☐ No

Part II

Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☒ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area

☒ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2
b Total acreage restricted by conservation easements	32.00
c Number of conservation easements on a certified historic structure included on line 2a	
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located 1

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☒ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 \$

(ii) Assets included in Form 990, Part X \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$

b Assets included in Form 990, Part X \$

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☒ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☒

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	13,824,950.	11,677,236.	13,790,847.	11,793,485.	11,540,525.
b Contributions	2,876,011.	2,126,192.	2,265,256.	1,773,106.	1,549,589.
c Net investment earnings, gains, and losses	1,310,165.	1,796,007.	-2,179,991.	1,419,570.	766,397.
d Grants or scholarships					
e Other expenditures for facilities and programs	2,048,648.	1,774,485.	2,198,876.	1,195,314.	2,063,026.
f Administrative expenses					
g End of year balance	15,962,478.	13,824,950.	11,677,236.	13,790,847.	11,793,485.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment .0000 %

b Permanent endowment 71.0000 %

c Term endowment 29.0000 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations?

(ii) Related organizations?

	Yes	No
3a(i)		☒
3a(ii)		☒
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		52,480,241.		52,480,241.
b Buildings		787,461,675.	428,743,549.	358,718,126.
c Leasehold improvements				
d Equipment		60,337,127.	30,982,114.	29,355,013.
e Other		2,070,070.	4,653.	2,065,417.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				442,618,797.

Schedule D (Form 990) (Rev. 12-2024)

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 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, line 12, col. (B))		

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 end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

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)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATES	27,915,726.
(3) CAPITAL ADVANCES	80,035,527.
(4) NOTES PAYABLE TO AFFILIATES	25,444,295.
(5) RESIDENTS DEPOSITS	4,717,275.
(6) OTHER LIABILITIES	5,840,210.
(7) REFUNDABLE ENTRANCE FEES	301,618,350.
(8) LIABILITIES OF SPLIT INTEREST AGREEMENTS	2,344,795.
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	447,916,178.

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

Schedule D (Form 990) (Rev. 12-2024)

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	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:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per 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:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part 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:

THE OBLIGATED GROUP ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES USING A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY. MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD IS MET. MANAGEMENT DETERMINED THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION THRESHOLD IN 2024 AND 2023

Part XIII	Supplemental Information <i>(continued)</i>
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[illegible]

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SPRINGPOINT SENIOR LIVING, INC.

Employer identification number

22-3498690

Part I

Fundraising Activities.

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations
- b** ☐ Internet and email solicitations
- c** ☐ Phone solicitations
- d** ☐ In-person solicitations
- e** ☐ Solicitation of nongovernment grants
- f** ☐ Solicitation of government grants
- g** ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ **No**

- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		GOLF OUTING (event type)	(event type)	(total number)	
Revenue	1 Gross receipts	352,676.			352,676.
	2 Less: Contributions	293,690.			293,690.
	3 Gross income (line 1 minus line 2)	58,986.			58,986.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	73,258.			73,258.
	6 Rent/facility costs	58,986.			58,986.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	16,232.			16,232.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				148,476.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-89,490.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 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? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If "Yes," enter the name and address of the third party:

Name _____

Address _____

- 16** Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

☐ Director/officer ☐ Employee ☐ Independent contractor

- 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 ☐ No

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 \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV	Supplemental Information <i>(continued)</i>
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[illegible]

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

SPRINGPOINT SENIOR LIVING, INC.

Employer identification number
22-3498690

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (Rev. 12-2024)

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
RESIDENT ASSISTANCE	9	353,924.	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:**

RESIDENTS WHO MAY REQUIRE ASSISTANCE MUST COMPLETE AN APPLICATION WITH CERTAIN FINANCIAL INFORMATION. THE FINANCE DEPARTMENT REVIEWS THE APPLICATION AND IF THE REQUIREMENTS OF THE POLICY ARE MET REGARDING CERTAIN FINANCIAL CRITERIA AND THE MANNER IN WHICH ASSETS HAVE BEEN DEPLETED, THE APPLICATION FOR ASSISTANCE IS APPROVED.

GRANTS ARE MONITORED BY THE ORGANIZATION'S FINANCE PERSONNEL THROUGH THE UTILIZATION OF COST CENTERS AND OTHER INFORMATION INCLUDING WRITTEN DOCUMENTATION AND RECEIPTS.

SCHEDULE J
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

SPRINGPOINT SENIOR LIVING, INC.

Employer identification number

22-3498690

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (such as maid, chauffeur, chef) |

- b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| ☐ Compensation committee | ☐ Written employment contract |
| ☐ Independent compensation consultant | ☐ Compensation survey or study |
| ☐ Form 990 of other organizations | ☐ Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a Receive a severance payment or change-of-control payment?
- b Participate in or receive payment from a supplemental nonqualified retirement plan?
- c Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a The organization?
- b Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a The organization?
- b Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) (Rev. 12-2024)

