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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

SPRINGPOINT SENIOR LIVING INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

Room/suite

13 ROSZEL ROAD

City or town, state or country, and ZIP + 4

PRINCETON, NJ 08540

F Name and address of principal officer

GARY T PUMA

13 ROSZEL ROAD

PRINCETON, NJ 08540

D Employer identification number

22-3498690

E Telephone number

(609) 987-8900

G Gross receipts \$ 221,530,164

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ☐ (Insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW.SPRINGPOINTSL.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1997

M State of legal domicile

NJ

Part I	Summary																								
Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO MAKE A DIFFERENCE IN THE LIVES OF THE RESIDENTS, FAMILIES AND COMMUNITIES WE SERVE																								
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 7b Net unrelated business taxable income from Form 990-T, line 34																								
Revenue	<table><tr><th></th><th>Prior Year</th><th>Current Year</th></tr><tr><td>8 Contributions and grants (Part VIII, line 1h)</td><td>5,303,020</td><td>7,073,492</td></tr><tr><td>9 Program service revenue (Part VIII, line 2g)</td><td>124,164,866</td><td>117,456,454</td></tr><tr><td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td><td>3,744,117</td><td>48,141,116</td></tr><tr><td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td><td>479,059</td><td>460,983</td></tr><tr><td>12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td><td>133,691,062</td><td>173,132,045</td></tr></table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	5,303,020	7,073,492	9 Program service revenue (Part VIII, line 2g)	124,164,866	117,456,454	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,744,117	48,141,116	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	479,059	460,983	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	133,691,062	173,132,045						
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Part II

Signature Block

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

Sign Here

Signature of officer

garrett midget chief financial officer

2012-11-09

Date

Paid Preparer's Use Only

Preparer's signature

Anthony J Panico

Firm's name (or yours if self-employed), address, and ZIP + 4

WithumSmithBrown PC

465 South St Ste 200

Morristown, NJ 079606497

Date

Check if self-employed ☐

Preparer's taxpayer identification number (see instructions)

EIN ▶

Phone no ▶ (973) 898-9494

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization’s mission

TO MAKE A DIFFERENCE IN THE LIVES OF THE RESIDENTS, FAMILIES AND COMMUNITIES WE SERVE PLEASE REFER TO THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT INCLUDED IN SCHEDULE O

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If “Yes,” describe these changes on Schedule O

4

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 115,107,694 including grants of \$ 599,190) (Revenue \$ 117,456,454)

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 in Schedule O)

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

4e

Total program service expenses \$ 115,107,694

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)? If "Yes," complete Schedule A 	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes	
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? If "Yes," complete Schedule D, Part VI. 	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 	11b		No
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? If "Yes," complete Schedule D, Part VIII. 	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
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? If "Yes," complete Schedule G, Part I 	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance			Yes	No
Check if Schedule O contains a response to any question in this Part V				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a478		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return.	2a2,064		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country: CJ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	Yes	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c	Enter the aggregate amount of reserves on hand.	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15	
b	Enter the number of voting members included in line 1a, above, who are independent	1b	14	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	FL , NJ , PA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (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	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	GARRETT T MIDGETT III 13 ROSZEL ROAD PRINCETON, NJ 08540 (609) 987-8900

Check if Schedule O contains a response to any question in this Part VII ☒

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

Form **990** (2011)

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	193,768	3,872,975	3,185,692

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. ▶2

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
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? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

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 MANAGEMENT INC 10063 SANDMEYER LANE PHILADELPHIA, PA 19116	CONSTRUCTION	5,152,367
GENESIS REHABILITATION SERVICES PO BOX 679 KENNETT SQUARE, PA 193480679	MEDICAL	1,805,140
START TO FINISH PO BOX 350 HOWELL, NJ 07731	CONTRACTING	1,406,140
HOULIHAN LOKEY CAPITAL INC 1930 CENTURY PARK WEST LOS ANGELES, CA 900676802	financial services	1,117,484
design alternatives inc 1555 route 37 west TOMS RIVER, NJ 08755	design services	917,593

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 ▶40

Part VIII

Statement of Revenue

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	93,519			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	4,225,140			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,754,833			
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f		7,073,492			
Program Service Revenue			Business Code				
	2a	NET PROGRAM SERVICE REVENUE	541900	107,254,373	107,254,373		
	b	OTHER PROGRAM RELATED REVENUE	541900	10,202,081	10,202,081		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		117,456,454			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		2,090,781			2,090,781
	4	Income from investment of tax-exempt bond proceeds . . .		0			
	5	Royalties		0			
	6a	Gross rents	(i) Real				
			41,460				
	b	Less rental expenses					
	c	Rental income or (loss)	41,460				
	d	Net rental income or (loss)		41,460			41,460
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			9,277,009				
	b	Less cost or other basis and sales expenses	9,004,942				
	c	Gain or (loss)	272,067				
	d	Net gain or (loss)		46,050,335			46,050,335
	8a	Gross income from fundraising events (not including \$ 93,519 of contributions reported on line 1c) See Part IV, line 18					
			a	81,581			
	b	Less direct expenses	b	171,445			
	c	Net income or (loss) from fundraising events . . .		-89,864			-83,864
	9a	Gross income from gaming activities See Part IV, line 19					
			a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities . . .		0			
	10a	Gross sales of inventory, less returns and allowances					
			a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory . . .		0			
	Miscellaneous Revenue		Business Code				
	11a	MANAGEMENT FEE REVENUE	561000	509,387			509,387
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		509,387			
	12	Total revenue. See Instructions		173,132,045	117,456,454	0	48,608,099

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) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question 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
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	599,190	599,190		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	235,885	209,512	24,161	2,212
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	41,830,152	37,165,964	4,243,326	420,862
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,520,509	1,361,719	140,053	18,737
9	Other employee benefits	9,034,379	7,984,183	1,012,974	37,222
10	Payroll taxes	3,839,110	3,458,632	352,755	27,723
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	598,153		598,153	
c	Accounting	231,558		231,558	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	60,000			60,000
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	1,633,086	1,556,512	0	76,574
13	Office expenses	4,879,226	4,198,396	617,100	63,730
14	Information technology	0			
15	Royalties	0			
16	Occupancy	17,300,422	15,741,713	1,558,709	
17	Travel	57,468	31,947	14,402	11,119
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	131,020	93,948	29,517	7,555
20	Interest	9,144,788	9,144,788		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	20,139,326	20,139,326		
23	Insurance	0			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	SHARED SERVICES	10,053,519		10,053,519	
b	OTHER EXPENSES	6,406,427	4,230,900	2,110,755	64,772
c	FOOD EXPENSE	5,037,696	5,037,696		
d	OUTSIDE SERVICES	4,903,537	3,821,693	847,858	233,986
e					
f	All other expenses	2,597,377	331,575	2,265,802	
25	Total functional expenses. Add lines 1 through 24f	140,232,828	115,107,694	24,100,642	1,024,492
26	Joint costs. Check here ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			11,850	1	9,950
	2	Savings and temporary cash investments			20,566,441	2	43,236,131
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net			9,051,458	4	8,233,103
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L			0	6	0
	7	Notes and loans receivable, net			30,089,313	7	21,305,873
	8	Inventories for sale or use			0	8	0
	9	Prepaid expenses and deferred charges			1,102,283	9	4,445,103
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a	504,013,346			
	b	Less: accumulated depreciation	10b	195,110,791	342,727,522	10c	308,902,555
	11	Investments—publicly traded securities			0	11	0
	12	Investments—other securities. See Part IV, line 11			0	12	0
	13	Investments—program-related. See Part IV, line 11			76,227,007	13	101,006,932
	14	Intangible assets			7,656,940	14	5,882,110
	15	Other assets. See Part IV, line 11			0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)			487,432,814	16	493,021,757
Liabilities	17	Accounts payable and accrued expenses			17,071,333	17	13,279,882
	18	Grants payable			0	18	0
	19	Deferred revenue			143,068,495	19	151,044,671
	20	Tax-exempt bond liabilities			125,733,568	20	101,929,396
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties			61,223,921	23	51,043,488
	24	Unsecured notes and loans payable to unrelated third parties			0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			114,503,481	25	120,521,222
	26	Total liabilities. Add lines 17 through 25			461,600,798	26	437,818,659
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			17,144,063	27	46,693,147
	28	Temporarily restricted net assets			5,102,950	28	5,173,377
	29	Permanently restricted net assets			3,585,003	29	3,336,574
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			25,832,016	33	55,203,098
	34	Total liabilities and net assets/fund balances			487,432,814	34	493,021,757

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	173,132,045
2	Total expenses (must equal Part IX, column (A), line 25)	2	140,232,828
3	Revenue less expenses Subtract line 2 from line 1	3	32,899,217
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	25,832,016
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-3,528,135
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	55,203,098

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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 in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separated basis		
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?	Yes	
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 in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

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

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☒

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety Se**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		No
11g(ii)		No
11g(iii)		No

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in)		(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11	Total support (Add lines 7 through 10)						
12	Gross receipts from related activities, etc (See instructions)					12	
13	First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	
b	33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	
17a	10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	
b	10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	
18	Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions	

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	8,290,957	7,968,648	7,054,439	5,254,782	7,073,492	35,642,318
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	112,769,855	102,405,804	105,347,675	109,282,518	117,456,452	547,262,304
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5	121,060,812	110,374,452	112,402,114	114,537,300	124,529,944	582,904,622
7aAmounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
bAmounts 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	0	0	0	0	0
cAdd lines 7a and 7b	0	0	0	0	0	0
8Public Support (Subtract line 7c from line 6)						582,904,622

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9Amounts from line 6	121,060,812	110,374,452	112,402,114	114,537,300	124,529,944	582,904,622
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,751,013	3,012,682	1,691,545	3,744,177	2,995,276	16,194,693
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b	4,751,013	3,012,682	1,691,545	3,744,177	2,995,276	16,194,693
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13Total support (Add lines 9, 10c, 11 and 12)	125,811,825	113,387,134	114,093,659	118,281,477	127,525,220	599,099,315
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here	☐					

