

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2019**  
Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the **2019** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C</b> Name of organization <b>SPRINGPOINT SENIOR LIVING, INC.</b>		<b>D</b> Employer identification number <b>22-3498690</b>
	Doing business as		<b>E</b> Telephone number <b>732-430-3650</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>293,545,700.</b>
	<b>4814 OUTLOOK DRIVE</b>	<b>201</b>	<b>H(a)</b> Is this a group return <b>STMT 1</b> for subordinates? <input checked="" type="checkbox"/> Yes No
City or town, state or province, country, and ZIP or foreign postal code <b>WALL, NJ 07753</b>	<b>F</b> Name and address of principal officer: <b>ANTHONY ARGONDIZZA</b> <b>SAME AS C ABOVE</b>		<b>H(b)</b> Are all subordinates included? <input checked="" type="checkbox"/> Yes No If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527		<b>H(c)</b> Group exemption number ▶ <b>8048</b>	
<b>J</b> Website: ▶ <b>WWW.SPRINGPOINTSL.ORG</b>		<b>L</b> Year of formation:	<b>M</b> State of legal domicile: <b>NJ</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶			

<b>Part I Summary</b>		Prior Year	Current Year
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO INSPIRE OUR FAMILY WITH ENDLESS OPPORTUNITIES.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>15</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>14</b>
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	<b>2908</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>1042</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>7,846,275.</b>	<b>7,625,817.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>176,053,226.</b>	<b>183,376,368.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>8,318,247.</b>	<b>11,108,686.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>895,579.</b>	<b>610,787.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>193,113,327.</b>	<b>202,721,658.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>301,190.</b>	<b>439,862.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>85,229,938.</b>	<b>90,815,264.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>372.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>913,321.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>117,955,338.</b>	<b>123,498,928.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>203,486,466.</b>	<b>214,754,426.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-10,373,139.</b>	<b>-12,032,768.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>798,962,385.</b>	<b>End of Year</b> <b>788,226,486.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>845,526,959.</b>	<b>857,489,938.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>-46,564,574.</b>	<b>-69,263,452.</b>

**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.

<b>Sign Here</b>	Signature of officer	Date			
	<b>GARRETT T. MIDGETT, III, CHIEF FINANCIAL OFFICER</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>KERRI N. BOGDA, CPA</b>	Preparer's signature <i>Kerri Bogda</i>	Date <b>10/28/20</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00760402</b>
	Firm's name ▶ <b>BAKER TILLY US, LLP</b>	Firm's EIN ▶ <b>39-0859910</b>		Phone no. <b>717.740.4863</b>	
Firm's address ▶ <b>1570 FRUITVILLE PIKE, SUITE 400 LANCASTER, PA 17601</b>					

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

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 [X] No

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

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

4a (Code: ) (Expenses \$ 185,103,269. including grants of \$ 439,862. ) (Revenue \$ 183,376,368. ) 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 185,103,269.

**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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	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>		X
4 <b>Section 501(c)(3) organizations.</b> 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>	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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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>		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>	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>		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>	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>	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>	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>		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>		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>		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>	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>	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>		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>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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>		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>		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>		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</i>		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>	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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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>		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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> .....	X	
<b>23</b> 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> .....	X	
<b>24a</b> 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> .....	X	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		X
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		X
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		X
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> .....		X
<b>b</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> .....		X
<b>26</b> 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> .....		X
<b>27</b> 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> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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> .....		X
<b>33</b> 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> .....		X
<b>34</b> 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> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....		

<b>1a</b>	771
<b>1b</b>	0

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax filings, and organizational compliance.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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.		
	<b>1a</b> 15		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 14		
<b>2</b>	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?		X
<b>3</b>	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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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?	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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?		

**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, NO. 201, WALL, NJ 07753**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See 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)	(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			
(1) ANTHONY ARGONDIZZA PRESIDENT (EX-OFFICIO) - CEO	50.00 5.00	X		X				0.	796,217.	315,054.
(2) GARRETT I. MIDGETT SENIOR VP/CFO, TREASURER	50.00 5.00			X				0.	412,936.	74,639.
(3) MAUREEN E. CAFFERTY, ESQ. SR. VP / GENERAL COUNSEL, SECRETARY	50.00 5.00			X				0.	394,709.	66,454.
(4) DAVID WOODWARD SENIOR VP/COO, ASSISTANT TREASURER	50.00 5.00			X				0.	385,904.	50,056.
(5) VICTOR D. AMEY COO OF AFFILIATE	50.00 5.00					X		0.	361,947.	0.
(6) LINDA ROSE SR. VP HEALTH SERVICES	50.00 5.00				X			0.	287,026.	27,205.
(7) DAVID B. WEAN VP FACILITY AND ASSET MANA	50.00 5.00				X			0.	269,788.	25,113.
(8) RICHARD WHITEMAN CCRC EXECUTIVE DIRECTOR	50.00 5.00					X		0.	254,818.	38,640.
(9) MICHAEL OAKES SR. VP FOUNDATION	50.00 5.00				X			264,615.	0.	27,712.
(10) MARYBETH KOPEC VP FINANCE	50.00 5.00				X			0.	243,604.	38,099.
(11) JOHN HARZ VP OF HUMAN RESOURCES	50.00 5.00				X			0.	266,601.	8,705.
(12) MICHAEL GENTILE CCRC EXECUTIVE DIRECTOR	50.00 5.00					X		0.	222,185.	25,129.
(13) JEAN BROPHY CCRC EXECUTIVE DIRECTOR	50.00 5.00					X		0.	231,075.	15,018.
(14) ANNE HAY CCRC EXECUTIVE DIRECTOR	50.00 5.00					X		0.	221,254.	9,518.
(15) RAYMOND R. LEENIG VP INFORMATION TECH. (UNTIL 6/19)	50.00 5.00				X			0.	173,764.	19,114.
(16) PAMELA SMITH SR VP STRATEGIC SERV. (UNTIL 4/19)	50.00 5.00				X			0.	155,252.	19,849.
(17) VINCENT A. MYERS CHAIR - TRUSTEE	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)	(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			
(18) MAUREEN A. SCHNEIDER VICE CHAIR - TRUSTEE	1.00 1.00	X		X				0.	0.	0.
(19) EDGAR M. COSTER TRUSTEE - CHAIR CCRCS	1.00 1.00	X						0.	0.	0.
(20) MICHELLE BENNETT TRUSTEE	1.00 1.00	X						0.	0.	0.
(21) THOMAS WHELAN TRUSTEE	1.00 1.00	X						0.	0.	0.
(22) JOSEPH DIFIGLIA TRUSTEE - CHAIR FOUNDATION	1.00 1.00	X						0.	0.	0.
(23) JAMES FERRARE TRUSTEE	1.00 1.00	X						0.	0.	0.
(24) ROBERT J. FOGG TRUSTEE	1.00 1.00	X						0.	0.	0.
(25) BARBARA KREIDER TRUSTEE	1.00 1.00	X						0.	0.	0.
(26) KEVIN G. ROGERS TRUSTEE	1.00 1.00	X						0.	0.	0.
<b>1b Subtotal</b>								264,615.	4,677,080.	760,305.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								264,615.	4,677,080.	760,305.

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 **2**

	Yes	No
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		X
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	X	
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		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
C&C CONSTRUCTION MGMT. INC. PO BOX 821322, PHILADELPHIA, PA 19182-1322	CONSTRUCTION	6,808,570.
YES WE DO LLC 21 OAKLAND DRIVE, JACKSON, NJ 08527	CONSTRUCTION	2,839,333.
GENESIS ELDERCARE REHABILITATION SERVICES PO BOX 821322, PHILADELPHIA, PA 19182-1322	MEDICAL SERVICES	2,722,653.
ERIC WEINRICH DBA FIRST CLASS PLUMBING AND 325 CANTERBURY DR, RAMSEY, NJ 07446	PLUMBING	2,279,646.
AC DRYWALL AND PAINTING LLC DBA AC CONSTRU 147 ROUTE 46, NETCONG, NJ 07857	CONSTRUCTION	2,250,688.