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ANTHONY ARGONDIZZA TRUSTEE; EX-OFFICIO-PRESIDENT & CEO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	700,305.	211,980.	361,451.	380,127.	31,766.	1,685,629.	345,739.
(2) GARRETT I. MIDGETT SENIOR VP/CFO, TREASURER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	369,996.	83,127.	50,697.	68,619.	24,278.	596,717.	44,303.
(3) MAUREEN E. CAFFERTY, ESQ. SR. VP/GENERAL COUNSEL, SECRETARY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	364,048.	82,428.	43,178.	69,581.	23,480.	582,715.	31,668.
(4) DAVID WOODWARD SENIOR VP/COO, ASSISTANT TREASURER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	372,367.	82,740.	40,090.	63,883.	11,601.	570,681.	33,701.
(5) MARYBETH KOPEC VP FINANCE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	235,452.	58,909.	6,041.	8,881.	24,649.	333,932.	0.
(6) RICHARD WHITEMAN LPC EXECUTIVE DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	245,040.	40,959.	1,845.	8,762.	30,788.	327,394.	0.
(7) MICHAEL OAKES SR. VP FOUNDATION	(i)	257,336.	45,942.	2,053.	6,309.	11,810.	323,450.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ODESSA SADSAD VP HEALTH SERVICES	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	224,252.	40,121.	1,733.	8,247.	25,953.	300,306.	0.
(9) NOEMI VALENCIA REGISTERED NURSE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	237,185.	13,183.	137.	7,952.	36,899.	295,356.	0.
(10) JOHN MARTIN VP INFORMATION TECHNOLOGY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	246,923.	37,085.	2,484.	1,426.	0.	287,918.	0.
(11) JAMES TAVORMINA VP OF SALES	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	202,734.	37,567.	1,186.	0.	37,795.	279,282.	0.
(12) SANDI KO VP OF HUMAN RESOURCES	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	219,858.	41,161.	1,651.	6,300.	3,200.	272,170.	0.
(13) SUSAN LIPPY LPC EXECUTIVE DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	206,981.	36,063.	3,480.	5,879.	11,091.	263,494.	0.
(14) ANNE HAY LPC EXECUTIVE DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	209,568.	33,563.	3,480.	7,014.	0.	253,625.	0.
(15) MICHAEL GENTILE LPC EXECUTIVE DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	196,348.	36,218.	3,243.	4,672.	47.	240,528.	0.
(16) JULIA ZAUNER VP OF MARKETING (UNTIL 10/24)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	158,844.	35,545.	688.	0.	13,088.	208,165.	0.

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 COMMITTEE.

PART I, LINE 4B:

THE DEFERRED COMPENSATION AMOUNT IN COLUMN C INCLUDES UNVESTED BENEFITS IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN WHICH ARE SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE FOR THE FOLLOWING INDIVIDUALS:
-ANTHONY ARGONDIZZA, \$367,432, GARRETT T. MIDGETT III, \$56,646, MAUREEN E. CAFFERTY, ESQ., \$56,169, AND DAVID WOODWARD, \$56,383.

ACCORDINGLY, THE INDIVIDUALS MAY NEVER ACTUALLY RECEIVE THESE UNVESTED BENEFIT AMOUNTS. THE AMOUNTS OUTLINED HEREIN WERE NOT INCLUDED IN THE FOLLOWING INDIVIDUALS' 2024 FORMS W-2, BOX 5 AS TAXABLE MEDICARE WAGES.

CERTAIN FORMERLY NONTAXABLE DEFERRED PAYMENTS VESTED AND BECAME TAXABLE DURING 2024. THESE AMOUNTS ARE REPRESENTED IN COLUMN F.

PART I, LINE 7:

CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS DURING CALENDAR YEAR 2024. THESE AMOUNTS WERE INCLUDED IN COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2024 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.

Supplemental Information on Tax-Exempt Bonds
Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,
explanations, and any additional information in Part VI.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

ENTITY **1**

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

SPRINGPOINT SENIOR LIVING, INC.

Employer identification number
22-3498690

Part I Bond Issues		SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS									
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY	22-2045817	NONE	09/29/14	31285000.	REFUNDING OF 2004 NJEDA BONDS		X		X		X
B SUSSEX COUNTY, DELAWARE NATIONAL FINANCE	51-6000161	86926RCA6	10/27/16	19301881.	ADVANCED REFINANCING OF 20		X		X		X
C AUTHORITY (NEW HAMPSHIRE NATIONAL FINANCE	52-1304598	63608SAM4	02/03/21	116997641.	REFUNDING OF 2015 AND 2016 BONDS AN		X		X		X
D AUTHORITY REVENUE BOND (	52-1304598	NONE	11/14/24	13387500.	ACQUISITION OF AN APPROXIMATELY 55,		X		X		X
Part II Proceeds											
				A	B	C	D				
1 Amount of bonds retired				4,324,000.	4,350,000.	5,920,628.					
2 Amount of bonds legally defeased											
3 Total proceeds of issue				31,285,000.	19,301,881.	107,140,468.	13,387,500.				
4 Gross proceeds in reserve funds					3,783,406.						
5 Capitalized interest from proceeds											
6 Proceeds in refunding escrows											
7 Issuance costs from proceeds				285,875.	257,644.	1,889,835.					
8 Credit enhancement from proceeds											
9 Working capital expenditures from proceeds											
10 Capital expenditures from proceeds						17,927,828.					
11 Other spent proceeds				30,199,125.	17,632,987.	97,179,978.	13,387,500.				
12 Other unspent proceeds											
13 Year of substantial completion				2014		2016		2021		2024	
				Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?				X		X		X			X
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?					X	X		X			X
16 Has the final allocation of proceeds been made?				X		X		X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?				X		X		X		X	

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

Schedule K (Form 990) (Rev. 12-2024)

Supplemental Information on Tax-Exempt Bonds
Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,
explanations, and any additional information in Part VI.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

ENTITY 2

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

SPRINGPOINT SENIOR LIVING, INC.