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	97.297 %
16Public support percentage from 2010 Schedule A, Part III, line 15	16	96.822 %

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	2.703 %
18Investment income percentage from 2010 Schedule A, Part III, line 17	18	3.178 %
19a33 1/3% support tests—2011. 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	☐	
b33 1/3% support tests—2010. 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	☐	
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	☐	

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation
THE PUBLIC CHARITY STATUS REFLECTED ON SCHEDULE A, PART I IS FOR SPRINGPOINT SENIOR LIVING, INC , THE LARGEST SUBORDINATE ORGANIZATION INCLUDED IN THE GROUP EXEMPTION RULING AND IN THIS CONSOLIDATED GROUP FORM 990 EACH OF THE FOLLOWING SUBORDINATE ORGANIZATIONS HAVE THE SAME PUBLIC CHARITY STATUS INCLUDED IN THE GROUP EXEMPTION REFLECTED ON SCHEDULE A, PART I, LINE 9, INTERNAL REVENUE CODE SECTION 509(A)(2), AN ORGANIZATION THAT NORMALLY RECEIVES (1) MORE THAN 33 1/3% OF ITS SUPPORT FROM CONTRIBUTIONS, MEMBERSHIP FEES, AND GROSS RECEIPTS FROM ACTIVITIES RELATED TO ITS EXEMPT FUNCTIONS - SUBJECT TO CERTAIN EXCEPTIONS, AND (2) NO MORE THAN 33 1/3% OF ITS SUPPORT FROM GROSS INVESTMENT INCOME AND UNRELATED BUSINESS TAXABLE INCOME (LESS SECTION 511 TAX) FROM BUSINESSES ACQUIRED BY THE ORGANIZATION AFTER JUNE 30, 1975 SPRINGPOINT AT CRESTWOOD, INC SPRINGPOINT AT THE ATRIUM, INC SPRINGPOINT AT MEADOW LAKES, INC SPRINGPOINT AT MONROE, INC SPRINGPOINT AT MONTGOMERY, INC SPRINGPOINT AT HADDONFIELD, INC SPRINGPOINT AT WATERFORD GLEN, INC SPRINGPOINT AT STONY BROOK, INC SPRINGPOINT AT WATCHUNG RIDGE, 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 PRESBYTERIAN HOME OF ASBURY PARK, INC PRESBYTERIAN HOME OF EASTERN NEW JERSEY, INC INTEGRATED MANAGEMENT SERVICES, INC SENIOR LIVING INSTITUTE, INC SPRINGPOINT REALTY, INC SENIOR NET, INC PRESBYTERIAN HOMES OF NORTHERN NJ, INC SPRINGPOINT AT EASTERN, INC SPRINGPOINT AT RED BANK, INC SPRINGPOINT AT HOME, INC IN ADDITION TO THE ABOVE, SPRINPOINT FOUNDATION, INC 'S PUBLIC CHARITY STATUS IS REFLECTED ON SCHEDULE A, PART I, LINE 7, INTERNAL REVENUE CODE SECTION 509(A)(1), AN ORGANIZATION THAT NORMALLY RECEIVES A SUBSTANTIAL PART OF ITS SUPPORT FROM A GOVERNMENTAL UNIT OR FROM THE GENERAL PUBLIC DESCRIBED IN SECTION 170(B)(1)(a)(VI)

Additional Data

Software ID:

Software Version:

EIN: 22-3498690

Name: SPRINGPOINT SENIOR LIVING INC

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(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			
CAROLYN G HOLMES CHAIR - TRUSTEE	1 0	X		X				0	0	0
KERRY M PARKER VICE CHAIR - TRUSTEE	1 0	X		X				0	0	0
JOSEPH ANANIA TRUSTEE	1 0	X						0	0	0
DAVID H BLAIR TRUSTEE	1 0	X						0	0	0
FRANCIS V BONELLO TRUSTEE	1 0	X						0	0	0
ERIC N BURKETT MD TRUSTEE	1 0	X						0	0	0
MICHAEL DAGNES TRUSTEE	1 0	X						0	0	0
SUSAN M HENDRICKSON TRUSTEE	1 0	X						0	0	0
DAVID G KOSTINAS TRUSTEE	1 0	X						0	0	0
JOHN J MCSORLEY TRUSTEE	1 0	X						0	0	0
JEANA M PISCATELLI TRUSTEE	1 0	X						0	0	0
GARY T PUMA TRUSTEE,EX-OFFICIO-PRES/CEO	45 0	X		X				0	675,462	2,478,797
MAUREEN SCHNEIDER TRUSTEE	1 0	X						0	0	0
RICHARD J SERLUCO TRUSTEE	1 0	X						0	0	0
REVEREND LEE B SPITZER PHD TRUSTEE	1 0	X						0	0	0
THELMA TERJESEN TRUSTEE - MONROE	1 0	X						0	0	0
FRANK BONELLO TRUSTEE - MONROE	1 0	X						0	0	0
REVEREND LEE B SPITZER PHD TRUSTEE - MONROE	1 0	X						0	0	0
GARY T PUMA TRUSTEE - MONROE	1 0	X						0	0	0
MAUREEN E CAFFERTY ESQ TRUSTEE - MONROE	1 0	X						0	0	0
GARRETT T MIDGETT III TRUSTEE - MONROE	1 0	X						0	0	0
JAMES S VACCARO TRUSTEE - MONROE	1 0	X						0	0	0
FRED PREGGER TRUSTEE - CRESTWOOD MANOR	1 0	X						0	0	0
FRANK BONELLO TRUSTEE - CRESTWOOD MANOR	1 0	X						0	0	0
REVEREND LEE B SPITZER PHD TRUSTEE - CRESTWOOD MANOR	1 0	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
GARY T PUMA TRUSTEE - CRESTWOOD MANOR	1 0	X						0	0	0	
MAUREEN E CAFFERTY ESQ TRUSTEE - CRESTWOOD MANOR	1 0	X						0	0	0	
GARRETT T MIDGETT III TRUSTEE - CRESTWOOD MANOR	1 0	X						0	0	0	
JAMES S VACCARO TRUSTEE - CRESTWOOD MANOR	1 0	X						0	0	0	
GLENN BREWER TRUSTEE - MEADOW LAKES	1 0	X						0	0	0	
FRANK BONELLO TRUSTEE - MEADOW LAKES	1 0	X						0	0	0	
REVEREND LEE B SPITZER PHD TRUSTEE - MEADOW LAKES	1 0	X						0	0	0	
GARY T PUMA TRUSTEE - MEADOW LAKES	1 0	X						0	0	0	
MAUREEN E CAFFERTY ESQ TRUSTEE - MEADOW LAKES	1 0	X						0	0	0	
GARRETT T MIDGETT III TRUSTEE - MEADOW LAKES	1 0	X						0	0	0	
JAMES S VACCARO TRUSTEE - MEADOW LAKES	1 0	X						0	0	0	
ANN JOHNSTON TRUSTEE-STONEBRIDGE MONTGOMERY	1 0	X						0	0	0	
FRANK BONELLO TRUSTEE-STONEBRIDGE MONTGOMERY	1 0	X						0	0	0	
REVEREND LEE B SPITZER PHD TRUSTEE-STONEBRIDGE MONTGOMERY	1 0	X						0	0	0	
GARY T PUMA TRUSTEE-STONEBRIDGE MONTGOMERY	1 0	X						0	0	0	
MAUREEN E CAFFERTY ESQ TRUSTEE-STONEBRIDGE MONTGOMERY	1 0	X						0	0	0	
GARRETT T MIDGETT III TRUSTEE-STONEBRIDGE MONTGOMERY	1 0	X						0	0	0	
JAMES S VACCARO TRUSTEE-STONEBRIDGE MONTGOMERY	1 0	X						0	0	0	
ROBERT BILLINGS TRUSTEE - SPRINGPOINT @ ATRIUM	1 0	X						0	0	0	
FRANK BONELLO TRUSTEE - SPRINGPOINT @ ATRIUM	1 0	X						0	0	0	
REVEREND LEE B SPITZER PHD TRUSTEE - SPRINGPOINT @ ATRIUM	1 0	X						0	0	0	
GARY T PUMA TRUSTEE - SPRINGPOINT @ ATRIUM	1 0	X						0	0	0	
MAUREEN E CAFFERTY ESQ TRUSTEE - SPRINGPOINT @ ATRIUM	1 0	X						0	0	0	
GARRETT T MIDGETT III TRUSTEE - SPRINGPOINT @ ATRIUM	1 0	X						0	0	0	
JAMES S VACCARO TRUSTEE - SPRINGPOINT @ ATRIUM	1 0	X						0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(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			
JOHN T MCCONVILLE CHAIRMAN - TRUSTEE - FRANKLIN	10	X		X				0	0	0
JAMES L SURRATT VICE CHAIRMAN-TRUSTEE-FRANKLIN	10	X		X				0	0	0
IRENE CALAFIORE TRUSTEE - FRANKLIN	10	X						0	0	0
JEAN DOYLE TRUSTEE - FRANKLIN	10	X						0	0	0
IRMA E GRYKIEN TRUSTEE - FRANKLIN	10	X						0	0	0
FREDERICK HERMANN TRUSTEE - FRANKLIN	10	X						0	0	0
CHARLES SEIGEL TRUSTEE - FRANKLIN	10	X						0	0	0
ARTHUR MACKLER CHAIRMAN-TRUSTEE- EAST WINDSOR	10	X		X				0	0	0
MARY LEE KLEINKAUF VICE CHAIR-TRUSTEE-E WINDSOR	10	X		X				0	0	0
CARL DELLI BOVI TRUSTEE - EAST WINDSOR	10	X						0	0	0
ONDINA JEFFERS TRUSTEE - EAST WINDSOR	10	X						0	0	0
DAVID ROUSSELL TRUSTEE - EAST WINDSOR	10	X						0	0	0
RICHARD SCHROEDER TRUSTEE - EAST WINDSOR	10	X						0	0	0
HASH SHAH TRUSTEE - EAST WINDSOR	10	X						0	0	0
DEBORAH L THOMAS TRUSTEE - EAST WINDSOR	10	X						0	0	0
VALERIE FREITAS CHAIR-TRUSTEE-ATL HIGHLANDS	10	X		X				0	0	0
GARDINER MAREK SR V CHAIR-TRUSTEE-ATL HIGHLANDS	10	X		X				0	0	0
JANE FROTTON TRUSTEE - ATLANTIC HIGHLANDS	10	X						0	0	0
MARIE GABRIELSON EDD TRUSTEE - ATLANTIC HIGHLANDS	10	X						0	0	0
KIM PRICE TRUSTEE - ATLANTIC HIGHLANDS	10	X						0	0	0
ROBERT SCHOEFFLING TRUSTEE - ATLANTIC HIGHLANDS	10	X						0	0	0
RONALD SENZ TRUSTEE - ATLANTIC HIGHLANDS	10	X						0	0	0
RICHARD P STRYKER TRUSTEE - ATLANTIC HIGHLANDS	10	X						0	0	0
LOIS YOUNG TRUSTEE - ATLANTIC HIGHLANDS	10	X						0	0	0
SHERLEY PENROSE CHAIR - TRUSTEE - MIDDLESEX	10	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
THERESE BOYD VICE CHAIR-TRUSTEE-MIDDLESEX	1 0	X		X				0	0	0	
DIANE BENSINGER TRUSTEE - MIDDLESEX	1 0	X						0	0	0	
LOUISE CREDE TRUSTEE - MIDDLESEX	1 0	X						0	0	0	
SANDRA DIGIACOMO TRUSTEE - MIDDLESEX	1 0	X						0	0	0	
VALERIE LYONS TRUSTEE - MIDDLESEX	1 0	X						0	0	0	
PAMELA TEITELBAUM TRUSTEE - MIDDLESEX	1 0	X						0	0	0	
ROBERT REID CHAIRMAN - TRUSTEE - GALLOWAY	1 0	X		X				0	0	0	
MARTHA KLEINER VICE CHAIR-TRUSTEE-GALLOWAY	1 0	X		X				0	0	0	
CHARLES BELL TRUSTEE - GALLOWAY	1 0	X						0	0	0	
KAREN CALLAGHAN TRUSTEE - GALLOWAY	1 0	X						0	0	0	
KEVIN CORLEY TRUSTEE - GALLOWAY	1 0	X						0	0	0	
CARLA DOW TRUSTEE - GALLOWAY	1 0	X						0	0	0	
AUDREY WOODS TRUSTEE - GALLOWAY	1 0	X						0	0	0	
RICHARD E BYRD CHAIRMAN - TRUSTEE - STAFFORD	1 0	X		X				0	0	0	
PETER PAMBELLO VICE CHAIRMAN-TRUSTEE- STAFFORD	1 0	X		X				0	0	0	
ROBERT BROWN TRUSTEE - STAFFORD	1 0	X						0	0	0	
JAMES P REILLY TRUSTEE - STAFFORD	1 0	X						0	0	0	
ALFRED RUTKOWSKI TRUSTEE - STAFFORD	1 0	X						0	0	0	
GENARO SALZANO TRUSTEE - STAFFORD	1 0	X						0	0	0	
ALICE YOCHUM TRUSTEE - STAFFORD	1 0	X						0	0	0	
VINCENT J LARAIA CHAIRMAN - TRUSTEE - HOWELL	1 0	X		X				0	0	0	
CHARLES P HANLON VICE CHAIRMAN-TRUSTEE-HOWELL	1 0	X		X				0	0	0	
SOL E BERGER TRUSTEE - HOWELL	1 0	X						0	0	0	
RITA BERKELMANN TRUSTEE - HOWELL	1 0	X						0	0	0	
DANTE MASSA TRUSTEE - HOWELL	1 0	X						0	0	0	