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 **41**

SEE PART VII, SECTION A CONTINUATION SHEETS



**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) PETER S. REINHART TRUSTEE	1.00 1.00	X						0.	0.	0.
(28) MICHAEL SERLUCCO TRUSTEE	1.00 1.00	X						0.	0.	0.
(29) JESSICA L. ISRAEL TRUSTEE	1.00 1.00	X						0.	0.	0.
(30) DAVID FLOOD TRUSTEE	1.00 1.00	X						0.	0.	0.
(31) ELIZABETH HEUSER TRUSTEE - CCRCS	1.00 1.00	X						0.	0.	0.
(32) PHYLLIS DOYLE TRUSTEE - CCRCS	1.00 1.00	X						0.	0.	0.
(33) RITA STRMENSKY TRUSTEE - CCRCS	1.00 1.00	X						0.	0.	0.
(34) JEFFREY TENER TRUSTEE - CCRCS	1.00 1.00	X						0.	0.	0.
(35) MICHAEL KENNEDY TRUSTEE - CCRCS	1.00 1.00	X						0.	0.	0.
(36) MORREL COHEN TRUSTEE - CCRCS	1.00 1.00	X						0.	0.	0.
(37) REV. LORRIE SKINNER TRUSTEE - CCRCS	1.00 1.00	X						0.	0.	0.
(38) JOHN GILBERT KAUFMAN TRUSTEE - CCRCS	1.00 1.00	X						0.	0.	0.
(39) TIMOTHY M. FERGES TRUSTEE - FOUNDATION	1.00 1.00	X						0.	0.	0.
(40) THOMAS GRAVINA TRUSTEE - FOUNDATION	1.00 1.00	X						0.	0.	0.
(41) GARY T. PUMA TRUSTEE - FOUNDATION	1.00 1.00	X						0.	0.	0.
(42) CARRIE PAGE TRUSTEE - FOUNDATION	1.00 1.00	X						0.	0.	0.
(43) VINCENT P. CELENZA TRUSTEE - FOUNDATION	1.00 1.00	X						0.	0.	0.
(44) CHRISTIAN T. KOERNER TRUSTEE - FOUNDATION	1.00 1.00	X						0.	0.	0.
(45) CARL DELLI BOVI CHAIR - TRUSTEE - EAST WINDSOR	1.00 1.00	X						0.	0.	0.
(46) MARY LEE KLEINKAUF V. CHAIR - TRUSTEE - EAST WINDSOR	1.00 1.00	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) ROSS M. CONTILIANO TRUSTEE - EAST WINDSOR	1.00	X						0.	0.	0.
(48) DAVID ROUSSELL TRUSTEE - EAST WINDSOR	1.00	X						0.	0.	0.
(49) RICHARD SCHROEDER TRUSTEE - EAST WINDSOR	1.00	X						0.	0.	0.
(50) DEBORAH L THOMAS TRUSTEE - EAST WINDSOR	1.00	X						0.	0.	0.
(51) TERRY GOLDSTEIN TRUSTEE - EAST WINDSOR	1.00	X						0.	0.	0.
(52) VALERIE FREITAS CHAIRMAN - TRUSTEE - PORTLAND	1.00	X						0.	0.	0.
(53) JANE FROTTON V. CHAIRMAN - TRUSTEE - PORTLAND	1.00	X						0.	0.	0.
(54) MARILYN SCHERFEN TRUSTEE - PORTLAND POINTE	1.00	X						0.	0.	0.
(55) DONALD C. GATES TRUSTEE - PORTLAND POINTE	1.00	X						0.	0.	0.
(56) ROBERT SCHOEFFLING TRUSTEE - PORTLAND POINTE	1.00	X						0.	0.	0.
(57) RONALD SENZ TRUSTEE - PORTLAND POINTE	1.00	X						0.	0.	0.
(58) RICHARD STRYKER TRUSTEE - PORTLAND POINTE	1.00	X						0.	0.	0.
(59) PAUL MAZZELLA TRUSTEE - PORTLAND POINTE	1.00	X						0.	0.	0.
(60) SHERLEY PENROSE CHAIR - TRUSTEE - MIDDLESEX	1.00	X						0.	0.	0.
(61) DIANE BENSINGER VICE CHAIRMAN - TRUSTEE - MIDDLESEX	1.00	X						0.	0.	0.
(62) SANDRA DIGIACOMO TRUSTEE - MIDDLESEX	1.00	X						0.	0.	0.
(63) NANCY LYNN AVERY TRUSTEE - MIDDLESEX	1.00	X						0.	0.	0.
(64) LOUISE CREDE TRUSTEE - MIDDLESEX	1.00	X						0.	0.	0.
(65) DENISE BAGONYI TRUSTEE - MIDDLESEX	1.00	X						0.	0.	0.
(66) WILLIAM SAN PHILLIPS TRUSTEE - MIDDLESEX	1.00	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			
(67) JOSEPH MAZZOLA CHAIRMAN - TRUSTEE - STAFFORD	1.00	X						0.	0.	0.
(68) PETER PAMBELLO VICE CHAIRMAN - TRUSTEE - STAFFORD	1.00	X						0.	0.	0.
(69) ROBERT BROWN TRUSTEE - STAFFORD	1.00	X						0.	0.	0.
(70) ROBERT GUINEE TRUSTEE - STAFFORD	1.00	X						0.	0.	0.
(71) ANTHONY P. CHIRICO TRUSTEE - STAFFORD	1.00	X						0.	0.	0.
(72) THERESA MANOCHIO TRUSTEE - STAFFORD	1.00	X						0.	0.	0.
(73) CHARLOTTE S. SAMPIETRO TRUSTEE - STAFFORD	1.00	X						0.	0.	0.
(74) ROBERT DUNCAN CHAIR - TRUSTEE - WEST WINDSOR	1.00	X						0.	0.	0.
(75) DONNA FUCETOLA V. CHAIR - TRUSTEE - WEST WINDSOR	1.00	X						0.	0.	0.
(76) TERRY FORMAN TRUSTEE - WEST WINDSOR	1.00	X						0.	0.	0.
(77) ROBERT PRIGGE TRUSTEE - WEST WINDSOR	1.00	X						0.	0.	0.
(78) VINCENT J. MARINO TRUSTEE - WEST WINDSOR	1.00	X						0.	0.	0.
(79) TAI K. SHIN TRUSTEE - WEST WINDSOR	1.00	X						0.	0.	0.
(80) RAYMOND J. RYAN TRUSTEE - WEST WINDSOR	1.00	X						0.	0.	0.
(81) JAMES V.C. YATES TRUSTEE - WEST WINDSOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**Part VIII Statement of Revenue**