Employer identification number
22-3498690

Part I	SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS												
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing		
							Yes	No	Yes	No	Yes	No	
A	PUBLIC FINANCE AUTHORITY	27-3866124	74447QAA6	05/17/23	23000000.	REFUNDING OF 2015 BONDS		X		X		X	
B													
C													
D													

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	23,000,000.							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	845,454.							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds	22,154,546.							
12	Other unspent proceeds								
13	Year of substantial completion	2023							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X						
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	X							
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

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

Schedule K (Form 990) (Rev. 12-2024)

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
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	.00 %		.00 %		.00 %		.00 %	
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	.00 %		.00 %		.00 %		.00 %	
6 Total of lines 4 and 5	.00 %		.00 %		.00 %		.00 %	
7 Does the bond issue meet the private security or payment test?		X		X		X		X
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 If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
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		X		X		X	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X	X		X	
b Exception to rebate?		X		X		X		X
c No rebate due?	X		X			X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X			X		X		X

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c Are there any research agreements that may result in private business use of bond-financed property?		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	.00 %							
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	.00 %							
6 Total of lines 4 and 5	.00 %							
7 Does the bond issue meet the private security or payment test?		X						
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						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
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							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?	X							
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						

Part IV Arbitrage (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
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?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	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 isn't available under applicable regulations?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.**SCHEDULE K, PART I, BOND ISSUES:**

(A) ISSUER NAME: SUSSEX COUNTY, DELAWARE

(F) DESCRIPTION OF PURPOSE: ADVANCED REFINANCING OF 2006 SERIES BONDS

(A) ISSUER NAME: NATIONAL FINANCE AUTHORITY (NEW HAMPSHIRE)

(F) DESCRIPTION OF PURPOSE:

REFUNDING OF 2015 AND 2016 BONDS AND CAPITAL EXPENDITURES

(A) ISSUER NAME:

NATIONAL FINANCE AUTHORITY REVENUE BOND (SPRINGPOINT AT MANALAPAN PROJECT)

(F) DESCRIPTION OF PURPOSE:

ACQUISITION OF AN APPROXIMATELY 55,000 SQ FT MEMORY CARE FACILITY

SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:

(A) ISSUER NAME: NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY

DATE THE REBATE COMPUTATION WAS PERFORMED: 09/29/2019

(A) ISSUER NAME: SUSSEX COUNTY, DELAWARE

DATE THE REBATE COMPUTATION WAS PERFORMED: 10/27/2021

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions. *(continued)***SCHEDULE K, PART I:**

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 MARCUS 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.

THE TAX-EXEMPT BOND ISSUANCE IN THE AMOUNT OF \$19,301,881 IN SCHEDULE K, LINE B WAS ISSUED ON BEHALF OF SPRINGPOINT AT LEWES. THE TOTAL PROCEEDS FROM THE BOND ISSUANCE WERE USED TO (A) ADVANCE REFUND A PRIOR ISSUE, (B) FUND A BOND RESERVE, AND (C) FINANCE CERTAIN COSTS OF ISSUANCE OF THE BOND.

THE TAX-EXEMPT BOND ISSUE IN THE AMOUNT OF \$23,000,000 IN SCHEDULE K, PART I (PAGE 2), LINE A WAS ISSUED ON BEHALF OF SPRINGPOINT AT HALF ACRE ROAD. THE TOTAL BOND PROCEEDS WERE USED TO (A) ADVANCE REFUND A PRIOR ISSUE, (B) FUND A BOND RESERVE AND (C) FINANCE CERTAIN COSTS OF ISSUANCE OF THE BOND.

THE TAX-EXEMPT BOND ISSUANCE IN THE AMOUNT OF \$114,820,000 REFLECTED IN SCHEDULE K, PART I, LINE A 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. THE TOTAL PROCEEDS FROM THE BOND ISSUANCE WERE ALLOCATED TO MEMBERS OF THE OBLIGATED GROUP BASED ON THEIR DIRECT USE OF THE PROCEEDS AND WERE USED TO (A) CURRENTLY REFUND A PRIOR ISSUE AND (B) TO FINANCE CERTAIN COSTS OF ISSUANCE OF THE BOND.

THE TAX-EXEMPT BOND ISSUES IN THE AMOUNT OF \$13,387,500 IN SCHEDULE K, PART I, LINE D WAS ISSUED ON BEHALF OF SPRINGPOINT AT MANALAPAN. THE TOTAL BOND PROCEEDS WERE USED TO (A) FINANCE THE PURCHASE OF AN ASSISTED LIVING FACILITY, (B) FUND A BOND RESERVE AND (C) FINANCE CERTAIN COSTS OF ISSUANCE OF THE BOND.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

SPRINGPOINT SENIOR LIVING, INC.

Employer identification number

22-3498690

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SERVE THEM TO EXPERIENCE THE BEST THAT LIFE HAS TO OFFER.

FORM 990, PART III, LINE 4A:
BACKGROUND

SPRINGPOINT IS A NATIONALLY RECOGNIZED NONPROFIT PROVIDER OF SENIOR HOUSING AND CARE, FOUNDED IN 1916. WE ARE A COLLECTION OF EIGHT LIFE PLAN COMMUNITIES, ONE SKILLED NURSING COMMUNITY, ONE ASSISTED LIVING COMMUNITY, AND 19 AFFORDABLE HOUSING COMMUNITIES LOCATED THROUGHOUT NEW JERSEY AND DELAWARE. EACH HAS ITS OWN UNIQUE FLAVOR AND FLAIR. WE OFFER HOMECARE AND CARE MANAGEMENT SERVICES THROUGH SPRINGPOINT AT HOME AND ADDITIONAL SECURITY THROUGH SPRINGPOINT CHOICE, A CONTINUING CARE AT HOME PROGRAM, WHICH HELPS PEOPLE AGE IN PLACE IN THEIR HOME. THROUGH OUR SPRINGPOINT FOUNDATION, WE ENCOURAGE CHARITABLE GIVING TO SUPPORT PROGRAMS THAT MAKE A MEANINGFUL DIFFERENCE IN THE LIVES OF SENIORS. ULTIMATELY, THE GOAL OF ALL OF OUR PROGRAMS AND SERVICES IS TO KEEP SENIORS CONNECTED AND ENGAGED IN THE COMMUNITY. SPRINGPOINT SERVES OVER 4,000 SENIORS AND EMPLOYS APPROXIMATELY 1,700 INDIVIDUALS.