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(A) Name and Title	(B) Average hours per week	(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			
STANLEY RUBENSTEIN TRUSTEE - HOWELL	1 0	X						0	0	0
SUSAN S WEISENBERG TRUSTEE - HOWELL	1 0	X						0	0	0
CAROL L ZUR TRUSTEE - HOWELL	1 0	X						0	0	0
LYNN THORNTON CHAIR - TRUSTEE - WEST WINDSOR	1 0	X		X				0	0	0
ROBERT DUNCAN VICE CHAIR-TRUSTEE-W WINDSOR	1 0	X		X				0	0	0
TERRY FORMAN TRUSTEE - WEST WINDSOR	1 0	X						0	0	0
RICHARD HARBOURT TRUSTEE - WEST WINDSOR	1 0	X						0	0	0
ROBERT W PRIGGE TRUSTEE - WEST WINDSOR	1 0	X						0	0	0
CHERYL A REGIS TRUSTEE - WEST WINDSOR	1 0	X						0	0	0
SWANEE WATERS TRUSTEE - WEST WINDSOR	1 0	X						0	0	0
JAMES VC YATES TRUSTEE - WEST WINDSOR	1 0	X						0	0	0
JAMES S VACCARO EFFECTIVE 71111 ASST SECRETARY - EXEC VP/COO	45 0			X				0	165,085	11,560
CHARLES R MOONEY TERMED 61711 SVP ADM SVS/BUS DEVELOPMENT	50 0			X				0	358,840	33,755
GARRETT T MIDGETT III TREASURer - SENIOR VP/CFO	45 0			X				0	333,073	279,247
LAURENCE C GUMINA TERMED 122911 SENIOR VP PROJECT DEVELOPMENT	50 0			X				0	350,985	46,207
ANTHONY ARGONDIZZA SENIOR VP OPERATIONS	50 0			X				0	295,747	38,616
MAUREEN E CAFFERTY ESQ SECRETARY - VP/GENERAL COUNSEL	45 0			X				0	282,279	63,696
LAURA T KISLOWSKI TERMED 111511 SR VP SALES & MARKETING	50 0			X				0	271,531	31,188
LINDA ROSE SENIOR VP HEALTH SERVICES	50 0			X				0	261,193	34,458
PAMELA I SMITH EFFECTIVE 72611 SR VP STRATEGIC SVCS	50 0			X				0	213,170	2,427
DAVID L WOODWARD VP AFFORDABLE HOUSING	50 0			X				0	226,021	43,147
RAYMOND R LEENIG VP INFORMATION TECHNOLOGY	50 0			X				0	223,186	33,903
MARYBETH KOPEC VP FINANCE	50 0			X				0	216,403	46,574
JOSEPH T CLAFFEY VP FOUNDATION	50 0			X				193,768	0	42,117

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

If the organization answered “Yes,” to 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,” to 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,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

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

Name of the 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 on behalf of or in opposition to candidates for public office in Part IV

2

Political expenditures ▶ \$

3

Volunteer hours

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 funtion 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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><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></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														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ Yes ☐ No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f 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)).

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

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

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carryover lobbying and political 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) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
LOBBYING ACTIVITIES	SCHEDULE C, PART II-B, QUESTION 1H	SPRINGPOINT SENIOR LIVING, INC , THE PARENT ENTITY OF ALL SUBORDINATES INCLUDED IN THIS GROUP FORM 990 IS A MEMBER OF SEVERAL TRADE ORGANIZATIONS OF WHICH A PORTION OF THE DUES PAID TO THESE TRADE ORGANIZATIONS ARE 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," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2011

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" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes☐ No	

Part II

Conservation Easements. Complete if the organization answered "Yes" to 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 (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☒ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a–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 Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ 0

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes☒ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ 0 00

7

Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)?

☒ Yes☐ No

9

In Part XIV, 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" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 SFAS 116 relating to these items

a

Revenues included in 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 accession and other records, check any of the following that are a 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 programs

e

☐ Other

4

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

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" to 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 XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to 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	8,687,953	7,380,853	4,872,930	6,707,582
b	Contributions	2,253,023	2,550,924	3,511,030	2,177,241
c	Investment earnings or losses	22,823	331,246	279,096	-1,385,302
d	Grants or scholarships				
e	Other expenditures for facilities and programs	2,453,848	1,575,070	1,282,203	2,626,591
f	Administrative expenses				
g	End of year balance	8,509,951	8,687,953	7,380,853	4,872,930

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 39 210 %

c

Term endowment ▶ 60 790 %

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	3a(i)	No
(ii) related organizations	3a(ii)	No

b

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

3b

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment. 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		26,128,303		26,128,303
b Buildings		428,685,957	167,106,649	261,579,308
c Leasehold improvements				
d Equipment		36,311,324	28,004,142	8,307,182
e Other		12,887,762		12,887,762
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				308,902,555

Schedule D (Form 990) 2011

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net) Add lines 4 - 8	9
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments 2a	
b	Donated services and use of facilities 2b	
c	Recoveries of prior year grants 2c	
d	Other (Describe in Part XIV) 2d	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIV) 4b	
c	Add lines 4a and 4b	4c
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5

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

Part XIV Supplemental Information
--

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
TEXT OF FIN 48 AUDITED FINANCIAL STATEMENT FOOTNOTE	SCHEDULE D, PART X	THE ORGANIZATION IS AN AFFILIATE OF A TAX-EXEMPT GROUP OF ORGANIZATIONS THAT PROVIDE CONTINUING CARE RETIREMENT COMMUNITY SERVICES. AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF SPRINGPOINT SENIOR LIVING, INC. AND AFFILIATES FOR THE YEARS ENDED DECEMBER 31, 2011 AND DECEMBER 31, 2010, RESPECTIVELY. THE FOLLOWING IS THE TEXT OF THE FOOTNOTE INCLUDED IN THE ORGANIZATION'S YEAR ENDED DECEMBER 31, 2011 CONSOLIDATED AUDITED FINANCIAL STATEMENTS THAT REPORTS THE ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48: THE COMPANY 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 2011 AND 2010.