Check 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	<b>1 a</b>	Federated campaigns .....	<b>1a</b>					
	<b>b</b>	Membership dues .....	<b>1b</b>					
	<b>c</b>	Fundraising events .....	<b>1c</b>	244,977.				
	<b>d</b>	Related organizations .....	<b>1d</b>					
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>	5,041,817.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	2,339,023.				
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....			7,625,817.			
Program Service Revenue	<b>2 a</b>	NET PROGRAM SERVICE REVENUE	Business Code	541900	182,578,020.	182,578,020.		
	<b>b</b>	CCRC MANAGEMENT FEE REVENUE		561000	713,318.	713,318.		
	<b>c</b>	FIN. SERVICES & CHARGEBACK REV.		541900	85,030.	85,030.		
	<b>d</b>							
	<b>e</b>							
	<b>f</b>	All other program service revenue .....						
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....			183,376,368.			
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....			3,547,160.		3,547,160.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....						
	<b>5</b>	Royalties .....						
	<b>6 a</b>	Gross rents .....	(i) Real	397,802.				
			(ii) Personal					
	<b>b</b>	Less: rental expenses ...	<b>6b</b>	175,786.				
	<b>c</b>	Rental income or (loss)	<b>6c</b>	222,016.				
	<b>d</b>	Net rental income or (loss) .....			222,016.		222,016.	
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	(i) Securities	98,080,182.				
			(ii) Other					
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>	90,398,388.	120,268.			
<b>c</b>	Gain or (loss) .....	<b>7c</b>	7,681,794.	-120,268.				
<b>d</b>	Net gain or (loss) .....			7,561,526.		7,561,526.		
<b>8 a</b>	Gross income from fundraising events (not including \$ 244,977. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>	65,713.					
<b>b</b>	Less: direct expenses .....	<b>8b</b>	129,600.					
<b>c</b>	Net income or (loss) from fundraising events .....			-63,887.		-63,887.		
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b>	Less: direct expenses .....	<b>9b</b>						
<b>c</b>	Net income or (loss) from gaming activities .....							
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....							
<b>b</b>	Less: cost of goods sold .....	<b>10b</b>						
<b>c</b>	Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b>	SOLAR RENEWABLE ENERGY CREDITS	Business Code	900099	279,884.		279,884.	
	<b>b</b>	OTHER		900099	99,643.		99,643.	
	<b>c</b>	INSURANCE REIMBURSEMENT		900099	54,943.		54,943.	
	<b>d</b>	All other revenue .....		900099	18,188.		18,188.	
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....			452,658.			
<b>12</b>	<b>Total revenue.</b> See instructions .....			202,721,658.	183,376,368.	0.	11,719,473.	

**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

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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	439,862.	439,862.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	294,901.			294,901.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	70,477,012.	63,353,428.	6,800,574.	323,010.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,475,529.	1,283,892.	180,827.	10,810.
<b>9</b> Other employee benefits .....	12,936,526.	11,673,490.	1,221,884.	41,152.
<b>10</b> Payroll taxes .....	5,631,296.	5,083,694.	508,593.	39,009.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	886,001.		870,688.	15,313.
<b>c</b> Accounting .....	660,455.		660,455.	
<b>d</b> Lobbying .....	149,026.		149,026.	
<b>e</b> Professional fundraising services. See Part IV, line 17	372.			372.
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	19,681,369.	12,973,372.	6,653,632.	54,365.
<b>12</b> Advertising and promotion .....	3,294,341.	3,285,850.		8,491.
<b>13</b> Office expenses .....	4,469,005.	3,657,016.	808,705.	3,284.
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	17,402,855.	17,402,855.		
<b>17</b> Travel .....	204,657.	126,293.	63,865.	14,499.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	265,851.	119,022.	129,698.	17,131.
<b>20</b> Interest .....	9,134,599.	9,134,599.		
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	33,570,236.	33,570,236.		
<b>23</b> Insurance .....	2,779,952.	2,779,952.		
<b>24</b> 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.)				
<b>a</b> <b>SHARED SERVICES</b>	11,420,791.	2,642,140.	8,778,651.	
<b>b</b> <b>FOOD EXPENSES</b>	7,530,813.	7,530,813.		
<b>c</b> <b>REPAIRS &amp; MAINTENANCE</b>	3,465,253.	3,427,735.	37,518.	
<b>d</b> <b>MEDICAL SUPPLIES</b>	2,954,788.	2,954,788.		
<b>e</b> All other expenses .....	5,628,936.	3,664,232.	1,873,720.	90,984.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	214,754,426.	185,103,269.	28,737,836.	913,321.
<b>26</b> <b>Joint costs.</b> 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 Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	15,920.	<b>1</b>	15,920.
	<b>2</b> Savings and temporary cash investments .....	40,694,681.	<b>2</b>	39,602,671.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	14,373,453.	<b>4</b>	16,513,304.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	6,990,753.	<b>7</b>	7,387,151.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	4,889,504.	<b>9</b>	4,746,351.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 888,673,575.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 408,708,486.		
	<b>11</b> Investments - publicly traded securities .....	489,127,290.	<b>10c</b>	479,965,089.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	135,158,959.	<b>11</b>	146,810,868.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	835,991.	<b>12</b>	499,465.
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	98,747,493.	<b>14</b>	83,619,173.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	8,128,341.	<b>15</b>	9,066,494.	
	798,962,385.	<b>16</b>	788,226,486.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	16,914,826.	<b>17</b>	13,776,139.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	95,840,672.	<b>19</b>	104,101,344.
	<b>20</b> Tax-exempt bond liabilities .....	177,967,977.	<b>20</b>	175,493,662.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	15,233.	<b>21</b>	19,308.
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	90,469,303.	<b>23</b>	97,576,472.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	464,318,948.	<b>25</b>	466,523,013.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	845,526,959.	<b>26</b>	857,489,938.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	-59,585,250.	<b>27</b>	-80,803,977.
	<b>28</b> Net assets with donor restrictions .....	13,020,676.	<b>28</b>	11,540,525.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	-46,564,574.	<b>32</b>	-69,263,452.
<b>33</b> Total liabilities and net assets/fund balances .....	798,962,385.	<b>33</b>	788,226,486.	

**Part XI Reconciliation of Net Assets**

Check 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	202,721,658.
2	Total expenses (must equal Part IX, column (A), line 25)	2	214,754,426.
3	Revenue less expenses. Subtract line 2 from line 1	3	-12,032,768.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-46,564,574.
5	Net unrealized gains (losses) on investments	5	6,932,949.
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	-17,599,059.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	-69,263,452.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	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.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		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 _____		





**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	7569666.	7109383.	8042274.	7846275.	7625817.	38193415.
<b>2</b> 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 .....	131709232	150915167	156016296	176053226	183376368	798070289
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	139278898	158024550	164058570	183899501	191002185	836263704
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....	92,493.	113,052.	20,672.	5,000.	22,349.	253,566.
<b>b</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.
<b>c</b> Add lines 7a and 7b .....	92,493.	113,052.	20,672.	5,000.	22,349.	253,566.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						836010138

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....	139278898	158024550	164058570	183899501	191002185	836263704
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	1494366.	2183941.	2653676.	2303303.	3547160.	12182446.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....	1494366.	2183941.	2653676.	2303303.	3547160.	12182446.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	504,864.	923,296.	808,032.	957,720.	452,658.	3646570.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	141278128	161131787	167520278	187160524	195002003	852092720

**14 First five 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**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	15	98.11 %
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	16	98.21 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	17	1.43 %
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	18	1.36 %

**19a 33 1/3% support tests - 2019.** 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 - 2018.** 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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 10b below.</i>		
<b>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> 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? <i>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.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in (2), 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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? <i>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.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> 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 or 990-EZ) 2019

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2019</b>	<b>(iii) Distributable Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			

**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**

2015 AMOUNT: \$ 283,305.

2016 AMOUNT: \$ 309,939.

2017 AMOUNT: \$ 231,807.

2018 AMOUNT: \$ 253,173.

2019 AMOUNT: \$ 279,884.

**INSURANCE REIMBURSEMENTS**

2015 AMOUNT: \$ 147,385.

2018 AMOUNT: \$ 61,157.

2019 AMOUNT: \$ 54,943.

**MISCELLANEOUS REVENUE**

2015 AMOUNT: \$ 74,174.

2016 AMOUNT: \$ 37,132.

2018 AMOUNT: \$ 59,689.

2019 AMOUNT: \$ 99,643.

**LAND LEASE**

2016 AMOUNT: \$ 80,000.

2017 AMOUNT: \$ 80,000.

2018 AMOUNT: \$ 80,000.

**RENTAL OF SPACE**

2016 AMOUNT: \$ 496,225.

2017 AMOUNT: \$ 496,225.

**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.)

2018 AMOUNT: \$ 485,116.

VENDOR REIMBURSEMENT

2018 AMOUNT: \$ 18,585.

2019 AMOUNT: \$ 18,188.

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.