"RESIDENTS-FIRST" PHILOSOPHY

AT SPRINGPOINT, 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, EVERYDAY.

SPRINGPOINT STATEMENT FOR COMMUNITY BENEFITS

SPRINGPOINT SENIOR LIVING VALUES

SPRINGPOINT 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. COMMITMENT: WE ARE ACCOUNTABLE TO THE GREATER COMMUNITY
3. COMPASSION: WE SEEK TO UNDERSTAND AND EMPATHIZE WITH OTHERS
4. SERVICE: WE STRIVE TO EXCEED EXPECTATIONS
5. EXCELLENCE: WE STRIVE FOR THE HIGHEST QUALITY IN ALL THAT WE DO
6. INTEGRITY: WE ARE HONEST, RESPONSIBLE AND ETHICAL
7. INNOVATION: WE AIM TO CONTINUOUSLY IMPROVE OUR SERVICES AND ORGANIZATION

MISSION

TO INSPIRE OUR FAMILY WITH ENDLESS OPPORTUNITIES

VISION

TO BE THE PREMIER PROVIDER, OFFERING EXCEPTIONAL SERVICES AND INNOVATIVE PROGRAMS THAT EMPOWER THOSE WE SERVE AND THOSE WHO SERVE THEM TO EXPERIENCE THE BEST THAT LIFE HAS TO OFFER.

Name of the organization	Employer identification number
SPRINGPOINT SENIOR LIVING, INC.	22-3498690

DIVERSITY, EQUITY & INCLUSION STATEMENT

IN SUPPORT OF OUR MISSION TO INSPIRE THE SPRINGPOINT FAMILY WITH ENDLESS OPPORTUNITIES, WE ARE FULLY COMMITTED TO EMBRACING DIVERSITY, EQUITY, AND INCLUSION. TO VALUE AND EMPOWER THE LIVES WE TOUCH, SPRINGPOINT FOSTERS A CULTURE THAT RESPECTS THE UNIQUE QUALITIES, LIFE EXPERIENCES, AND WISDOM OF EACH INDIVIDUAL. IT IS THROUGH THIS DIVERSE AND INCLUSIVE ENVIRONMENT THAT WE ARE MORE ENGAGED, CREATIVE, COLLABORATIVE AND INNOVATIVE SO ALL MEMBERS OF OUR SPRINGPOINT FAMILY CAN EXPERIENCE THE BEST THAT LIFE HAS TO OFFER.

SPRINGPOINT SENIOR LIVING COMMUNITIES**FULL-SERVICE SENIOR LIVING**

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 CONTINUUM ENCOMPASSES INDEPENDENT LIVING, ASSISTED LIVING, MEMORY AND SKILLED NURSING CARE. THESE COMMUNITIES ALSO OFFER HOUSEKEEPING, MEALS, AND ACTIVITIES.

SERVICES OFFERED BY SPRINGPOINT FULL-SERVICE SENIOR LIVING COMMUNITIES INCLUDE:

- RESTAURANT-STYLE AND CASUAL DINING
- ACCESS TO HEALTH CARE
- FITNESS AND LIVWELL CENTERS WITH INDOOR SWIMMING POOL (EXCEPT FOR THE ATRIUM AT NAVESINK HARBOR)
- SALON
- HOUSEKEEPING SERVICES
- CONCIERGE SERVICES

FULL-SERVICE SENIOR LIVING COMMUNITY SNAPSHOT**CRESTWOOD MANOR, WHITING, NJ**

CRESTWOOD LOCATED ON A 40-ACRE CAMPUS IN OCEAN COUNTY OFFERS 257 ONE- AND TWO-BEDROOM APARTMENTS, 32 EXPANDED SERVICES PROGRAM UNITS, AND ACCESS TO SKILLED NURSING CARE SERVICES.

MEADOW LAKES, EAST WINDSOR, NJ

MEADOW LAKES LOCATED ON A 103-ACRE CAMPUS IN MERCER COUNTY OFFERS 243 INDEPENDENT LIVING APARTMENTS, 15 COTTAGES, 44 ASSISTED LIVING SUITES AND OFFERS ACCESS TO LONG TERM CARE SERVICES.

MONROE VILLAGE, MONROE TOWNSHIP, NJ

MONROE VILLAGE LOCATED IN A RESIDENTIAL SETTING IN MIDDLESEX COUNTY OFFERS 255 INDEPENDENT LIVING APARTMENTS AND 28 ASSISTED LIVING SUITES.

STONEBRIDGE AT MONTGOMERY, SKILLMAN, NJ

STONEBRIDGE LOCATED ON 40 ACRES IN SOMERSET COUNTY OFFERS 184 INDEPENDENT LIVING APARTMENTS, 24 COTTAGES, 61 ASSISTED LIVING APARTMENTS AND ACCESS TO LONG TERM CARE SERVICES.