Additional Data

Software ID:

Software Version:

EIN: 22-3498690

Name: SPRINGPOINT SENIOR LIVING INC

Form 990, Schedule D, Part VIII - Investments— Program Related

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
LIMITED USE	11,505,609	F
EQUITY SECURITIES, LIMITED USE	12,965,323	F
LIMITED USE	45,447,594	F
LIMITED USE	5,806,357	F
CORPORATE BONDS, LIMITED USE	11,894,466	F
USE	6,760,430	F
ACCRUED INTEREST, LIMITED USE	147,554	F
INTEREST AGREEMENT	6,479,599	F

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
SPRINGPOINT SENIOR LIVING INC

Employer identification number
22-3498690

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

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

a

☒

Mail solicitations

e

☒

Solicitation of non-government grants

b

☒

Internet and e-mail solicitations

f

☐

Solicitation of government grants

c

☒

Phone solicitations

g

☒

Special fundraising events

d

☒

In-person solicitations

2a

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

☒ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
ZANONI ASSOCIATES 33 SHEFFIELD DRIVE MANSFIELD, NJ 08022	PROGRAM SOLICIT		No	270,335	60,000	
Total ▶				270,335	60,000	

3

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

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2011

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		GOLF OUTING (event type)	OPERA SERIES (event type)	2 (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	175,100		175,100
	2	Less Charitable contributions	93,519		93,519
	3	Gross income (line 1 minus line 2)	81,581		81,581
Direct Expenses	4	Cash prizes	11,220		11,220
	5	Non-cash prizes	1,719		1,719
	6	Rent/facility costs	46,639		46,639
	7	Food and beverages	15,660	13,267	28,927
	8	Entertainment	37,173	2,050	39,223
	9	Other direct expenses	6,343	37,374	43,717
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			(171,445)
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			-89,864

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					()
8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶					

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

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

b If "No," Explain _____

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

b If "Yes," Explain _____

- 11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No
- 12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

- 14
- Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

- 15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No
- b

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

If "Yes," enter name and address

Name

Address

16

Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

- 17
- Mandatory distributions
- a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No
- b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

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

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
SPRINGPOINT SENIOR LIVING INC

Employer identification number
22-3498690

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SPRINGPOINT FOUNDATION INC13 ROSZEL ROAD C120 PRINCETON,NJ 08540	22-2375658	501(C)(3)	543,567				RESIDENT ASSISTANCE
(2) SPRINGPOINT AT MEADOW LAKES INC300 MEADOW LAKES HIGHTSTOWN,NJ 08520	21-0643358	501(C)(3)	55,623				RESIDENT ASSISTANCE

2

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

2

3

Enter total number of other organizations listed in the line 1 table

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) 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 non-cash assistance

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
GRANT FUND MONITORING	SCHEDULE I, PART I, QUESTION 2	GRANTS ARE MONITORED BY THE ORGANIZATION'S FINANCE PERSONNEL THROUGH THE UTILIZATION OF COST CENTERS AND OTHER INFORMATION, INCLUDING WRITTEN DOCUMENTATION AND RECEIPTS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
SPRINGPOINT SENIOR LIVING INC

Employer identification number

22-3498690

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	☒ Compensation committee ☐ Written employment contract ☒ Independent compensation consultant ☒ Compensation survey or study ☒ Form 990 of other organizations ☒ Approval by the board or compensation committee		
4	During the year, did any person listed in 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?	4a	Yes
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in 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?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Yes
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

(A) Name		(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 reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) GARY T PUMA	(i)	0	0	0	0	0	0	0
	(ii)	504,193	154,158	17,111	2,442,531	36,266	3,154,259	0
(2) JAMES S VACCARO EFFECTIVE 7111	(i)	0	0	0	0	0	0	0
	(ii)	160,976	900	3,209	0	11,560	176,645	0
(3) CHARLES R MOONEY TERMED 61711	(i)	0	0	0	0	0	0	0
	(ii)	278,461	74,184	6,195	13,927	19,828	392,595	0
(4) GARRETT T MIDGETT III	(i)	0	0	0	0	0	0	0
	(ii)	256,887	68,238	7,948	242,981	36,266	612,320	0
(5) LAURENCE C GUMINA TERMED 12291	(i)	0	0	0	0	0	0	0
	(ii)	266,519	79,864	4,602	12,941	33,266	397,192	0
(6) ANTHONY ARGONDIZZA	(i)	0	0	0	0	0	0	0
	(ii)	227,271	60,868	7,608	7,350	31,266	334,363	0
(7) MAUREEN E CAFFERTY ESQ	(i)	0	0	0	0	0	0	0
	(ii)	213,527	60,381	8,371	37,053	26,643	345,975	0
(8) LAURA T KISLOWSKI TERMED 11151	(i)	0	0	0	0	0	0	0
	(ii)	203,380	59,752	8,399	10,349	20,839	302,719	0
(9) LINDA ROSE	(i)	0	0	0	0	0	0	0
	(ii)	197,306	51,530	12,357	13,619	20,839	295,651	0
(10) PAMELA I SMITH EFFECTIVE 72611	(i)	0	0	0	0	0	0	0
	(ii)	153,455	54,515	5,200	2,427	0	215,597	0
(11) DAVID L WOODWARD	(i)	0	0	0	0	0	0	0
	(ii)	172,706	45,665	7,650	11,881	31,266	269,168	0
(12) RAYMOND R LEENIG	(i)	0	0	0	0	0	0	0
	(ii)	174,120	40,410	8,656	13,064	20,839	257,089	0
(13) MARYBETH KOPEC	(i)	0	0	0	0	0	0	0
	(ii)	170,208	39,714	6,481	12,808	33,766	262,977	0
(14) JOSEPH T CLAFFEY	(i)	153,354	34,145	6,269	10,851	31,266	235,885	0
	(ii)	0	0	0	0	0	0	0

Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
COMPENSATION INFORMATION	SCHEDULE J, PART I, QUESTION 4A	Charles R. Mooney, Laurence C. Gumina and Laura T. Kislowksi RECEIVED SEVERANCE PAYMENTS IN THE AMOUNTS OF \$153,622, \$5,218 and \$25,610, respectively. These AMOUNTS Were INCLUDED IN their 2011 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES.
COMPENSATION INFORMATION	SCHEDULE J, PART I, QUESTION 4B	THE DEFERRED COMPENSATION AMOUNT IN COLUMN C FOR THE FOLLOWING INDIVIDUALS INCLUDES UNVESTED BENEFITS IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN WHICH ARE SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. ACCORDINGLY, THE INDIVIDUALS MAY NEVER ACTUALLY RECEIVE THIS UNVESTED BENEFIT AMOUNT. THE AMOUNTS OUTLINED HEREIN WERE NOT INCLUDED IN THE INDIVIDUAL'S 2011 FORM W-2, BOX 5 AS TAXABLE MEDICARE WAGES. GARY T. PUMA, \$2,427,023, GARRETT I. MIDGETT III, \$227,381 AND MAUREEN E. CAFFERTY, ESQ., \$22,610.
COMPENSATION INFORMATION	SCHEDULE J, PART I, QUESTION 7 AND CORE FORM, PART VII	CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS DURING CALENDAR YEAR 2011 WHICH AMOUNTS WERE INCLUDED IN COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2011 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.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
SPRINGPOINT SENIOR LIVING INC

Employer identification number
22-3498690

Part I

Bond Issues

(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) Pool financing	
						Yes	No	Yes	No	Yes	No
A NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY	22-2045817		12-14-2010	30,000,000	RENOVATIONS/DEBT PAYOFF		X		X	X	
B NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY	22-2045817		12-06-2011	20,000,000	RENOVATIONS/DEBT PAYOFF		X		X	X	

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	0		0					
2	Amount of bonds defeased	0		0					
3	Total proceeds of issue	30,000,000		20,000,000					
4	Gross proceeds in reserve funds	0		2,000,000					
5	Capitalized interest from proceeds	0		0					
6	Proceeds in refunding escrow	0		0					
7	Issuance costs from proceeds	332,456		300,000					
8	Credit enhancement from proceeds	0		0					
9	Working capital expenditures from proceeds	29,667,544		17,700,000					
10	Capital expenditures from proceeds	0		0					
11	Other spent proceeds	0		0					
12	Other unspent proceeds	0		0					
13	Year of substantial completion	2010		2011					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X				
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III

Private Business Use

		A		B		C		D	
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	Yes	No	Yes	No	Yes	No	Yes	No
			X		X				
			X		X				

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		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?								
c	Are there any research agreements that may result in private business use of bond-financed property?		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	0 %		0 %					
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								
6	Total of lines 4 and 5								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X					

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X				
2	Is the bond issue a variable rate issue?	X		X					
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X	X					
b	Name of provider	0		CAPITAL ONE					
c	Term of hedge			5					
d	Was the hedge superintegrated?				X				
e	Was a hedge terminated?		X		X				
4a	Were gross proceeds invested in a GIC?		X		X				
b	Name of provider	0		0					
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?								
6	Did the bond issue qualify for an exception to rebate?								

