

EXTENDED TO NOVEMBER 16, 2020

Form **990**
(Rev. January 2020)
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 private foundations)

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning

and ending

B Check if applicable**C** Name of organization

SPRINGPOINT SENIOR LIVING, INC.

D Employer identification number

22-3498690

Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

Doing business as

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

4814 OUTLOOK DRIVE

Room/suite

201

E Telephone number

732-430-3650

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

WALL, NJ 07753

G Gross receipts \$ 293,545,700.**H(a)** Is this a group return **STMT 1**for subordinates? ☒ Yes No**H(b)** Are all subordinates included? ☒ Yes No

If "No," attach a list (see instructions)

H(c) Group exemption number 8048**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:**M** State of legal domicile: NJ**Part I Summary****1** Briefly describe the organization's mission or most significant activities **TO INSPIRE OUR FAMILY WITH ENDLESS OPPORTUNITIES.****2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.**3** Number of voting members of the governing body (Part VI, line 1a)

3 15

4 Number of independent voting members of the governing body (Part VI, line 1b)

4 14

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)

5 2908

6 Total number of volunteers (estimate if necessary)

6 1042

7a Total unrelated business revenue from Part VIII, column (C), line 12

7a 0.

b Net unrelated business taxable income from Form 990-B, line 39

7b 0.

Internal Revenue Service
Received US Bank - USB

8 Contributions and grants (Part VIII, line 1h)

323

Prior Year

7,846,275.

Current Year

7,625,817.

9 Program service revenue (Part VIII, line 2g)

176,053,226. 183,376,368.

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

8,318,247. 11,108,686.

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

895,579. 610,787.

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

193,113,327. 202,721,658.

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

301,190. 439,862.

14 Benefits paid to or for members (Part IX, column (A), line 4)

0. 0.

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

85,229,938. 90,815,264.

16a Professional fundraising fees (Part IX, column (A), line 11e)

0. 372.

b Total fundraising expenses (Part IX, column (D), line 25)

913,321.

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

117,955,338. 123,498,928.

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

203,486,466. 214,754,426.

19 Revenue less expenses. Subtract line 18 from line 12

-10,373,139. -12,032,768.

20 Total assets (Part X, line 16)

Beginning of Current Year

798,962,385.

End of Year

788,226,486.

21 Total liabilities (Part X, line 26)

845,526,959. 857,489,938.

22 Net assets or fund balances. Subtract line 21 from line 20

-46,564,574. -69,263,452.

Part II Signature Block

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

Sign
Here

Signature of officer

Date

GARRETT T. MIDGETT, III, CHIEF FINANCIAL OFFICER

Type or print name and title

11/12/2020

Paid

Print/Type preparer's name

KERRI N. BOGDA, CPA

Preparer's signature

Keri Bogda

Date

11/11/20

Check if self-employed

PTIN

P00760402

Preparer
Use Only

Firm's name BAKER TILLY US, LLP

Firm's EIN 39-0859910

Firm's address 1570 FRUITVILLE PIKE, SUITE 400
LANCASTER, PA 17601

Phone no. 717.740.4863

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

☒ Yes No

0427564440 MAR 24 2022
SCANNED NOV 30 2021
APR 12 2022
Activities & Governance

Part III Statement of Program Service Accomplishments

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

☒ X

1 Briefly describe the organization's mission

OUR MISSION - TO INSPIRE OUR FAMILY WITH ENDLESS OPPORTUNITIES.**OUR VISION - TO BE THE PREMIER PROVIDER, OFFERING EXCEPTIONAL SERVICES AND INNOVATIVE PROGRAMS THAT EMPOWER THOSE WE SERVE AND THOSE WHO**

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

☐ Yes ☒ No

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

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

☐ Yes ☒ No

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

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

4a (Code) (Expenses \$ **185,103,269.** including grants of \$ **439,862.**) (Revenue \$ **183,376,368.**)**EXPENSES INCURRED IN PROVIDING SENIOR HOUSING AND SERVICES, AFFORDABLE HOUSING, ASSISTED LIVING, SKILLED NURSING CARE, REHABILITATION, AND ALZHEIMER'S CARE. PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT.**