THE ATRIUM AT NAVESINK HARBOR, RED BANK, NJ

THE ATRIUM AT NAVESINK HARBOR OFFERS 140 INDEPENDENT LIVING UNITS, AND ACCESS TO LONG TERM CARE SERVICES.

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THE MOORINGS AT LEWES, LEWES, DE
THE MOORINGS AT LEWES OFFERS 132 INDEPENDENT LIVING APARTMENTS, 45
ASSISTED LIVING SUITES AND ACCESS TO SKILLED NURSING SERVICES.

THE OAKS AT DENVILLE, DENVILLE, NJ
THE OAKS AT DENVILLE OFFERS 272 INDEPENDENT LIVING UNITS, 33 ASSISTED
LIVING APARTMENTS AND ACCESS TO TERM CARE SERVICES.

WINCHESTER GARDENS, MAPLEWOOD, NJ
WINCHESTER GARDENS OFFERS 163 INDEPENDENT LIVING APARTMENTS AND 39
VILLAS, 66 ASSISTED LIVING SUITES AND ACCESS TO LONG TERM CARE
SERVICES.

SKILLED NURSING

VILLAGE POINT, MONROE, NJ
VILLAGE POINT IS A STATE-OF-THE-ART 87,000 SQUARE-FOOT HEALTHCARE
CENTER SITUATED ON A 5-ACRE SITE WITHIN THE MONROE VILLAGE CAMPUS,
OFFERING 120 PRIVATE AND SEMI-PRIVATE BEDS. THERE ARE FOUR DISTINCT
NEIGHBORHOODS DESIGNED TO REFLECT SPECIFIC CARE NEEDS INCLUDING:
SUB-ACUTE CARE (ALL PRIVATE ROOMS); MEMORY IMPAIRMENT AND LONG TERM
CARE.

ASSISTED LIVING

SPRINGPOINT LIVING AT MANALAPAN, MANALAPAN, NJ
THE ONE-STORY BUILDING INCLUDES 60 APARTMENTS IN THREE DISTINCT
NEIGHBORHOODS OFFERING ASSISTED LIVING AND MEMORY CARE SERVICES. EACH
NEIGHBORHOOD INCLUDES A DINING ROOM WITH A COUNTRY KITCHEN OFF OF AN
ENCLOSED COURTYARD. THE ENCLOSED LANDSCAPED COURTYARDS INCLUDE WALKING
PATHS, SEATING AREAS AND COVERED PORCHES.

AFFORDABLE HOUSING

SPRINGPOINT AFFORDABLE HOUSING COMMUNITIES OFFER COMFORTABLE,
ATTRACTIVE, REASONABLY-PRICED HOUSING OPTIONS TO INDIVIDUALS WITH
LIMITED INCOMES. PROSPECTIVE TENANTS ARE AGE 62 AND OVER AND MUST MEET
FEDERAL INCOME GUIDELINES. SOME COMMUNITIES HAVE PROGRAM ELIGIBILITY
FOR THOSE 18 YEARS OF AGE OR OLDER WITH A DISABILITY REQUIRING THE
DESIGN FEATURE OF THE UNIT. HERITAGE OF WHITING, HAS A PROGRAM
ELIGIBILITY FOR THOSE 55 AND OLDER. HUD SUBSIDIZED TENANTS 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.
PLEASE NOTE: NON-SUBSIDIZED UNITS ARE LOCATED AT ASBURY TOWER (SOME
UNITS), HERITAGE AT WHITING, SAMUEL MILLER AND ROBER NOBLE MANOR.

EACH SPRINGPOINT AFFORDABLE HOUSING COMMUNITY OFFERS PRIVATE
UNFURNISHED APARTMENTS WITH EASY ACCESS TO TRANSPORTATION, SHOPPING,
MEDICAL FACILITIES AND OTHER AMENITIES. SPRINGPOINT SENIOR LIVING
AFFORDABLE HOUSING COMMUNITIES INCLUDE:

- ALLAIRE CROSSING, WALL, 67 UNITS
- ASBURY TOWER, ASBURY PARK, 347 UNITS (MANAGED)
- BUTLER SENIOR COMMUNITY, BUTLER, 90 UNITS
- COUNTRYSIDE MEADOWS, EGG HARBOR CITY, 84 UNITS
- CROSSROADS AT HOWELL, FREEHOLD, 86 UNITS
- THE OAKS AT TOMS RIVER, 85 UNITS

Name of the organization	Employer identification number
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- FRIENDSHIP GARDENS, HOWELL, 100 UNITS
 - THE GABLES AT WEST WINDSOR, 85 UNITS
 - HERITAGE AT WHITING, 69 UNITS (MANAGED)
 - HIDDEN BROOK AT FRANKLIN, 85 UNITS
 - MANCHESTER PINES, WHITING, 84 UNITS
 - PLAINFIELD TOWER WEST, PLAINFIELD, 154 UNITS (MANAGED)
 - PORTLAND POINTE, ATLANTIC HIGHLANDS, 58 UNITS
 - ROBERT NOBLE MANOR, SOUTH AMBOY, 40 UNITS (MANAGED)
 - SAMUEL MILLER SENIOR HOUSING, MOUNT HOLLY, 30 UNITS (MANAGED)
 - STAFFORD BY THE BAY, MANAHAWKIN, 85 UNITS
 - WATCHING TERRACE AT MIDDLESEX, 87 UNITS
 - WHEATON POINTE AT EAST WINDSOR, 84 UNITS
 - WOODLANDS AT RAMSEY, 100 UNITS

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 MANY RESIDENTS FINANCIALLY.