Part V

Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations ☒ Yes ☐ No

Part VI

Supplemental Information

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

Identifier	Return Reference	Explanation
SCHEDULE K	TAX-EXEMPT BOND LIABILITIES	The tax-exempt bond issuances reflected in Schedule K, Part I are issued on behalf of the SPRINGPOINT SENIOR LIVING, INC OBLIGated group OF WHICH this organization IS THE TAX-EXEMPT PARENT SPECIFICALLY, THIS TAX-EXEMPT BOND WAS ISSUED ON BEHALF OF THIS ORGANIZATION AND SPRINGPOINT AT MEADOW LAKES, INC , A MEMBER OF THE SPRINGPOINT SENIOR LIVING, INC OBLIGATED GROUP Please note that Schedule K, Parts II, III and IV have been completed based upon the total amount of the tax-exempt bond issuances for the obligated group, not by each individual institution or entity THE PROCEEDS FROM THE SERIES 2010 BONDS WERE ALLOCATED TO MEMBERS OF THE 1998 OBLIGATED GROUP BASED ON THEIR DIRECT USE OF THE PROCEEDS THE TOTAL PROCEEDS FROM THE SERIES 2010 BONDS WERE USED TO (A) FINANCE RENOVATIONS TO CERTAIN PROPERTIES OWNED AND OPERATED BY THE 1998 OBLIGATED GROUP AND (B) TO FINANCE CERTAIN COSTS OF ISSUANCE OF THE 2010 BOND THE PROCEEDS FROM THE SERIES 2011 BOND Was ALLOCATED TO Springpoint at the Atrium, Inc THE TOTAL PROCEEDS FROM THE SERIES 2011 BOND Was USED TO (A) FINANCE RENOVATIONS TO CERTAIN PROPERTIES OWNED AND OPERATED AND (B) TO FINANCE CERTAIN COSTS OF ISSUANCE OF THE 2011 BOND

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 to provide any additional information.**
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization
SPRINGPOINT SENIOR LIVING INC

Employer identification number

22-3498690

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT AND PROGRAM SERVICES	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	Background ===== Springpoint Senior Living is New Jersey's leading not-for-profit provider of senior housing and care, in business since 1916 Through our Springpoint Foundation, we provide financial support for residents in need, as well as offer life-enhancing educational, arts and cultural programming Other affiliated services include management and development on a partnership or fee basis through Princeton Senior Living Springpoint Senior Living owns and operates 23 senior communities throughout New Jersey including five full-service senior living and 18 affordable housing communities Springpoint employs approximately 1,200 individuals who care for more than 3,000 residents Springpoint Senior Living is guided its commitment to the quality of life of its own residents as well as concern for the well-being of seniors throughout New Jersey Springpoint Senior Living is non-denominational, welcoming residents of all faiths and backgrounds Mission Statement ===== ===== Springpoint Senior Living's mission is to make a difference in the lives of residents, families and communities we serve "Residents-first" Philosophy ===== At Springpoint Senior Living, our "residents-first" philosophy guides us in promoting and expanding our mission of offering high-quality housing and services and an outstanding quality of life for every resident, every day Springpoint Senior Living Statement for Community Benefits ===== Springpoint Senior Living is an active community partner, bringing philanthropic, cultural and educational resources to seniors and their family members across New Jersey Springpoint Senior Living Principles ===== Springpoint Senior Living is guided by the following principles in furthering its charitable tax-exempt purposes 1 A belief that each resident deserves the highest quality of life every day 2 A conviction that seniors need and deserve choices in their lifestyle preferences 3 A commitment to ongoing learning as a means to enhance quality of life by addressing issues of health, housing, financial planning and more 4 A commitment to enhancing access to arts, culture and educational programming for seniors Vision ===== Springpoint Senior Living will be the leader in innovative housing, healthcare and integrated supportive service solutions Springpoint Senior Living Communities ===== Full-service senior living ----- ----- Springpoint full service senior living communities offer flexible accommodations designed to meet health and housing needs that can change over time The full-service care spectrum encompasses independent living, assisted living and skilled nursing care These communities also offer housekeeping, meals and activities All five 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 center and indoor pool (Crestwood Manor, Meadow Lakes, Monroe Village and Stonebridge at Montgomery) - beauty and barber shop - housekeeping services - concierge services Full-service senior living community snapshot Crestwood Manor, Whiting, NJ Crestwood offers 331 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 Meadow Lakes, East Windsor, NJ Meadow Lakes offers 279 independent living apartments, 15 cottages, 44 assisted living suites and 60 skilled nursing beds on a 103-acre campus in Mercer County Monroe Village, Monroe Township, NJ Monroe Village offers 285 independent living apartments, 28 assisted living suites and 60 skilled nursing beds on 55 acres in Middlesex County Stonebridge at Montgomery, Skillman, NJ Stonebridge offers 187 independent living apartments, 24 cottages, 60 assisted living apartments and 40 skilled nursing beds on 40 acres in Somerset County The Atrium at Navesink Harbor, Red Bank, NJ The Atrium at Navesink Harbor is currently undergoing an expansion Upon completion it will offer 140 independent living units, and 43 long term care beds Affordable housing ----- Springpoint affordable housing communities offer comfortable, attractive, reasonably-priced housing options to individuals with limited incomes Prospective residents are age 62 and over and must meet federal income guidelines Residents pay rent based on 30% of their adjusted gross annual income Income limits vary by location Heat and hot water are also included in the rental fee Please note below-market flat-fee rents apply at Samuel Miller, Robert Nobel and for some apartments at Asbury Tower Each Springpoint affordable housing community offers private unfurnished

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT AND PROGRAM SERVICES	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	shed apartments with easy access to transportation, shopping, medical facilities and other amenities Springpoint Senior Living affordable housing communities include - Allaire Crossing, Wall, 66 units (managed) - Asbury Tower, Asbury Park, 350 units (managed) - Butler Senior Community, Butler, 90 units (managed) - Countryside Meadows, Egg Harbor City, 83 units - Crossroads at Howell, Freehold, 86 units - The Oaks at Toms River, 85 units - Friendship Gardens, Howell, 99 units (managed) - The Gables at West Windsor, 85 units - Hidden Brook at Franklin, 85 units - Manchester Pines, Whiting, 84 units - Plainfield Tower West, Plainfield, 154 units (managed) - Portland Pointe, Atlantic Highlands, 57 units - Robert Noble Manor, South Amboy, 40 units (managed) - Samuel Miller Senior Housing, Mount Holly, 29 units (managed) - Stafford by the Bay, Manahawkin, 85 units - Watchung Terrace at Middlesex, 86 units - Wheaton Pointe at East Windsor, 84 units - Woodlands at Ramsey, 99 units (managed)

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT AND PROGRAM SERVICES (CONTINUED)	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	Springpoint Foundation ----- The Springpoint Foundation is the community outreach and philanthropic arm of Springpoint Senior Living. Since 1916, the primary purpose of the Springpoint Foundation has been making a difference in the lives of seniors and their families through our resident and community partnership programs. We seek to accomplish our goals by encouraging charitable support through a variety of giving and sponsorship opportunities, special events and gift planning programs. Life-enhancing resident assistance. Benevolent care. financial stability equals peace of mind for today's aging adults. Today, we are holding true to our mission and helping more residents financially than in any previous year. Supplemental medical services. necessary medical care can often be unaffordable or unattainable for today's seniors. Simple, high-quality, readily available care would allow them to receive needed treatment while remaining comfortably at home. The foundation provides substantial funding for supplemental assisted living-type medical care that directly impacts residents' quality of life every day. 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 busses that provide greater independence for more than 1,700 residents living in 18 affordable housing communities. Chaplaincy. spiritual leadership positively influences both the physical and emotional well-being of seniors. Our programs encourage seniors to practice their faith and obtain the spiritual guidance they need to maintain a healthy state of mind and body. Community enrichment partnership programs. World-class arts and culture. this exciting and innovative partnership initiative brings world-class arts organizations, artists, and cultural leaders together with the Springpoint Foundation. As a result, an expansive repertoire of arts and cultural disciplines are more readily available, accessible, and affordable for older adults. Funded in part by the Springpoint Foundation, as well as individuals and corporate sponsors, our arts and culture initiative engages leading arts and cultural partners to develop programs designed to make arts more accessible and affordable. Recent programs included world-class chamber music concerts, dance recitals, bi-monthly lectures on various art and history topics, and a series of live opera performances. Community service and volunteering. in an effort to enrich the larger community, the Springpoint Foundation acts as a convener and coordinator of community service and volunteer programs. Working with individuals and organizations, the foundation creates and identifies volunteer opportunities that benefit people and communities in need. Health and wellness education. older people today face a tremendous number of unique issues. At the foundation, we firmly believe that continuing education by top professionals is the key to overcoming those challenges. Through advice, knowledge-sharing and related services, we can address the needs of seniors and their families, giving them the guidance needed to make the most informed decisions about their lives. The foundation supports a community education initiative which serves as a vital information resource for older adults, their families and caregivers. The foundation enhances quality of life by highlighting current, relevant issues as they relate to health, housing and finances for older people. Workforce development and internships. our tomorrow's leaders program is designed to create and inspire the next generation of leaders and innovators in senior care. It is supported through sponsorship of interns by individuals, corporations, and Springpoint vendors. Interns gain hands-on experience and first-hand knowledge of the latest policies and practices that affect the needs of aging adults. We are proud that many of our interns continue on to a career in the field of senior care. Conclusion ----- Springpoint Senior Living is a not-for-profit leader in high-quality senior housing and care. Springpoint offers diverse retirement lifestyle options as well as a range of innovative services and programming that enhance residents' lives each day. Our lifestyle choices include full-service senior living, and affordable housing. Because Springpoint is a not-for-profit corporation, residents and their families are always our first priority. Our compassionate, professional staff ensures that residents enjoy the best quality of life each day while maintaining the highest possible level of independence.