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)

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

4e Total program service expenses **185,103,269.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	X	
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
25b 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? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
28b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	X	
28c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	771	
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 2908		
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	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country ► _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter.			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter.			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X

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

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

☒
Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records **►**
GARRETT T. MIDGETT, III - 732-430-3650
4814 OUTLOOK DRIVE, NO. 201, WALL, NJ 07753

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANTHONY ARGONDIZZA PRESIDENT (EX-OFFICIO) - CEO	50.00 5.00	X		X				0.	796,217.	315,054.
(2) GARRETT I. MIDGETT SENIOR VP/CFO, TREASURER	50.00 5.00			X				0.	412,936.	74,639.
(3) MAUREEN E. CAFFERTY, ESQ. SR. VP / GENERAL COUNSEL, SECRETARY	50.00 5.00			X				0.	394,709.	66,454.
(4) DAVID WOODWARD SENIOR VP/COO, ASSISTANT TREASURER	50.00 5.00			X				0.	385,904.	50,056.
(5) VICTOR D. AMEY COO OF AFFILIATE	50.00 5.00					X		0.	361,947.	0.
(6) LINDA ROSE SR. VP HEALTH SERVICES	50.00 5.00				X			0.	287,026.	27,205.
(7) DAVID B. WEAN VP FACILITY AND ASSET MNA	50.00 5.00				X			0.	269,788.	25,113.
(8) RICHARD WHITEMAN CCRC EXECUTIVE DIRECTOR	50.00 5.00					X		0.	254,818.	38,640.
(9) MICHAEL OAKES SR. VP FOUNDATION	50.00 5.00				X			264,615.	0.	27,712.
(10) MARYBETH KOPEC VP FINANCE	50.00 5.00				X			0.	243,604.	38,099.
(11) JOHN HARZ VP OF HUMAN RESOURCES	50.00 5.00				X			0.	266,601.	8,705.
(12) MICHAEL GENTILE CCRC EXECUTIVE DIRECTOR	50.00 5.00					X		0.	222,185.	25,129.
(13) JEAN BROPHY CCRC EXECUTIVE DIRECTOR	50.00 5.00					X		0.	231,075.	15,018.
(14) ANNE HAY CCRC EXECUTIVE DIRECTOR	50.00 5.00					X		0.	221,254.	9,518.
(15) RAYMOND R. LEENIG VP INFORMATION TECH. (UNTIL 6/19)	50.00 5.00				X			0.	173,764.	19,114.
(16) PAMELA SMITH SR VP STRATEGIC SERV. (UNTIL 4/19)	50.00 5.00				X			0.	155,252.	19,849.
(17) VINCENT A. MYERS CHAIR - TRUSTEE	1.00 1.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MAUREEN A. SCHNEIDER VICE CHAIR - TRUSTEE	1.00 1.00	X		X				0.	0.	0.
(19) EDGAR M. COSTER TRUSTEE - CHAIR CCRCS	1.00 1.00	X						0.	0.	0.
(20) MICHELLE BENNETT TRUSTEE	1.00 1.00	X						0.	0.	0.
(21) THOMAS WHELAN TRUSTEE	1.00 1.00	X						0.	0.	0.
(22) JOSEPH DIFIGLIA TRUSTEE - CHAIR FOUNDATION	1.00 1.00	X						0.	0.	0.
(23) JAMES FERRARE TRUSTEE	1.00 1.00	X						0.	0.	0.
(24) ROBERT J. FOGG TRUSTEE	1.00 1.00	X						0.	0.	0.
(25) BARBARA KREIDER TRUSTEE	1.00 1.00	X						0.	0.	0.
(26) KEVIN G. ROGERS TRUSTEE	1.00 1.00	X						0.	0.	0.
1b Subtotal								264,615.	4,677,080.	760,305.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								264,615.	4,677,080.	760,305.