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

SPRINGPOINT 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.

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.

CADBURY CONTINUING CARE AT HOME, INC.

SPRINGPOINT AT MANALAPAN, 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.)

**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 2019 IS 63.50%.**

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. 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, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  <b>SPRINGPOINT SENIOR LIVING, INC.</b>	Employer identification number  <b>22-3498690</b>
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**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	 <hr/> <hr/> <hr/>	\$ <u>4,930,681.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>111,136.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>28,455.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>20,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>23,870.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>20,402.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SPRINGPOINT SENIOR LIVING, INC.</b>	Employer identification number  <b>22-3498690</b>
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**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	<hr/> <hr/> <hr/>	\$ <u>29,627.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>6,300.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ <u>49,144.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SPRINGPOINT SENIOR LIVING, INC.</b>	Employer identification number  <b>22-3498690</b>
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**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	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SPRINGPOINT SENIOR LIVING, INC.</b>	Employer identification number  <b>22-3498690</b>
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**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	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SPRINGPOINT SENIOR LIVING, INC.</b>	Employer identification number  <b>22-3498690</b>
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**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	<hr/> <hr/> <hr/>	\$ 5,354.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>SPRINGPOINT SENIOR LIVING, INC.</b>	Employer identification number  <b>22-3498690</b>
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**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	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SPRINGPOINT SENIOR LIVING, INC.</b>	Employer identification number  <b>22-3498690</b>
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**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 <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	_____ _____ _____	\$ 11,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	_____ _____ _____	\$ 145,962.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	_____ _____ _____	\$ 136,259.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SPRINGPOINT SENIOR LIVING, INC.</b>	Employer identification number  <b>22-3498690</b>
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**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	_____ _____ _____	\$ 240,845.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	_____ _____ _____	\$ 10,698.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SPRINGPOINT SENIOR LIVING, INC.</b>	Employer identification number  <b>22-3498690</b>
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**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	<hr/> <hr/> <hr/>	\$ 112,035.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	<hr/> <hr/> <hr/>	\$ 10,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	<hr/> <hr/> <hr/>	\$ 139,939.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SPRINGPOINT SENIOR LIVING, INC.</b>	Employer identification number  <b>22-3498690</b>
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**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	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SPRINGPOINT SENIOR LIVING, INC.</b>	Employer identification number  <b>22-3498690</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization  <b>SPRINGPOINT SENIOR LIVING, INC.</b>	Employer identification number  <b>22-3498690</b>
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**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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

FORM 990

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

STATEMENT 1

<u>NAME OF ORGANIZATION</u>	<u>ORGANIZATION'S ADDRESS</u>	<u>EMPLOYER ID</u>
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 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



<u>SPRINGPOINT SENIOR LIVING, INC.</u>		<u>22-3498690</u>
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
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
CADBURY CONTINUING CARE AT HOME, INC.	4814 OUTLOOK DRIVE, SUITE 201 - WALL, NJ 07753	22-3566504

SPRINGPOINT SENIOR LIVING, INC.

22-3498690

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 AT GALLOWAY, INC.

205 WEST BUCHANAN AVE - EGG  
HARBOR, NJ 08215

52-1887090

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

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

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

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

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

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

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

Name of organization

**SPRINGPOINT SENIOR LIVING, INC.**

Employer identification number

**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 employer identification number (EIN) 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-.

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....															
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....															
<b>d</b> Other exempt purpose expenditures .....															
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....															
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">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:	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:	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.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....															
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....															
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....															
<b>j</b> 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? .....		<input type="checkbox"/> Yes	<input type="checkbox"/> 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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**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
<b>1</b> 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:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		149,026.
<b>i</b> Other activities?		X	
<b>j</b> Total. Add lines 1c through 1i			149,026.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> 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."**

<b>1</b> Dues, assessments and similar amounts from members	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	2a	
<b>b</b> Carryover from last year	2b	
<b>c</b> Total	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
<b>4</b> 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 expenditure next year?	4	
<b>5</b> 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)**

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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**  
**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? .....		<input type="checkbox"/> Yes <input type="checkbox"/> 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? .....		<input type="checkbox"/> Yes <input type="checkbox"/> 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 in (a) .....	0
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	0

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? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ 0

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ 0.

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

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 .....

**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
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 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:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 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 on 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	13,020,677.	12,421,775.	10,959,262.	12,070,388.	11,756,354.
b Contributions	1,637,791.	2,199,418.	1,708,045.	1,777,591.	1,817,311.
c Net investment earnings, gains, and losses	1,538,934.	-907,333.	1,179,165.	410,465.	-123,875.
d Grants or scholarships					
e Other expenditures for facilities and programs	4,656,877.	693,183.	1,424,697.	3,299,182.	1,379,402.
f Administrative expenses					
g End of year balance	11,540,525.	13,020,677.	12,421,775.	10,959,262.	12,070,388.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  0.00 %
  - b Permanent endowment  37.00 %
  - c Term endowment  63.00 %
- 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:
- |  | Yes                      | No                                  |
|--|--------------------------|-------------------------------------|
| (i) Unrelated organizations  |                          | <input checked="" type="checkbox"/> |
| (ii) Related organizations   |                          | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- 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		42,503,528.		42,503,528.
b Buildings		776,731,165.	370,623,339.	406,107,826.
c Leasehold improvements				
d Equipment		44,905,829.	23,753,997.	21,151,832.
e Other		24,533,053.	14,331,150.	10,201,903.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				479,965,089.

**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) RESIDENTS DEPOSITS	2,871,377.
(3) DUE TO AFFILIATES	16,950,666.
(4) DERIVATIVE INSTRUMENTS	6,476,093.
(5) OTHER LIABILITIES	3,631,127.
(6) CAPITAL ADVANCES	80,035,527.
(7) LIABILITIES OF SPLIT INTEREST	
(8) AGREEMENTS	2,890,000.
(9) NOTES PAYABLE TO AFFILIATES	15,314,818.
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	466,523,013.

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 ...



**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>

**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.

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

**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:**

**Part XIII** Supplemental Information *(continued)*

THE SPRINGPOINT SENIOR LIVING GROUP RETURN 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 2019 AND 2018.





**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	(d) Total events (add col. (a) through col. (c))
		<b>GOLF OUTING</b> (event type)	(event type)	<b>NONE</b> (total number)	
Revenue	<b>1</b> Gross receipts .....	310,690.			310,690.
	<b>2</b> Less: Contributions .....	244,977.			244,977.
	<b>3</b> Gross income (line 1 minus line 2) .....	65,713.			65,713.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....	52,486.			52,486.
	<b>6</b> Rent/facility costs .....	65,713.			65,713.
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	11,401.			11,401.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				129,600.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-63,887.	

**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	<b>1</b> Gross revenue .....				
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> 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: \_\_\_\_\_









**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	13	439,862.	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



**SCHEDULE J  
(Form 990)**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

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.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> 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.