Identifier	Return Reference	Explanation
DISCLOSURE INFORMATION	CORE FORM, PART I, SUMMARY	THE TOTAL VOTING AND INDEPENDENT VOTING MEMBERS DISCLOSED IS FOR SPRINGPOINT SENIOR LIVING, INC , THE CENTRAL ORGANIZATION OF THE GROUP EXEMPTION RULING AND OF ALL SUBORDINATES INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 THE MAIN BOARD OF TRUSTEES OF THIS GROUP EXEMPTION RULING IS THE SAME AS ITS CENTRAL ORGANIZATION, SPRINGPOINT SENIOR LIVING, INC , WHICH CONSISTS OF 15 VOTING MEMBERS, 14 OF WHICH ARE INDEPENDENT OUTLINED BELOW IS THE VOTING AND INDEPENDENT VOTING DISCLOSURE INFORMATION FOR ALL OTHER ORGANIZATIONS INCLUDED IN THE GROUP EXEMPTION PRESBYTERIAN HOME AT FRANKLIN, INC , 7 VOTING, 7 INDEPENDENT, PRESBYTERIAN HOME AT EAST WINDSOR, INC , 8 VOTING, 8 INDEPENDENT, PRESBYTERIAN HOME AT ATLANTIC HIGHLANDS, INC , 9 VOTING, 9 INDEPENDENT, MIDDLESEX BOROUGH SENIOR CITIZEN HOUSING CORPORATION, 7 VOTING, 7 INDEPENDENT, PRESBYTERIAN HOME AT GALLOWAY, INC , 7 VOTING, 7 INDEPENDENT, PRESBYTERIAN HOME AT STAFFORD, INC , 7 VOTING, 7 INDEPENDENT, PRESBYTERIAN HOME AT HOWELL, INC , 8 VOTING, 8 INDEPENDENT, PRESBYTERIAN HOME AT WEST WINDSOR, INC , 8 VOTING, 8 INDEPENDENT IN ADDITION, THE FOLLOWING CONTINUING CARE RETIREMENT COMMUNITIES HAVE SEVEN TRUSTEES OF WHICH THREE ARE INDEPENDENT SPRINGPOINT AT MONROE, INC SPRINGPOINT AT CRESTWOOD, INC SPRINGPOINT AT MEADOW LAKES, INC SPRINGPOINT AT MONTGOMERY, INC SPRINGPOINT AT THE ATRIUM, INC

Identifier	Return Reference	Explanation
DISCLOSURE INFORMATION	CORE FORM, PART III, QUESTION 3	IN 2011 THE ORGANIZATION CEASED OPERATIONS AND SOLD THE FOLLOWING ASSITED LIVING FACILITIES SPRINGPOINT AT HADDONFIELD, INC , SPRINGPOINT AT WATERFORD GLEN, INC , SPRINGPOINT AT STONY BROOK, INC AND springpoint at watchung ridge, inc

Identifier	Return Reference	Explanation
DISCLOSURE INFORMATION	CORE FORM, PART VI, SECTION A, QUESTION 4	DURING 2011, THE ORGANIZATION AMENDED AND RESTATED ITS BYLAWS TO REFLECT THE FACT THAT THE ORGANIZATION ELIMINATED ITS SENIOR VICE PRESIDENT OF ADMINISTRATIVE SERVICES POSITION AND CREATED A POSITION FOR AN EXECUTIVE VICE PRESIDENT/CHIEF OPERATING OFFICER IN ADDITION, THE ORGANIZATION CHANGED IT MISSION STATEMENT TO MORE ACCURATELY REFLECT ITS TAX-EXEMPT PURPOSE

Identifier	Return Reference	Explanation
DISCLOSURE INFORMATION	CORE FORM, PART VI, SECTION A, QUESTIONS 6 & 7	SPRINGPOINT SENIOR LIVING, INC ("SPRINGPOINT") IS THE SOLE MEMBER OF ALL ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 SPRINGPOINT HAS THE RIGHT TO ELECT THE MEMBERS OF EACH SUBORDINATE ORGANIZATION'S BOARD OF TRUSTEES AND HAS CERTAIN RESERVED POWERS AS DEFINED IN EACH SUBORDINATE ORGANIZATION'S BYLAWS

Identifier	Return Reference	Explanation
DISCLOSURE INFORMATION	CORE FORM, PART VI, SECTION b, QUESTION 11B	SPRINGPOINT SENIOR LIVING, INC ("SPRINGPOINT") IS THE CENTRAL ORGANIZATION FOR THIS CONSOLIDATED GROUP FORM 990 THE FORM 990 WAS PROVIDED TO AND 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 ORGANIZATION'S FEDERAL FORM 990 WAS PROVIDED TO THE AUDIT COMMITTEE OF THE ORGANIZATION FOR REVIEW BY ITS MEMBERS PRIOR TO FILING OF THE FEDERAL FORM 990 WITH THE IRS THE SPRINGPOINT SENIOR LIVING, INC BOARD OF TRUSTEES HAS DELEGATED TO THE AUDIT COMMITTEE THE RESPONSIBILITY TO OVERSEE, REVIEW AND APPROVE OF THE FEDERAL FORM 990, INCLUDING THE PREPARATION, REVIEW AND FILING PROCESS AS PART OF THE TAX RETURN PREPARATION PROCESS, THE ORGANIZATION HIRED A PROFESSIONAL CPA FIRM WITH EXPERIENCE AND EXPERTISE IN BOTH HEALTHCARE AND NOT-FOR-PROFIT TAX RETURN PREPARATION TO PREPARE THE FEDERAL FORM 990 THE CPA FIRM'S TAX PROFESSIONALS WORKED CLOSELY WITH THE ORGANIZATION'S FINANCE PERSONNEL AND VARIOUS OTHER INDIVIDUALS OF THE ORGANIZATION TO OBTAIN THE INFORMATION NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN 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

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

Identifier	Return Reference	Explanation
DISCLOSURE INFORMATION	CORE FORM, PART VI, SECTION B, QUESTION 15	SPRINGPOINT SENIOR LIVING, INC ("SPRINGPOINT") IS THE CENTRAL ORGANIZATION FOR THIS CONSOLIDATED GROUP FORM 990 SPRINGPOINT'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 OF THE COMPENSATION AND BENEFITS OF THE ORGANIZATION'S SENIOR MANAGEMENT, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER, CHIEF OPERATING OFFICER AND CHIEF FINANCIAL OFFICER THE COMMITTEE REVIEWS THE "TOTAL COMPENSATION" OF THE INDIVIDUALS WHICH IS INTENDED TO INCLUDE BOTH CURRENT AND DEFERRED COMPENSATION AND ALL EMPLOYEE BENEFITS, BOTH QUALIFIED AND NON-QUALIFIED THE COMMITTEE'S REVIEW IS DONE ON AT LEAST AN ANNUAL BASIS AND ENSURES THAT THE "TOTAL COMPENSATION" OF SENIOR MANAGEMENT OF THE ORGANIZATION IS REASONABLE THE ACTIONS TAKEN BY THE COMMITTEE ENABLE THE ORGANIZATION TO RECEIVE 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 SATISFIED IN ORDER TO RECEIVE 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 WHO ARE INDEPENDENT AND ARE FREE FROM ANY CONFLICTS OF INTEREST THE COMMITTEE RELIED UPON APPROPRIATE COMPARABLE DATA, SPECIFICALLY THE COMMITTEE OBTAINED A WRITTEN COMPENSATION STUDY FROM AN INDEPENDENT FIRM WHICH SPECIALIZES IN THE REVIEWING OF RETIREMENT HOUSING AND SENIOR LIVING HEALTHCARE SERVICES EXECUTIVE COMPENSATION AND BENEFITS THROUGHOUT THE UNITED STATES THIS STUDY USED COMPARABLE GEOGRAPHIC AND DEMOGRAPHIC MARKET DATA INCLUDING BUT NOT LIMITED TO SIMILAR SIZED ORGANIZATIONS, NUMBER OF CONTINUING CARE RETIREMENT COMMUNITIES AND RESIDENTIAL FACILITY REVENUE THE COMMITTEE ADEQUATELY DOCUMENTED ITS BASIS FOR ITS DETERMINATION THROUGH THE TIMELY PREPARATION OF WRITTEN MINUTES OF THE COMPENSATION COMMITTEE MEETINGS DURING WHICH THE EXECUTIVE COMPENSATION AND BENEFITS WAS REVIEWED AND SUBSEQUENTLY APPROVED

Identifier	Return Reference	Explanation
DISCLOSURE INFORMATION	CORE FORM, PART VI, SECTION C, QUESTION 19	THE ORGANIZATION HAS ISSUED TAX-EXEMPT BONDS TO FINANCE VARIOUS CAPITAL IMPROVEMENT PROJECTS, RENOVATIONS AND EQUIPMENT IN CONJUNCTION WITH THE ISSUANCE OF THESE TAX-EXEMPT BONDS, THE ORGANIZATION'S FINANCIAL STATEMENTS WERE INCLUDED WITH THE TAX-EXEMPT BOND PROSPECTUS WHICH WAS MADE AVAILABLE TO THE GENERAL PUBLIC FOR REVIEW EACH SUBORDINATE ORGANIZATION'S FILED CERTIFICATE OF INCORPORATION AND ANY AMENDMENTS CAN BE OBTAINED AND REVIEWED THROUGH THE STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY

Identifier	Return Reference	Explanation
BOARD OF TRUSTEES	PART VII, SECTION A	PART VII, SECTION A INCLUDES, AS OF DECEMBER 31, 2011, THE MEMBERS OF THE BOARD OF TRUSTEES, OFFICERS, AND KEY EMPLOYEES OF EACH OF THE ORGANIZATIONS INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 IN ADDITION, PART VII INCLUDES THE OFFICERS AND KEY EMPLOYEES OF ALL ORGANIZATIONS INCLUDED IN THE SPRINGPOINT SENIOR LIVING, INC GROUP EXEMPTION RULING AND THIS CONSOLIDATED GROUP FORM 990 OUTLINED BELOW IS A SUMMARY BY ORGANIZATION THE SPRINGPOINT SENIOR LIVING, INC BOARD WHICH IS THE SAME FOR THE SUBORDINATED GROUP INCLUDES CAROLYN G HOLMES THROUGH REVEREND LEE B SPITZER, PH D SPRINGPOINT AT MONROE, INC INCLUDES THELMA TERJESSEN THROUGH JAMES S VACCARO SPRINGPOINT AT CRESTWOOD, INC INCLUDES FRED PREGGER THROUGH JAMES S VACCARO SPRINGPOINT AT MEADOW LAKES, INC INCLUDES GLENN BREWER THROUGH JAMES S VACCARO SPRINGPOINT AT MONTGOMERY, INC INCLUDES ANN JOHNSTON THROUGH JAMES S VACCARO SPRINGPOINT AT THE ATRIUM, INC INCLUDES ROBERT BILLINGS THROUGH JAMES S VACCARO PRESBYTERIAN HOME AT FRANKLIN, INC INCLUDES JOHN T MCCONVILLE THROUGH CHARLES SEIGEL PRESBYTERIAN HOME AT EAST WINDSOR, INC INCLUDES ARTHUR MACKLER THROUGH DEBORAH L THOMAS PRESBYTERIAN HOME AT ATLANTIC HIGHLANDS, INC INCLUDES VALERIE FREITAS THROUGH LOIS YOUNG MIDDLESEX BOROUGH SENIOR CITIZEN HOUSING CORPORATION INCLUDES SHERLEY PENROSE THROUGH PAMELA TEITELBAUM PRESBYTERIAN HOME AT GALLOWAY, INC INCLUDES ROBERT REID THROUGH AUDREY WOODS PRESBYTERIAN HOME AT STAFFORD, INC INCLUDES RICHARD E BYRD THROUGH ALICE YOCHUM PRESBYTERIAN HOME AT HOWELL, INC INCLUDES VINCENT J LARAIA THROUGH CAROL L ZUR PRESBYTERIAN HOME AT WEST WINDSOR, INC INCLUDES LYNN THORNTON THROUGH JAMES V C YATES