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 1,600 RESIDENTS LIVING IN 15 AFFORDABLE HOUSING COMMUNITIES.

SPIRITUAL CARE: SPIRITUAL LEADERSHIP POSITIVELY INFLUENCES BOTH THE PHYSICAL AND EMOTIONAL WELL-BEING OF SENIORS. OUR NON-DENOMINATIONAL PROGRAMS ENCOURAGE SENIORS TO PRACTICE THEIR FAITH AND OBTAIN THE SPIRITUAL GUIDANCE THEY NEED TO MAINTAIN A HEALTHY STATE OF MIND AND BODY.

FORM 990, PART III, LINE 4A:

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. TO ENHANCE FOCUS ON OUTREACH TO COMMUNITIES OUTSIDE OF OUR SPRINGPOINT SITES EACH SPRINGPOINT COMMUNITY HAS A SPRINGPOINT COLLEAGUE FOCUSED ON SOCIAL ACCOUNTABILITY PROGRAMMING TO PROMOTE OPPORTUNITIES FOR OUTREACH TO ASSIST NONPROFITS AND CLUBS BY OFFERING MEETING SPACE AND PARTICIPATION IN ACTIVITIES SUCH AS VETERANS, GIRLS ON THE RUN, AND THE LONGEST DAY ALZHEIMER'S WALK.

Name of the organization	Employer identification number
SPRINGPOINT SENIOR LIVING, INC.	22-3498690

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 IS A NONPROFIT 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 THE LIVES OF THOSE WE SERVE EACH DAY. OUR CHOICES INCLUDE FULL-SERVICE SENIOR LIVING, SKILLED NURSING, AFFORDABLE HOUSING, HOME CARE, CARE MANAGEMENT SERVICES AND CONTINUING CARE AT HOME.

BECAUSE SPRINGPOINT IS A NONPROFIT ORGANIZATION, RESIDENTS AND THEIR FAMILIES ARE ALWAYS OUR FIRST PRIORITY. OUR COMPASSIONATE, PROFESSIONAL STAFF ENSURES THAT THOSE WE SERVE ENJOY THE BEST QUALITY OF LIFE EACH DAY WHILE MAINTAINING THE HIGHEST POSSIBLE LEVEL OF INDEPENDENCE.

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

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 7A:

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 7B:

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 11B:

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 HOLDS A MEETING AND PERFORMS 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

Name of the organization	Employer identification number
SPRINGPOINT SENIOR LIVING, INC.	22-3498690

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 WORK CLOSELY WITH THE ORGANIZATION'S FINANCE PERSONNEL AND VARIOUS OTHER INDIVIDUALS OF THE ORGANIZATION TO OBTAIN THE INFORMATION NEEDED TO PREPARE A COMPLETE AND ACCURATE TAX RETURN.

THE CPA FIRM PREPARES A DRAFT FEDERAL FORM 990 AND FURNISHES IT TO THE ORGANIZATION'S FINANCE PERSONNEL AND OTHER INDIVIDUALS FOR THEIR REVIEW. THE ORGANIZATION'S FINANCE PERSONNEL AND OTHER INDIVIDUALS REVIEW THE DRAFT FEDERAL FORM 990 AND DISCUSS QUESTIONS AND COMMENTS WITH THE CPA FIRM. REVISIONS ARE MADE TO THE DRAFT FEDERAL FORM 990 WHERE NECESSARY AND A FINAL DRAFT IS 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. ONCE ALL REVIEW IS COMPLETE, THE FORM 990 IS FILED WITH THE INTERNAL REVENUE SERVICE.

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. FAMILY AND BUSINESS RELATIONSHIPS ARE EXPRESSLY MENTIONED IN THE CONFLICT OF INTEREST POLICY AS BEING SOURCES OF POTENTIAL CONFLICTS.

TRANSACTIONS WITH PARTIES WITH WHOM A CONFLICTING INTEREST EXISTS MAY BE UNDERTAKEN ONLY IF ALL OF THE FOLLOWING ARE OBSERVED:

1. THE CONFLICTING INTEREST IS FULLY DISCLOSED;
2. THE PERSON WITH THE CONFLICT OF INTEREST IS EXCLUDED FROM THE DISCUSSION AND APPROVAL OF SUCH TRANSACTIONS;
3. A COMPETITIVE BID OR COMPARABLE VALUATION EXISTS, AND
4. THE SENIOR MANAGEMENT TEAM AND/OR BOARD OF TRUSTEES, AS APPROPRIATE, HAS DETERMINED THAT THE TRANSACTION IS IN THE BEST INTEREST OF THE CORPORATION.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION'S BOARD OF TRUSTEES HAS AN EXECUTIVE COMPENSATION COMMITTEE ("COMMITTEE"). THE COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVES THE COMPENSATION AND BENEFITS FOR THE ORGANIZATION'S SENIOR MANAGEMENT, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER, CHIEF OPERATING OFFICER AND CHIEF FINANCIAL OFFICER. THE COMMITTEE REVIEWS THE "TOTAL COMPENSATION" OF THE INDIVIDUALS WHICH IS INTENDED TO INCLUDE BOTH CURRENT AND DEFERRED COMPENSATION AND ALL EMPLOYEE BENEFITS, BOTH QUALIFIED AND NON-QUALIFIED. THE COMMITTEE'S REVIEW IS COMPLETED AND DOCUMENTED ON AT LEAST AN ANNUAL

Name of the organization	Employer identification number
SPRINGPOINT SENIOR LIVING, INC.	22-3498690

BASIS AND ENSURES THAT THE "TOTAL COMPENSATION" OF THE ORGANIZATION'S SENIOR MANAGEMENT IS REASONABLE.