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> 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
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>	X	
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2019

**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 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 PRESIDENT (EX-OFFICIO) - CEO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	607,419.	138,902.	49,896.	289,343.	25,711.	1,111,271.	29,563.
(2) GARRETT I. MIDGETT SENIOR VP/CFO, TREASURER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	315,601.	57,200.	40,135.	46,271.	28,368.	487,575.	28,029.
(3) MAUREEN E. CAFFERTY, ESQ. SR. VP / GENERAL COUNSEL, SECRETARY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	305,018.	52,875.	36,816.	43,327.	23,127.	461,163.	23,958.
(4) DAVID WOODWARD SENIOR VP/COO, ASSISTANT TREASURER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	320,174.	54,363.	11,367.	41,654.	8,402.	435,960.	0.
(5) VICTOR D. AMEY COO OF AFFILIATE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	350,000.	11,827.	120.	0.	0.	361,947.	0.
(6) LINDA ROSE SR. VP HEALTH SERVICES	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	234,754.	43,210.	9,062.	12,002.	15,203.	314,231.	0.
(7) DAVID B. WEAN VP FACILITY AND ASSET MANA	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	231,256.	31,552.	6,980.	9,710.	15,403.	294,901.	0.
(8) RICHARD WHITEMAN CCRC EXECUTIVE DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	215,661.	38,454.	703.	12,929.	25,711.	293,458.	0.
(9) MICHAEL OAKES SR. VP FOUNDATION	(i)	231,722.	26,529.	6,364.	12,535.	15,177.	292,327.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MARYBETH KOPEC VP FINANCE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	202,476.	31,170.	9,958.	12,565.	25,534.	281,703.	0.
(11) JOHN HARZ VP OF HUMAN RESOURCES	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	219,300.	39,445.	7,856.	8,705.	0.	275,306.	0.
(12) MICHAEL GENTILE CCRC EXECUTIVE DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	180,830.	37,286.	4,069.	7,716.	17,413.	247,314.	0.
(13) JEAN BROPHY CCRC EXECUTIVE DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	181,616.	40,062.	9,397.	7,416.	7,602.	246,093.	0.
(14) ANNE HAY CCRC EXECUTIVE DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	183,702.	36,180.	1,372.	9,518.	0.	230,772.	0.
(15) RAYMOND R. LEENIG VP INFORMATION TECH. (UNTIL 6/19)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	110,310.	29,570.	33,884.	4,871.	14,243.	192,878.	0.
(16) PAMELA SMITH SR VP STRATEGIC SERV. (UNTIL 4/19)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	64,151.	39,753.	51,348.	5,371.	14,478.	175,101.	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, LINES 4A-B:**

TWO KEY EMPLOYEES RECEIVED SEVERANCE PAYMENTS UPON SEPARATING FROM THE ORGANIZATION DURING THE YEAR.

THE DEFERRED COMPENSATION AMOUNT IN COLUMN C FOR THE FOLLOWING INDIVIDUALS INCLUDES UNVESTED BENEFITS IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN WHICH ARE SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. ACCORDINGLY, THE INDIVIDUALS MAY NEVER ACTUALLY RECEIVE THESE UNVESTED BENEFIT AMOUNTS. THE AMOUNTS OUTLINED HEREIN WERE NOT INCLUDED IN THE FOLLOWING INDIVIDUALS' 2019 FORMS W-2, BOX 5 AS TAXABLE MEDICARE WAGES: GARRETT T. MIDGETT III, \$32,271, ANTHONY ARGONDIZZA, \$275,343, MAUREEN E. CAFFERTY, ESQ., \$29,753, AND DAVID WOODWARD, \$32,121.

**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.

CERTAIN FORMERLY NONTAXABLE DEFERRED PAYMENTS VESTED AND BECAME TAXABLE DURING 2019. THESE AMOUNTS RE REPRESENTED IN COLUMN F.

PART I, LINE 7:

CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS DURING CALENDAR YEAR 2019. THESE AMOUNTS WERE INCLUDED IN COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2019 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**

ENTITY 1

OMB No. 1545-0047

▶ **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](http://www.irs.gov/Form990) for instructions and the latest information.**

**2019**  
**Open to Public Inspection**

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

<b>Part I Bond Issues</b>											
<b>SEE PART VI FOR COLUMN (F) CONTINUATIONS</b>											
(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
<b>A</b> NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY	22-2045817	NONE	06/15/15	24480000.	ADVANCE REFUNDING OF 2011A AND 2011		X		X		X
<b>B</b> NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY	22-2045817	NONE	12/01/15	50085000.	ADVANCE REFUNDING OF 2012A AND 2012		X		X		X
<b>C</b> NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY	22-2045817	NONE	12/01/15	24971138.	ADVANCE REFUNDING OF 1998A AND 2010		X		X		X
<b>D</b> NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY	22-2045817	NONE	09/29/14	31285000.	ADVANCE REFUNDING OF 2004 NJEDA BON		X		X		X

<b>Part II Proceeds</b>										
	A		B		C		D			
<b>1</b> Amount of bonds retired	3,798,850.		1,729,000.		7,663,626.		4,080,000.			
<b>2</b> Amount of bonds legally defeased										
<b>3</b> Total proceeds of issue	24,480,000.		50,085,000.		24,971,138.		31,285,000.			
<b>4</b> Gross proceeds in reserve funds										
<b>5</b> Capitalized interest from proceeds										
<b>6</b> Proceeds in refunding escrows										
<b>7</b> Issuance costs from proceeds	128,695.		410,390.		205,499.		285,875.			
<b>8</b> Credit enhancement from proceeds										
<b>9</b> Working capital expenditures from proceeds										
<b>10</b> Capital expenditures from proceeds	4,676,325.									
<b>11</b> Other spent proceeds	19,674,980.		49,674,610.		24,765,639.		30,199,125.			
<b>12</b> Other unspent proceeds										
<b>13</b> Year of substantial completion	2015		2015		2015		2014			
	Yes	No	Yes	No	Yes	No	Yes	No		
<b>14</b> 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			
<b>15</b> 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		X
<b>16</b> Has the final allocation of proceeds been made?	X		X		X		X			
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X			

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

Schedule K (Form 990) 2019

**Supplemental Information on Tax-Exempt Bonds**

ENTITY 2

OMB No. 1545-0047

▶ **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](http://www.irs.gov/Form990) for instructions and the latest information.**

**2019**  
**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 COLUMN (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
	<b>A</b>	NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY	22-2045817	NONE	05/05/16	18500000.	TO ACQUIRE A CCRC ADVANCED		X		X		X
	<b>B</b>	SUSSEX COUNTY, DELAWARE	51-6000161	86926RCA6	10/27/16	19301881.	REFINANCING OF 20 CONSTRUCTION LOAN		X		X		X
	<b>C</b>	PUBLIC FINANCE AUTHORITY	27-3866124	NONE	05/28/15	27700000.	- SEE SUPPLEMENTA		X		X		X
	<b>D</b>												

Part II	Proceeds								
		A		B		C		D	
1	Amount of bonds retired			1,120,000.		756,000.			
2	Amount of bonds legally defeased								
3	Total proceeds of issue	18,500,000.		19,301,881.		27,700,000.			
4	Gross proceeds in reserve funds			1,411,250.					
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	300,000.		257,644.		325,184.			
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	16,450,485.				27,374,816.			
11	Other spent proceeds	1,749,515.		17,632,987.					
12	Other unspent proceeds								
13	Year of substantial completion	2016		2016		2015			
		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		
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		
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

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

Schedule K (Form 990) 2019



**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	

<b>Part III Private Business Use</b>								
	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		
2 Are there any lease arrangements that may result in private business use of bond-financed property? .....		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			
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			
c Are there any research agreements that may result in private business use of bond-financed property? .....		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 %		%
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 %		%
6 Total of lines 4 and 5 .....		.00 %		.00 %		.00 %		%
7 Does the bond issue meet the private security or payment test? .....		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		
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			

<b>Part IV Arbitrage</b>								
	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		
2 If "No" to line 1, did the following apply? .....								
a Rebate not due yet? .....	X		X		X			
b Exception to rebate? .....		X		X		X		
c No rebate due? .....		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			

**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		X		X		X	
b Name of provider .....	PEAPACK-GLADSTONE B		SUN TRUST		CAPITAL ONE, N.A.		SUN TRUST	
c Term of hedge .....	15.0000000		12.0000000		10.0000000		15.0000000	
d Was the hedge superintegrated? .....		X		X		X		X
e Was the hedge terminated? .....		X		X		X		X
5a Were gross proceeds invested in a guaranteed investment contract (GIC)? .....		X		X		X		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		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148? .....	X		X		X		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		X		X		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: NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY

(F) DESCRIPTION OF PURPOSE:

ADVANCE REFUNDING OF 2011A AND 2011B BONDS AND CONSTRUCTION COSTS

(A) ISSUER NAME: NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY

(F) DESCRIPTION OF PURPOSE: ADVANCE REFUNDING OF 2012A AND 2012B BONDS

(A) ISSUER NAME: NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY

(F) DESCRIPTION OF PURPOSE: ADVANCE REFUNDING OF 1998A AND 2010B BONDS

(A) ISSUER NAME: NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY

(F) DESCRIPTION OF PURPOSE: ADVANCE REFUNDING OF 2004 NJEDA BONDS

(A) ISSUER NAME: SUSSEX COUNTY, DELAWARE

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

(A) ISSUER NAME: PUBLIC FINANCE AUTHORITY

(F) DESCRIPTION OF PURPOSE:

**Part IV Arbitrage** (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....		X		X	X			
<b>b</b> Name of provider .....					M&T BANK			
<b>c</b> Term of hedge .....					10.0000000			
<b>d</b> Was the hedge superintegrated? .....						X		
<b>e</b> Was the hedge terminated? .....						X		
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? .....		X		X		X		
<b>b</b> Name of provider .....								
<b>c</b> Term of GIC .....								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....								
<b>6</b> Were any gross proceeds invested beyond an available temporary period? .....		X		X		X		
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? .....	X		X		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		X		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: NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY

(F) DESCRIPTION OF PURPOSE:

ADVANCE REFUNDING OF 2011A AND 2011B BONDS AND CONSTRUCTION COSTS

(A) ISSUER NAME: NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY

(F) DESCRIPTION OF PURPOSE: ADVANCE REFUNDING OF 2012A AND 2012B BONDS

(A) ISSUER NAME: NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY

(F) DESCRIPTION OF PURPOSE: ADVANCE REFUNDING OF 1998A AND 2010B BONDS

(A) ISSUER NAME: NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY

(F) DESCRIPTION OF PURPOSE: ADVANCE REFUNDING OF 2004 NJEDA BONDS

(A) ISSUER NAME: SUSSEX COUNTY, DELAWARE

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

(A) ISSUER NAME: PUBLIC FINANCE AUTHORITY

(F) DESCRIPTION OF PURPOSE:

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions (continued)  
CONSTRUCTION LOAN - SEE SUPPLEMENTAL SECTION FOR DETAILS

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

(A) ISSUER NAME: NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY  
DATE THE REBATE COMPUTATION WAS PERFORMED: 09/29/2019

SCHEDULE K, PART I

THE TAX-EXEMPT BOND ISSUANCE IN THE AMOUNT OF \$24,480,000 REFLECTED IN SCHEDULE K, PART I, LINE A WAS ISSUED ON BEHALF OF SPRINGPOINT AT THE ATRIUM, INC. THE TOTAL PROCEEDS FROM THE BOND ISSUANCE WERE USED TO (A) ADVANCE REFUND A PRIOR ISSUE, (B) FINANCE CAPITAL EXPENDITURES AND (C) TO FINANCE CERTAIN COSTS OF ISSUANCE OF THE BOND.

THE TAX-EXEMPT BOND ISSUANCE IN THE AMOUNT OF \$50,085,000 REFLECTED IN SCHEDULE K, PART I, LINE B WAS ISSUED ON BEHALF OF SPRINGPOINT AT MONTGOMERY, INC. 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.

ON JUNE 15, 2015, THE NJEDA ISSUED ON BEHALF OF THE ATRIUM, \$26,000,000 VARIABLE RATE REVENUE BONDS (THE "SERIES 2015 BONDS"), WHICH CONSIST OF \$19,929,000 SERIES 2015A, \$4,551,000 SERIES 2015B, AND \$1,520,000 SERIES 2015C. PROCEEDS FROM THE SERIES 2015 BONDS WERE USED TO PAY OFF A CONSTRUCTION LOAN, PAY OFF A PORTION OF THE SPRINGPOINT SENIOR LIVING NOTE (NOTE 8), AND PAY CERTAIN COSTS INCURRED IN CONNECTION WITH THE ISSUANCE OF THE SERIES 2015 BONDS.

SCHEDULE K, PART I (CONTINUED)

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

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

**FINANCE CERTAIN COSTS OF ISSUANCE OF THE BOND.**

THE TAX-EXEMPT BOND ISSUANCE IN THE AMOUNT OF \$31,285,000 REFLECTED IN SCHEDULE K, PART I, LINE D WAS ISSUED ON BEHALF OF 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.

SCHEDULE K, PART I (CONTINUED)

THE TAX-EXEMPT BOND ISSUANCE IN THE AMOUNT OF \$18,500,000 IN SCHEDULE K, PART I (PAGE 2), LINE A WAS ISSUED ON BEHALF OF SPRINGPOINT AT DENVILLE. THE TOTAL PROCEEDS FROM THE BOND ISSUANCE WERE USED TO (A) ACQUIRE A CONTINUING CARE RETIREMENT COMMUNITY, (B) FUND A BOND RESERVE, (C) WORKING CAPITAL AND REALTY TRANSFER FEES, AND (D) FINANCE CERTAIN COST OF ISSUANCE OF THE BOND.

THE TAX-EXEMPT BOND ISSUANCE IN THE AMOUNT OF \$19,301,881 IN SCHEDULE K, PART I (PAGE 2), 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 ISSUANCE IN THE AMOUNT OF \$27,700,000 IN SCHEDULE K, PART I (PAGE 2), LINE C WAS ISSUED ON BEHALF OF SPRINGPOINT AT ATRIUM. THE TOTAL PROCEEDS FROM THE BOND ISSUANCE WERE USED TO FINANCE THE BUILDING OF A NEW SKILLED NURSING FACILITY AND CERTAIN COSTS OF ISSUANCE OF THE BOND.

SCHEDULE L  
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2019

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

Name of the organization

SPRINGPOINT SENIOR LIVING, INC.

Employer identification number

22-3498690

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 4 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

Table with columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
KELLY HORTON	RELATIVE OF RAYMOND	63,443.	KELLY HORTON		X
MICHAEL DIFIGLIA	RELATIVE OF BOARD M	56,673.	MICHAEL DIF		X
SEAN FLOOD	RELATIVE OF EMPLOYE	66,417.	SEAN FLOOD		X

**Part V Supplemental Information.**

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

**SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:**

(A) NAME OF PERSON: KELLY HORTON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

RELATIVE OF RAYMOND LEENIG - VP OF IT

(D) DESCRIPTION OF TRANSACTION: KELLY HORTON IS A RELATIVE OF RAYMOND

LEENIG, THE FORMER VP OF IT, AND AN EMPLOYEE OF SPRINGPOINT SENIOR

LIVING. KELLY DOES NOT REPORT TO RAYMOND NOR DOES RAYMOND HAVE A ROLE IN

DETERMINING KELLY'S COMPENSATION.

(A) NAME OF PERSON: MICHAEL DIFIGLIA

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

RELATIVE OF BOARD MEMBER JOSEPH DIFIGLIA

(D) DESCRIPTION OF TRANSACTION: MICHAEL DIFIGLIA IS A RELATIVE OF BOARD

MEMBER JOSEPH DIFIGLIA AND WAS AN EMPLOYEE OF SPRINGPOINT SENIOR LIVING

UNTIL MAY 2019. MICHAEL DID NOT REPORT TO JOSEPH NOR DID JOSEPH HAVE A

ROLE IN DETERMINING MICHAEL'S COMPENSATION.

(A) NAME OF PERSON: SEAN FLOOD

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

RELATIVE OF EMPLOYEE DAVID FLOOD



**Part V** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(D) DESCRIPTION OF TRANSACTION: SEAN FLOOD IS A RELATIVE OF EMPLOYEE DAVID FLOOD AND IS AN EMPLOYEE OF SPRINGPOINT FOUNDATION. SEAN DOES NOT REPORT TO DAVID NOR DOES DAVID HAVE A ROLE IN DETERMINING SEAN'S COMPENSATION.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

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 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

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.