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	CORE FORM, PART XI, QUESTION 5	OTHER CHANGES IN NET ASSETS OR FUND BALANCES INCLUDE - NET UNREALIZED LOSS ON INVESTMENTS - (\$115,327) - CHANGE IN PENSION LIABILITY - (\$100,721) - CHANGE IN FAIR VALUE OF DERIVATIVE FINANCIAL INSTRUMENTS - (\$3,134,086) - CHANGE IN TEMPORARILY RESTIRCTED FUND BALANCE - \$70,427 - CHANGE IN PERMENANTLY RESTIRCTED FUND BALANCE - (\$248,429)

Identifier	Return Reference	Explanation
AUDITED FINANCIAL STATEMENTS	CORE FORM, PART XII, QUESTION 2	SPRINGPOINT SENIOR LIVING, INC ("SPRINGPOINT") IS THE CENTRAL ORGANIZATION FOR THIS CONSOLIDATED GROUP FORM 990. AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF SPRINGPOINT AND ITS AFFILIATES FOR THE YEARS ENDED DECEMBER 31, 2011 AND DECEMBER 31, 2010, RESPECTIVELY. AND ISSUED A CONSOLIDATED FINANCIAL STATEMENT WITH CONSOLIDATING SCHEDULES BY ENTITY. AN UNQUALIFIED OPINION WAS ISSUED EACH YEAR BY THE INDEPENDENT CPA FIRM. SPRINGPOINT'S AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT AUDITOR. IN ADDITION, CERTAIN SUBORDINATES INCLUDED IN THIS CONSOLIDATED GROUP FORM 990 RECEIVED SEPARATE STAND ALONE AUDITED FINANCIAL STATEMENTS FOR THE YEAR ENDED DECEMBER 31, 2011 PREPARED BY AN INDEPENDENT CPA FIRM. THESE SUBORDINATES INCLUDE: SPRINGPOINT AT MONTGOMERY, INC; PRESBYTERIAN HOMES AT HOWELL, INC; PRESBYTERIAN HOMES AT GALLOWAY, INC; PRESBYTERIAN HOMES AT FRANKLIN, INC; SPRINGPOINT FOUNDATION, INC; PRESBYTERIAN HOMES AT WEST WINDSOR, INC; PRESBYTERIAN HOMES AT EAST WINDSOR, INC; PRESBYTERIAN HOMES AT ATLANTIC HIGHLANDS, INC; PRESBYTERIAN HOMES AT STAFFORD, INC; MIDDLESEX BOROUGH SENIOR CITIZEN HOUSING CORPORATION; PRESBYTERIAN HOMES AT DOVER, INC; PRESBYTERIAN HOMES AT MANCHESTER, INC; SPRINGPOINT AT THE ATRIUM, INC.

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME CAROLYN G HOLMES TITLE CHAIR - TRUSTEE HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME KERRY M PARKER TITLE VICE CHAIR - TRUSTEE HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JOSEPH ANANIA TITLE TRUSTEE HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DAVID H BLAIR TITLE TRUSTEE HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME FRANCIS V BONELLO TITLE TRUSTEE HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ERIC N BURKETT MD TITLE TRUSTEE HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MICHAEL DAGNES TITLE TRUSTEE HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME SUSAN M HENDRICKSON TITLE TRUSTEE HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DAVID G KOSTINAS TITLE TRUSTEE HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JOHN J MCSORLEY TITLE TRUSTEE HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JEANA M PISCATELLI TITLE TRUSTEE HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME GARY T PUMA TITLE TRUSTEE, EX-OFFICIO-PRES/CEO HOURS 5

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MAUREEN SCHNEIDER TITLE TRUSTEE HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME.RICHARD J SERLUCO TITLE.TRUSTEE HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME REVEREND LEE B SPITZER PHD TITLE TRUSTEE HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME THELMA TERJESEN TITLE TRUSTEE - MONROE HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME FRANK BONELLO TITLE TRUSTEE - MONROE HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME REVEREND LEE B SPITZER PHD TITLE TRUSTEE - MONROE HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME GARY T PUMA TITLE TRUSTEE - MONROE HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MAUREEN E CAFFERTY ESQ TITLE TRUSTEE - MONROE HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME GARRETT T MIDGETT III TITLE TRUSTEE - MONROE HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JAMES S VACCARO TITLE TRUSTEE - MONROE HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME FRED PREGGER TITLE TRUSTEE - CRESTWOOD MANOR HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME FRANK BONELLO TITLE TRUSTEE - CRESTWOOD MANOR HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME REVEREND LEE B SPITZER PHD TITLE TRUSTEE - CRESTWOOD MANOR HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME GARY T PUMA TITLE TRUSTEE - CRESTWOOD MANOR HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MAUREEN E CAFFERTY ESQ TITLE TRUSTEE - CRESTWOOD MANOR HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME GARRETT T MIDGETT III TITLE TRUSTEE - CRESTWOOD MANOR HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JAMES S VACCARO TITLE TRUSTEE - CRESTWOOD MANOR HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME GLENN BREWER TITLE TRUSTEE - MEADOW LAKES HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME FRANK BONELLO TITLE TRUSTEE - MEADOW LAKES HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME REVEREND LEE B SPITZER PHD TITLE TRUSTEE - MEADOW LAKES HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME GARY T PUMA TITLE TRUSTEE - MEADOW LAKES HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MAUREEN E CAFFERTY ESQ TITLE TRUSTEE - MEADOW LAKES HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME GARRETT T MIDGETT III TITLE TRUSTEE - MEADOW LAKES HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JAMES S VACCARO TITLE TRUSTEE - MEADOW LAKES HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ANN JOHNSTON TITLE TRUSTEE-STONEBRIDGE MONTGOMERY HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME FRANK BONELLO TITLE TRUSTEE-STONEBRIDGE MONTGOMERY HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME REVEREND LEE B SPITZER PHD TITLE TRUSTEE-STONEBRIDGE MONTGOMERY HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME GARY T PUMA TITLE TRUSTEE-STONEBRIDGE MONTGOMERY HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MAUREEN E CAFFERTY ESQ TITLE TRUSTEE-STONEBRIDGE MONTGOMERY HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME GARRETT T MIDGETT III TITLE TRUSTEE-STONEBRIDGE MONTGOMERY HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JAMES S VACCARO TITLE TRUSTEE-STONEBRIDGE MONTGOMERY HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME.ROBERT BILLINGS TITLE TRUSTEE - SPRINGPOINT @ ATRIUM HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME FRANK BONELLO TITLE TRUSTEE - SPRINGPOINT @ ATRIUM HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME REVEREND LEE B SPITZER PHD TITLE TRUSTEE - SPRINGPOINT @ ATRIUM HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME GARY T PUMA TITLE TRUSTEE - SPRINGPOINT @ ATRIUM HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MAUREEN E CAFFERTY ESQ TITLE TRUSTEE - SPRINGPOINT @ ATRIUM HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME GARRETT T MIDGETT III TITLE TRUSTEE - SPRINGPOINT @ ATRIUM HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JAMES S VACCARO TITLE TRUSTEE - SPRINGPOINT @ ATRIUM HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JOHN T MCCONVILLE TITLE CHAIRMAN - TRUSTEE - FRANKLIN HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JAMES L SURRATT TITLE VICE CHAIRMAN-TRUSTEE-FRANKLIN HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME IRENE CALAFIORE TITLE TRUSTEE - FRANKLIN HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JEAN DOYLE TITLE TRUSTEE - FRANKLIN HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME IRMA E GRY KIEN TITLE TRUSTEE - FRANKLIN HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME.FREDERICK HERMANN TITLE TRUSTEE - FRANKLIN HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME CHARLES SEIGEL TITLE TRUSTEE - FRANKLIN HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ARTHUR MACKLER TITLE CHAIRMAN-TRUSTEE- EAST WINDSOR HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MARY LEE KLEINKAUF TITLE VICE CHAIR-TRUSTEE-E WINDSOR HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME CARL DELLI BOVI TITLE TRUSTEE - EAST WINDSOR HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME.ONDINA JEFFERS TITLE TRUSTEE - EAST WINDSOR HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DAVID ROUSSELL TITLE TRUSTEE - EAST WINDSOR HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME RICHARD SCHROEDER TITLE TRUSTEE - EAST WINDSOR HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME HASH SHAH TITLE TRUSTEE - EAST WINDSOR HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DEBORAH L THOMAS TITLE TRUSTEE - EAST WINDSOR HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME VALERIE FREITAS TITLE CHAIR-TRUSTEE-ATL HIGHLANDS HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME GARDINER MAREK SR TITLE V CHAIR-TRUSTEE-ATL HIGHLANDS HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JANE FROTTON TITLE TRUSTEE - ATLANTIC HIGHLANDS HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MARIE GABRIELSON EDD TITLE TRUSTEE - ATLANTIC HIGHLANDS HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME KIM PRICE TITLE TRUSTEE - ATLANTIC HIGHLANDS HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ROBERT SCHOEFFLING TITLE TRUSTEE - ATLANTIC HIGHLANDS HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME RONALD SENZ TITLE TRUSTEE - ATLANTIC HIGHLANDS HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME RICHARD P STRYKER TITLE TRUSTEE - ATLANTIC HIGHLANDS HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME LOIS YOUNG TITLE TRUSTEE - ATLANTIC HIGHLANDS HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME SHERLEY PENROSE TITLE CHAIR - TRUSTEE - MIDDLESEX HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME THERESE BOYD TITLE VICE CHAIR-TRUSTEE-MIDDLESEX HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DIANE BENSINGER TITLE TRUSTEE - MIDDLESEX HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME LOUISE CREDE TITLE TRUSTEE - MIDDLESEX HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME SANDRA DIGIACOMO TITLE TRUSTEE - MIDDLESEX HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME VALERIE LYONS TITLE TRUSTEE - MIDDLESEX HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME PAMELA TEITELBAUM TITLE TRUSTEE - MIDDLESEX HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ROBERT REID TITLE CHAIRMAN - TRUSTEE - GALLOWAY HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MARTHA KLEINER TITLE VICE CHAIR-TRUSTEE-GALLOWAY HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME CHARLES BELL TITLE TRUSTEE - GALLOWAY HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME KAREN CALLAGHAN TITLE TRUSTEE - GALLOWAY HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME KEVIN CORLEY TITLE TRUSTEE - GALLOWAY HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME CARLA DOW TITLE TRUSTEE - GALLOWAY HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME.AUDREY WOODS TITLE TRUSTEE - GALLOWAY HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME RICHARD E BYRD TITLE CHAIRMAN - TRUSTEE - STAFFORD HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME PETER PAMBELLO TITLE VICE CHAIRMAN-TRUSTEE-STAFFORD HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ROBERT BROWN TITLE TRUSTEE - STAFFORD HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JAMES P REILLY TITLE TRUSTEE - STAFFORD HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ALFRED RUTKOWSKI TITLE TRUSTEE - STAFFORD HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME GENARO SALZANO TITLE TRUSTEE - STAFFORD HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ALICE YOCHUM TITLE TRUSTEE - STAFFORD HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME VINCENT J LARAIA TITLE CHAIRMAN - TRUSTEE - HOWELL HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME CHARLES P HANLON TITLE VICE CHAIRMAN-TRUSTEE-HOWELL HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME SOL E BERGER TITLE TRUSTEE - HOWELL HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME RITA BERKELMANN TITLE TRUSTEE - HOWELL HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DANTE MASSA TITLE TRUSTEE - HOWELL HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME STANLEY RUBENSTEIN TITLE TRUSTEE - HOWELL HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME.SUSAN S WEISENBERG TITLE.TRUSTEE - HOWELL HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME CAROL L ZUR TITLE TRUSTEE - HOWELL HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME LYNN THORNTON TITLE CHAIR - TRUSTEE - WEST WINDSOR HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ROBERT DUNCAN TITLE VICE CHAIR-TRUSTEE-W WINDSOR HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME:TERRY FORMAN TITLE:TRUSTEE - WEST WINDSOR HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME RICHARD HARBOURT TITLE TRUSTEE - WEST WINDSOR HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME.ROBERT W PRIGGE TITLE.TRUSTEE - WEST WINDSOR HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME CHERYL A REGIS TITLE TRUSTEE - WEST WINDSOR HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME SWANEE WATERS TITLE TRUSTEE - WEST WINDSOR HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JAMES VC YATES TITLE TRUSTEE - WEST WINDSOR HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JAMES S VACCARO (EFFECTIVE 7/11/11) TITLE ASST SECRETARY - EXEC VP/COO HOURS 5