THE ACTIONS TAKEN BY THE COMMITTEE ENABLE THE ORGANIZATION 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/CHIEF EXECUTIVE OFFICER, CHIEF OPERATING OFFICER AND CHIEF FINANCIAL OFFICER. 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 IS COMPRISED OF MEMBERS OF THE BOARD OF TRUSTEES EACH OF WHOM ARE INDEPENDENT AND FREE FROM ANY CONFLICTS OF INTEREST. THE COMMITTEE RELIED UPON APPROPRIATE COMPARABLE DATA; SPECIFICALLY THE COMMITTEE OBTAINED A WRITTEN COMPENSATION STUDY FROM AN INDEPENDENT FIRM WHICH SPECIALIZES IN THE REVIEWING OF RETIREMENT HOUSING AND SENIOR LIVING HEALTHCARE SERVICES' EXECUTIVE COMPENSATION AND BENEFITS THROUGHOUT THE UNITED STATES. THIS STUDY USED COMPARABLE GEOGRAPHIC AND DEMOGRAPHIC MARKET DATA INCLUDING BUT NOT LIMITED TO SIMILAR SIZED ORGANIZATIONS, NUMBER OF CONTINUING CARE RETIREMENT COMMUNITIES AND RESIDENTIAL FACILITY REVENUE. THE COMMITTEE ADEQUATELY DOCUMENTED ITS BASIS FOR ITS DETERMINATION THROUGH THE TIMELY PREPARATION OF WRITTEN MINUTES OF THE COMPENSATION COMMITTEE MEETINGS DURING WHICH EXECUTIVE COMPENSATION AND BENEFITS WAS REVIEWED AND SUBSEQUENTLY APPROVED.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

FEES FOR SERVICE - OTHER:

PROGRAM SERVICE EXPENSES	30,143,553.
MANAGEMENT AND GENERAL EXPENSES	7,775,134.
FUNDRAISING EXPENSES	201,106.
TOTAL EXPENSES	38,119,793.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	38,119,793.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

NET ASSET TRANSFER	556,791.
CHANGE IN FAIR VALUE OF DERIVATIVE FINANCIAL INSTRUMENTS	1,415,213.
PENSION LIABILITY ADJUSTMENT	-40,107.
CHANGE IN VALUE OF PERPETUAL TRUST	279,295.
CHANGE IN VALUE SPLIT INTEREST AGREEMENTS	60,166.
TOTAL TO FORM 990, PART XI, LINE 9	2,271,358.

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

SPRINGPOINT SENIOR LIVING, INC.Employer identification number
22-3498690**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
WALL SENIOR CITIZENS HOUSING LLC - 85-4305267, 4184 OUTLOOK DRIVE, SUITE 201, WALL, NJ 07753	INACTIVE	NEW JERSEY	0.	0.	SPRINGPOINT AT TINTON FALLS, INC.
HOWELL SENIOR CITIZENS HOUSING LLC - 85-4282136, 4184 OUTLOOK DRIVE, SUITE 201, WALL, NJ 07753	INACTIVE	NEW JERSEY	1,758,569.	9,382,840.	SPRINGPOINT AT TINTON FALLS, INC.
BUTLER SENIOR CITIZENS HOUSING LLC - 85-4259655, 4184 OUTLOOK DRIVE, SUITE 201, WALL, NJ 07753	INACTIVE	NEW JERSEY	1,732,034.	8,230,566.	SPRINGPOINT AT TINTON FALLS, INC.

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
SPRINGPOINT SENIOR LIVING, INC. - PARENT - 31-1480524, 4814 OUTLOOK DRIVE, SUITE 201, WALL, NJ 07753	HEALTH SERVICES	NEW JERSEY	501(C)(3)	LINE 12B, II	N/A		X

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

Schedule R (Form 990) (Rev. 1-2025)

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
AFFORDABLE HOUSING SOLUTIONS - 20-2018876	SEE PART VII -SUPPLEMENTAL INFORMATION	NJ	PH AT WALL	C CORP	4,135.	2,044,293.	100%	X	
4814 OUTLOOK DRIVE, SUITE 201									
WALL, NJ 07753									
PLAINFIELD TOWER SOLUTIONS, INC. -	GENERAL PARTNER OF PLAINFIELD SENIOR CITIZENS HOUSING LP	NJ	PH AT PLAINFIELD	C CORP	1.	575,361.	100%	X	
26-0765373, 4814 OUTLOOK DRIVE, SUITE 201,									
WALL, NJ 07753									
MANCHESTER HOUSING SOLUTIONS, INC. -	GENERAL PARTNER OF MANCHESTER SENIOR HOUSING, LP	NJ	PH AT WALL	C CORP	1.	-2,002,484.	100%	X	
46-3926430, 4814 OUTLOOK DRIVE, SUITE 201,									
WALL, NJ 07753									
CHARITABLE REMAINDER TRUSTS (10)	INVESTMENTS	NJ		TRUST					X
CHARITABLE REMAINDER TRUSTS (3)	INVESTMENTS	NJ		TRUST					X

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SPRINGPOINT AT THE ATRIUM, INC.	E	250,000.	COST
(2) SPRINGPOINT AT MONTGOMERY, INC.	M	2,438,766.	COST
(3) SPRINGPOINT AT DENVILLE, INC.	M	1,741,566.	COST
(4) SPRINGPOINT AT MEADOW LAKES, INC.	M	1,669,167.	COST
(5) SPRINGPOINT AT CRESTWOOD, INC.	M	1,170,252.	COST
(6) SPRINGPOINT AT THE ATRIUM, INC.	M	1,128,978.	COST