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 CONTINUING CARE RETIREMENT COMMUNITIES 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 WHEREVER THEY CALL 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 2,300 INDIVIDUALS.

"RESIDENTS-FIRST" PHILOSOPHY

AT SPRINGPOINT SENIOR LIVING, OUR "RESIDENTS- FIRST" PHILOSOPHY GUIDES US IN PROMOTING AND EXPANDING OUR MISSION OF OFFERING HIGH-QUALITY HOUSING AND SERVICES AND AN OUTSTANDING QUALITY OF LIFE FOR EVERY RESIDENT, EVERYDAY.

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

SPRINGPOINT SENIOR LIVING VALUES

SPRINGPOINT S 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.

SPRINGPOINT SENIOR LIVING COMMUNITIES

Name of the organization

SPRINGPOINT SENIOR LIVING, INC.

Employer identification number

22-3498690

## 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. SEVEN OF THE SPRINGPOINT FULL-SERVICE RETIREMENT COMMUNITIES HOLD ACCREDITATION BY CARF-CCAC, THE NATION'S ONLY ACCREDITING BODY FOR CONTINUING CARE RETIREMENT COMMUNITIES.

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

- RESTAURANT-STYLE AND CASUAL DINING
- HIGH-QUALITY ON-SITE HEALTH CARE
- FITNESS AND LIVWELL CENTERS WITH INDOOR POOL (EXCEPT FOR THE ATRIUM AT NAVESINK HARBOR))
- BEAUTY AND BARBER SHOP
- HOUSEKEEPING SERVICES
- CONCIERGE SERVICES

## FULL-SERVICE SENIOR LIVING COMMUNITY SNAPSHOT

CRESTWOOD MANOR, WHITING, NJ

CRESTWOOD OFFERS 261 ONE- AND TWO-BEDROOM APARTMENTS, 32 EXPANDED SERVICES PROGRAM UNITS, AND A 64-BED SKILLED NURSING CARE CENTER ON A 40-ACRE CAMPUS IN OCEAN COUNTY.

Name of the organization

SPRINGPOINT SENIOR LIVING, INC.

Employer identification number

22-3498690

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MEADOW LAKES, EAST WINDSOR, NJ

MEADOW LAKES OFFERS 245 INDEPENDENT LIVING APARTMENTS, 15 COTTAGES, 44 ASSISTED LIVING SUITES AND 60 SKILLED NURSING BEDS ON A 103-ACRE CAMPUS IN MERCER COUNTY.

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MONROE VILLAGE, MONROE TOWNSHIP, NJ

MONROE VILLAGE OFFERS 262 INDEPENDENT LIVING APARTMENTS AND 28 ASSISTED LIVING SUITES IN MIDDLESEX COUNTY.

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STONEBRIDGE AT MONTGOMERY, SKILLMAN, NJ

STONEBRIDGE OFFERS 186 INDEPENDENT LIVING APARTMENTS, 24 COTTAGES, 61 ASSISTED LIVING APARTMENTS AND 50 SKILLED NURSING BEDS ON 40 ACRES IN SOMERSET COUNTY.

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THE ATRIUM AT NAVESINK HARBOR, RED BANK, NJ

THE ATRIUM AT NAVESINK HARBOR OFFERS 140 INDEPENDENT LIVING UNITS, AND 43 LONG TERM CARE BEDS.

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THE MOORINGS AT LEWES, LEWES, DE

THE MOORINGS AT LEWES OFFERS 131 INDEPENDENT LIVING APARTMENTS, 45 ASSISTED LIVING SUITES AND 40 SKILLED NURSING BEDS.

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THE OAKS AT DENVILLE, DENVILLE, NJ

THE OAKS AT DENVILLE OFFERS 274 INDEPENDENT LIVING UNITS, 34 ASSISTED LIVING APARTMENTS AND 84 LONG TERM CARE BEDS.

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WINCHESTER GARDENS, MAPLEWOOD, NJ

Name of the organization SPRINGPOINT SENIOR LIVING, INC.	Employer identification number 22-3498690
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WINCHESTER GARDENS OFFERS 163 INDEPENDENT LIVING APARTMENTS AND 39 VILLAS, 73 ASSISTED LIVING SUITES AND 30 SKILLED NURSING BEDS.

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

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 ROBERT NOBLE MANOR.

EACH SPRINGPOINT AFFORDABLE HOUSING COMMUNITY OFFERS PRIVATE

Name of the organization SPRINGPOINT SENIOR LIVING, INC.	Employer identification number 22-3498690
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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 (MANAGED)
- ASBURY TOWER, ASBURY PARK, 347 UNITS (MANAGED)
- BUTLER SENIOR COMMUNITY, BUTLER, 90 UNITS (MANAGED)
- COUNTRYSIDE MEADOWS, EGG HARBOR CITY, 84 UNITS
- CROSSROADS AT HOWELL, FREEHOLD, 86 UNITS
- THE OAKS AT TOMS RIVER, 85 UNITS
- FRIENDSHIP GARDENS, HOWELL, 100 UNITS (MANAGED)
- 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 (MANAGED)

SPRINGPOINT FOUNDATION

THE SPRINGPOINT FOUNDATION IS THE COMMUNITY OUTREACH AND PHILANTHROPIC

ARM OF SPRINGPOINT SENIOR LIVING. SINCE 1916, THE PRIMARY PURPOSE OF

Name of the organization

SPRINGPOINT SENIOR LIVING, INC.

Employer identification number

22-3498690

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

LIFE-ENHANCING RESIDENT ASSISTANCE

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

TRANSPORTATION: MANY OLDER ADULTS ARE UNABLE TO DRIVE, SIGNIFICANTLY LIMITING THEIR ABILITY TO REMAIN INDEPENDENT AND NEGATIVELY IMPACTING THEIR QUALITY OF LIFE. EACH YEAR, THE FOUNDATION ALLOCATES FUNDING FOR TRANSPORTATION. FOR EXAMPLE, THE FOUNDATION CURRENTLY SUPPORTS THE PURCHASE AND MAINTENANCE OF NEW BUSES THAT PROVIDE GREATER INDEPENDENCE FOR MORE THAN 1,600 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.

PART III, LINE 4A

COMMUNITY SERVICE AND VOLUNTEERING: IN AN EFFORT TO ENRICH THE LARGER



Name of the organization

SPRINGPOINT SENIOR LIVING, INC.

Employer identification number

22-3498690

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.

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 NON-PROFIT LEADER IN HIGH-QUALITY SENIOR HOUSING AND CARE. SPRINGPOINT OFFERS DIVERSE RETIREMENT LIFESTYLE OPTIONS AS WELL AS A RANGE OF INNOVATIVE SERVICES AND PROGRAMMING THAT ENHANCE RESIDENTS' LIVES EACH DAY. OUR 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.

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

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

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

FORM 990, PART VI, SECTION A, LINE 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

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

COMMITTEE OF THE ORGANIZATION HELD A MEETING AND PERFORMED A REVIEW OF THE FORM 990 PRIOR TO THE PROVISION OF THE FORM TO THE ORGANIZATION'S BOARD OF TRUSTEES. THE ORGANIZATION'S BOARD OF TRUSTEES HAS DELEGATED TO ITS AUDIT COMMITTEE THE RESPONSIBILITY TO OVERSEE, REVIEW AND APPROVE OF THE FEDERAL FORM 990, INCLUDING THE PREPARATION, REVIEW AND FILING PROCESS.