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME CHARLES R MOONEY (TERMED 6/17/11) TITLE.SVP ADM SVS/BUS DEVELOPMENT HOURS 5

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME GARRETT T MIDGETT III TITLE TREASURer - SENIOR VP/CFO HOURS 5

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME LAURENCE C GUMINA (TERMED 12/29/11) TITLE SENIOR VP PROJECT DEVELOPMENT HOURS 5

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ANTHONY ARGONDIZZA TITLE SENIOR VP OPERATIONS HOURS 5

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MAUREEN E CAFFERTY ESQ TITLE SECRETARY - VP/GENERAL COUNSEL HOURS 5

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME LAURA T KISLOWSKI (TERMED 11/15/11) TITLE SR VP SALES & MARKETING HOURS 5

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME LINDA ROSE TITLE SENIOR VP HEALTH SERVICES HOURS 5

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME PAMELA I SMITH (EFFECTIVE 7/26/11) TITLE SR VP STRATEGIC SVCS HOURS 5

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DAVID L WOODWARD TITLE VP AFFORDABLE HOUSING HOURS 5

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME RAYMOND R LEENIG TITLE VP INFORMATION TECHNOLOGY HOURS 5

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MARYBETH KOPEC TITLE VP FINANCE HOURS 5

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JOSEPH T CLAFFEY TITLE VP FOUNDATION HOURS 5

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

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 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 organization	
						Yes	No
(1) SPRINGPOINT SENIOR LIVING INC 13 ROSZEL ROAD PRINCETON, NJ 08540 31-1480524	HEALTHCARE	NJ	501(C)(3)	509(A)(3)	NA		No

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
(1) AFFORDABLE HOUSING SOLUTIONS INC 13 ROSZEL ROAD SUITE C120 PRINCETON, NJ 08540 20-2018876	HEALTH SVCS	NJ	WALL	C CORP		1,787,194	100 000 %
(2) CARE CONCEPTS INC 13 ROSZEL ROAD SUITE C120 PRINCETON, NJ 08540 22-2454128	HEALTH SVCS	NJ	NA	C CORP			
(3) CARECO INC 13 ROSZEL ROAD SUITE C120 PRINCETON, NJ 08540 22-2930151	HEALTH SVCS	NJ	NA	C CORP			
(4) PLAINFIELD TOWER SOLUTIONS INC 13 ROSZEL ROAD SUITE C120 PRINCETON, NJ 08540 26-0765373	HEALTH SVCS	NJ	PLAINFIELD	C CORP		578,226	100 000 %

Part V

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

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

Lease of facilities, equipment, or other assets to related organization(s)

j

Lease of facilities, equipment, or other assets from related organization(s)

k

Performance of services or membership or fundraising solicitations for related organization(s)

l

Performance of services or membership or fundraising solicitations by related organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

Yes

Yes

No

No

No

No

No

Yes

No

No

Yes

No

Yes

No

No

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 other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2011

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

[illegible]

Part VII

Supplemental Information

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

Identifier	Return Reference	Explanation
ORGANIZATIONS INCLUDED IN GROUP EXEMPTION	SCHEDULE R, GROUP EXEMPTION	OUTLINED BELOW IS A LIST OF ORGANIZATIONS INCLUDED AS SUBORDINATES IN THE SPRINGPOINT SENIOR LIVING, INC GROUP EXEMPTION RULING AND IN THIS CONSOLIDATED GROUP FORM 990 SPRINGPOINT AT CRESTWOOD, INC (FEID 52-1572691) SPRINGPOINT AT THE ATRIUM, INC (FEID 20-4111730) SPRINGPOINT AT MEADOW LAKES, INC (FEID 21-0643358) SPRINGPOINT AT MONROE, INC (FEID 22-2567703) SPRINGPOINT AT MONTGOMERY, INC (FEID 22-3693840) SPRINGPOINT AT HADDONFIELD, INC (FEID 22-2255288) SPRINGPOINT AT WATERFORD GLEN, INC (FEID 22-3727577) SPRINGPOINT AT STONY BROOK, INC (FEID 22-3757377) SPRINGPOINT AT WATCHUNG RIDGE, INC (FEID 22-3757374) PRESBYTERIAN HOME AT DOVER, INC (FEID 20-2005487) PRESBYTERIAN HOME AT GALLOWAY, INC (FEID 52-1887090) PRESBYTERIAN HOME AT HOWELL, INC (FEID 22-3338957) PRESBYTERIAN HOME AT WEST WINDSOR, INC (FEID 22-2630096) PRESBYTERIAN HOME AT FRANKLIN, INC (FEID 22-3598076) PRESBYTERIAN HOME AT ATLANTIC HIGHLANDS, INC (FEID 52-1795425) THE PRESBYTERIAN HOME AT STAFFORD, INC (FEID 22-3707435) MIDDLESEX BOROUGH SENIOR CITIZENS HOUSING CORPORATION (FEID 52-1857760) PRESBYTERIAN HOME AT EAST WINDSOR, INC (FEID 22-3410945) THE PRESBYTERIAN HOME AT MANCHESTER, INC (FEID 26-1746122) PRESBYTERIAN HOME OF PLAINFIELD, INC (FEID 22-2266022) PRESBYTERIAN HOME AT WALL, INC (FEID 52-1629804) PRESBYTERIAN HOME OF ASBURY PARK, INC (FEID 23-7212229) INTEGRATED MANAGEMENT SERVICES, INC (FEID 22-3800002) SENIOR LIVING INSTITUTE, INC (FEID 20-4301044) SPRINGPOINT REALTY, INC (FEID 61-1421537) SENIOR NET, INC (FEID 52-2012280) PRESBYTERIAN HOMES OF NORTHERN NJ, INC (FEID 22-2374845) SPRINGPOINT FOUNDATION, INC (FEID 22-2375658) SPRINGPOINT AT EASTERN, INC (FEID 45-3684553) SPRINGPOINT AT RED BANK, INC (FEID 45-4023529) SPRINGPOINT AT HOME, INC (FEID 45-3959189) PRESBYTERIAN HOME OF EASTERN NEW JERSEY, INC (FEID 52-2012277)