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7)SPRINGPOINT AT LEWES, INC.	M	966,264.	COST
(8)SPRINGPOINT AT MONROE VILLAGE, INC.	M	748,430.	COST
(9)INTEGRATED MANAGEMENT SERVICES, INC.	M	679,477.	COST
(10)SPRINGPOINT CHOICE, INC.	M	132,727.	COST
(11)SPRINGPOINT AT MANALAPAN, INC.	M	110,804.	COST
(12)HOWELL, LLC	M	85,405.	COST
(13)BUTLER, LLC	M	85,093.	COST
(14)PRESBYTERIAN HOME AT GALLOWAY, INC.	M	65,736.	COST
(15)THE PRESBYTERIAN HOME AT MANCHESTER, INC. MIDDLESEX BORO SENIOR CITIZEN HOUSING	M	64,740.	COST
(16)CORPORATION	M	61,889.	COST
(17)THE PRESBYTERIAN HOME AT DOVER, INC.	M	61,800.	COST
(18)PRESBYTERIAN HOME AT FRANKLIN, INC.	M	58,745.	COST
(19)PRESBYTERIAN HOME AT HOWELL, INC.	M	56,987.	COST
(20)PRESBYTERIAN HOME AT EAST WINDSOR, INC.	M	56,640.	COST
(21)SPRINGPOINT AT WEST WINDSOR, INC.	M	53,757.	COST
(22)THE PRESBYTERIAN HOME AT STAFFORD, INC.	M	52,799.	COST
(23)SPRINGPOINT AT MONTGOMERY, INC.	P	13,220,075.	COST
(24)MARCUS L. WARD HOME	P	10,957,541.	COST

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7)SPRINGPOINT AT THE ATRIUM, INC.	P	7,370,023.	COST
(8)SPRINGPOINT AT DENVILLE, INC.	P	5,022,572.	COST
(9)SPRINGPOINT AT CRESTWOOD, INC.	P	3,696,749.	COST
(10)SPRINGPOINT AT MEADOW LAKES, INC.	P	3,581,809.	COST
(11)SPRINGPOINT AT LEWES, INC.	P	3,439,126.	COST
(12)SPRINGPOINT AT HALF ACRE ROAD, INC.	P	2,635,306.	COST
(13)SPRINGPOINT AT MONROE VILLAGE, INC.	P	1,648,754.	COST
(14)SPRINGPOINT AT HOME, INC.	P	1,325,273.	COST
(15)SPRINGPOINT FOUNDATION, INC.	P	895,356.	COST
(16)SPRINGPOINT AT MANALAPAN, INC.	P	776,340.	COST
(17)INTEGRATED MANAGEMENT SERVICES, INC.	P	419,839.	COST
(18)HOWELL, LLC	P	396,167.	COST
(19)BUTLER, LLC	P	314,615.	COST
(20)MIDDLESEX BORO SENIOR CITIZEN HOUSING CORPORATION	P	210,392.	COST
(21)PRESBYTERIAN HOME AT FRANKLIN, INC.	P	200,197.	COST
(22)PRESBYTERIAN HOME AT HOWELL, INC.	P	193,767.	COST
(23)SPRINGPOINT CHOICE, INC.	P	190,089.	COST
(24)PRESBYTERIAN HOME AT WEST WINDSOR, INC.	P	186,075.	COST

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7)PRESBYTERIAN HOME AT EAST WINDSOR, INC.	P	182,222.	COST
(8)PRESBYTERIAN HOME AT GALLOWAY, INC.	P	179,570.	COST
(9)THE PRESBYTERIAN HOME AT MANCHESTER, INC.	P	165,409.	COST
(10)THE PRESBYTERIAN HOME AT STAFFORD, INC.	P	163,436.	COST
(11)PRESBYTERIAN HOME AT ATLANTIC HIGHLANDS, INC.	P	160,447.	COST
(12)THE PRESBYTERIAN HOME AT DOVER, INC.	P	155,918.	COST
(13)SPRINGPOINT AT MONTGOMERY, INC.	O	2,123,853.	COST
(14)SPRINGPOINT AT DENVILLE, INC.	O	911,342.	COST
(15)SPRINGPOINT AT MEADOW LAKES, INC.	O	856,846.	COST
(16)SPRINGPOINT AT THE ATRIUM, INC.	O	814,525.	COST
(17)SPRINGPOINT AT CRESTWOOD, INC.	O	803,758.	COST
(18)SPRINGPOINT AT HALF ACRE ROAD, INC.	O	764,357.	COST
(19)SPRINGPOINT AT LEWES, INC.	O	727,053.	COST
(20)MARCUS L. WARD HOME	O	725,515.	COST
(21)SPRINGPOINT AT MONROE VILLAGE, INC.	O	640,077.	COST
(22)INTEGRATED MANAGEMENT SERVICES, INC.	O	308,981.	COST
(23)SPRINGPOINT AT MANALAPAN, INC.	O	262,611.	COST
(24)SPRINGPOINT CHOICE, INC.	O	186,408.	COST

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) SPRINGPOINT AT HOME, INC.	O	146,925.	COST
(8) SPRINGPOINT FOUNDATION, INC.	O	116,893.	COST
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

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.

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

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:

MANCHESTER HOUSING SOLUTIONS, INC.

DIRECT CONTROLLING ENTITY: PH AT WALL