AS PART OF THE TAX RETURN PREPARATION PROCESS, THE ORGANIZATION HIRED A PROFESSIONAL CPA FIRM WITH EXPERIENCE AND EXPERTISE IN BOTH HEALTHCARE AND NOT-FOR-PROFIT TAX RETURN PREPARATION TO PREPARE THE FEDERAL FORM 990. THE CPA FIRM'S TAX PROFESSIONALS WORKED CLOSELY WITH THE ORGANIZATION'S FINANCE PERSONNEL AND VARIOUS OTHER INDIVIDUALS OF THE ORGANIZATION TO OBTAIN THE INFORMATION NEEDED TO PREPARE A COMPLETE AND ACCURATE TAX RETURN.

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

FORM 990, PART VI, SECTION B, LINE 12C:

SPRINGPOINT SENIOR LIVING, INC. ("SPRINGPOINT") IS THE CENTRAL ORGANIZATION FOR THIS CONSOLIDATED GROUP FORM 990. THE ORGANIZATION REGULARLY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY. ANNUALLY ALL

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

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

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 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

Name of the organization SPRINGPOINT SENIOR LIVING, INC.	Employer identification number 22-3498690
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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 XI, LINE 9, CHANGES IN NET ASSETS:

NET ASSET TRANSFER	5,165,072.
CHANGE IN FAIR VALUE OF DERIVATIVE FINANCIAL INSTRUMENTS	-8,291,371.
PENSION LIABILITY ADJUSTMENT	-68,072.
CHANGE IN VALUE OF PERPETUAL TRUST	479,823.
CHANGE IN VALUE SPLIT INTEREST AGREEMENTS	95,489.
WINCHESTER GARDENS GOODWILL IMPAIRMENT	-14,980,000.
TOTAL TO FORM 990, PART XI, LINE 9	-17,599,059.

**SCHEDULE R  
(Form 990)**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

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

**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

**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 4814 OUTLOOK DRIVE, SUITE 201 WALL, NJ 07753	HEALTH SERVICES	NJ	PH AT WALL	C CORP	-494.	2,686,224.	100%		X
PLAINFIELD TOWER SOLUTIONS, INC. - 26-0765373, 4814 OUTLOOK DRIVE, SUITE 201, WALL, NJ 07753	HEALTH SERVICES	NJ	PH AT PLAINFIELD	C CORP	-2,428.	575,558.	100%		X
MANCHESTER HOUSING SOLUTIONS, INC. - 46-3926430, 4814 OUTLOOK DRIVE, SUITE 201, WALL, NJ 07753	HEALTH SERVICES	NJ	PH AT WALL	C CORP	-2,446.	-2,002,350.	100%		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.

**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?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....	X	
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		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 CRESTWOOD, INC.	M	1,102,382.	COST
(2) SPRINGPOINT AT THE ATRIUM, INC.	M	922,154.	COST
(3) SPRINGPOINT AT MEADOW LAKES, INC.	M	1,491,466.	COST
(4) SPRINGPOINT AT MONROE VILLAGE, INC.	M	897,326.	COST
(5) SPRINGPOINT AT MONTGOMERY, INC.	M	1,743,521.	COST
(6) MARCUS L. WARD HOME	M	354,151.	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 DENVILLE, INC.	M	1,253,042.	COST
(8)SPRINGPOINT AT LEWES, INC.	M	457,980.	COST
(9)THE PRESBYTERIAN HOME AT DOVER, INC.	M	54,432.	COST
(10)PRESBYTERIAN HOME AT GALLOWAY, INC.	M	53,784.	COST
(11)PRESBYTERIAN HOME AT HOWELL, INC.	M	55,080.	COST
(12)PRESBYTERIAN HOME AT FRANKLIN, INC.	M	52,416.	COST
(13)THE PRESBYTERIAN HOME AT STAFFORD, INC.	M	52,416.	COST
(14)MIDDLESEX BORO SENIOR CITIZEN HOUSING CORPORATION	M	55,501.	COST
(15)PRESBYTERIAN HOME AT EAST WINDSOR, INC.	M	52,416.	COST
(16)INTEGRATED MANAGEMENT SERVICES, INC.	M	612,425.	COST
(17)CADBURY AT HOME, INC.	M	104,865.	COST
(18)SPRINGPOINT AT CRESTWOOD, INC.	O	713,713.	COST
(19)SPRINGPOINT AT THE ATRIUM, INC.	O	570,057.	COST
(20)SPRINGPOINT AT MEADOW LAKES, INC.	O	795,521.	COST
(21)SPRINGPOINT AT MONROE VILLAGE, INC.	O	510,727.	COST
(22)SPRINGPOINT AT MONTGOMERY, INC.	O	702,245.	COST
(23)MARCUS L. WARD HOME	O	555,838.	COST
(24)SPRINGPOINT AT DENVILLE, INC.	O	629,729.	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.	O	615,949.	COST
(8)SPRINGPOINT AT HALF ACRE ROAD, INC.	O	709,804.	COST
(9)SPRINGPOINT FOUNDATION, INC.	O	132,951.	COST
(10)INTEGRATED MANAGEMENT SERVICES, INC.	O	112,041.	COST
(11)SPRINGPOINT CHOICE, INC.	O	67,893.	COST
(12)SPRINGPOINT AT HOME, INC.	O	97,023.	COST
(13)SPRINGPOINT AT CRESTWOOD, INC.	P	2,621,802.	COST
(14)SPRINGPOINT AT THE ATRIUM, INC.	P	7,019,195.	COST
(15)SPRINGPOINT AT MEADOW LAKES, INC.	P	2,209,587.	COST
(16)SPRINGPOINT AT MONROE VILLAGE, INC.	P	1,672,469.	COST
(17)SPRINGPOINT AT MONTGOMERY, INC.	P	3,350,983.	COST
(18)MARCUS L. WARD HOME	P	10,515,071.	COST
(19)SPRINGPOINT AT DENVILLE, INC.	P	3,474,452.	COST
(20)SPRINGPOINT AT LEWES, INC.	P	3,957,177.	COST
(21)SPRINGPOINT AT HALF ACRE ROAD, INC.	P	1,335,312.	COST
(22)THE PRESBYTERIAN HOME AT DOVER, INC.	P	87,204.	COST
(23)PRESBYTERIAN HOME AT GALLOWAY, INC.	P	102,884.	COST
(24)PRESBYTERIAN HOME AT HOWELL, INC.	P	99,921.	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 WEST WINDSOR, INC.	P	113,829.	COST
(8) PRESBYTERIAN HOME AT FRANKLIN, INC.	P	58,791.	COST
(9) THE PRESBYTERIAN HOME AT STAFFORD, INC.	P	221,036.	COST
(10) MIDDLESEX BORO SENIOR CITIZEN HOUSING CORPORATION	P	87,808.	COST
(11) PRESBYTERIAN HOME AT EAST WINDSOR, INC.	P	103,454.	COST
(12) THE PRESBYTERIAN HOME AT MANCHESTER, INC.	P	103,405.	COST
(13) SPRINGPOINT FOUNDATION, INC.	P	65,627.	COST
(14) INTEGRATED MANAGEMENT SERVICES, INC.	P	387,402.	COST
(15) SPRINGPOINT CHOICE, INC.	P	516,707.	COST
(16) SPRINGPOINT AT HOME, INC.	P	663,794.	COST
(17) CADBURY AT CHERRY HILL, INC.	P	85,992.	COST
(18) PRESBYTERIAN HOMES AT WALL, INC.	C	5,000,000.	COST
(19) SPRINGPOINT AT THE ATRIUM, INC.	E	10,000,000.	COST
(20)			
(21)			
(22)			
(23)			
(24)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate 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		Yes	No	

**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

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>SPRINGPOINT SENIOR LIVING, INC.</b>	Taxpayer identification number (TIN) <b>22-3498690</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>4814 OUTLOOK DRIVE, NO. 201</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WALL, NJ 07753</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**GARRETT T. MIDGETT, III**

- The books are in the care of ▶ **4814 OUTLOOK DRIVE, NO. 201 - WALL, NJ 07753**  
Telephone No. ▶ **732-430-3650** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **8048**. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 16, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2019** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.