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

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

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
C&C CONSTRUCTION MGMT. INC. PO BOX 821322, PHILADELPHIA, PA 19182-1322	CONSTRUCTION	6,808,570.
YES WE DO LLC 21 OAKLAND DRIVE, JACKSON, NJ 08527	CONSTRUCTION	2,839,333.
GENESIS ELDERCARE REHABILITATION SERVICES PO BOX 821322, PHILADELPHIA, PA 19182-1322	MEDICAL SERVICES	2,722,653.
ERIC WEINRICH DBA FIRST CLASS PLUMBING AND 325 CANTERBURY DR, RAMSEY, NJ 07446	PLUMBING	2,279,646.
AC DRYWALL AND PAINTING LLC DBA AC CONSTRU 147 ROUTE 46, NETCONG, NJ 07857	CONSTRUCTION	2,250,688.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **41**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2019)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) PETER S. REINHART TRUSTEE	1.00 1.00	X						0.	0.	0.
(28) MICHAEL SERLUCO TRUSTEE	1.00 1.00	X						0.	0.	0.
(29) JESSICA L. ISRAEL TRUSTEE	1.00 1.00	X						0.	0.	0.
(30) DAVID FLOOD TRUSTEE	1.00 1.00	X						0.	0.	0.
(31) ELIZABETH HEUSER TRUSTEE - CCRCS	1.00	X						0.	0.	0.
(32) PHYLLIS DOYLE TRUSTEE - CCRCS	1.00	X						0.	0.	0.
(33) RITA STRMENSKY TRUSTEE - CCRCS	1.00	X						0.	0.	0.
(34) JEFFREY TENER TRUSTEE - CCRCS	1.00	X						0.	0.	0.
(35) MICHAEL KENNEDY TRUSTEE - CCRCS	1.00	X						0.	0.	0.
(36) MORREL COHEN TRUSTEE - CCRCS	1.00	X						0.	0.	0.
(37) REV. LORRIE SKINNER TRUSTEE - CCRCS	1.00 /	X						0.	0.	0.
(38) JOHN GILBERT KAUFMAN TRUSTEE - CCRCS	1.00	X						0.	0.	0.
(39) TIMOTHY M. FERGES TRUSTEE - FOUNDATION	1.00	X						0.	0.	0.
(40) THOMAS GRAVINA TRUSTEE - FOUNDATION	1.00	X						0.	0.	0.
(41) GARY T. PUMA TRUSTEE - FOUNDATION	1.00	X						0.	0.	0.
(42) CARRIE PAGE TRUSTEE - FOUNDATION	1.00	X						0.	0.	0.
(43) VINCENT P. CELENZA TRUSTEE - FOUNDATION	1.00	X						0.	0.	0.
(44) CHRISTIAN T. KOERNER TRUSTEE - FOUNDATION	1.00	X						0.	0.	0.
(45) CARL DELLI BOVI CHAIR - TRUSTEE - EAST WINDSOR	1.00	X						0.	0.	0.
(46) MARY LEE KLEINKAUF V. CHAIR - TRUSTEE - EAST WINDSOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) ROSS M. CONTILIANO TRUSTEE - EAST WINDSOR	1.00	X						0.	0.	0.
(48) DAVID ROUSSELL TRUSTEE - EAST WINDSOR	1.00	X						0.	0.	0.
(49) RICHARD SCHROEDER TRUSTEE - EAST WINDSOR	1.00	X						0.	0.	0.
(50) DEBORAH L THOMAS TRUSTEE - EAST WINDSOR	1.00	X						0.	0.	0.
(51) TERRY GOLDSTEIN TRUSTEE - EAST WINDSOR	1.00	X						0.	0.	0.
(52) VALERIE FREITAS CHAIRMAN - TRUSTEE - PORTLAND	1.00	X						0.	0.	0.
(53) JANE FROTTON V. CHAIRMAN - TRUSTEE - PORTLAND	1.00	X						0.	0.	0.
(54) MARILYN SCHERFEN TRUSTEE - PORTLAND POINTE	1.00	X						0.	0.	0.
(55) DONALD C. GATES TRUSTEE - PORTLAND POINTE	1.00	X						0.	0.	0.
(56) ROBERT SCHOEFFLING TRUSTEE - PORTLAND POINTE	1.00	X						0.	0.	0.
(57) RONALD SENZ TRUSTEE - PORTLAND POINTE	1.00	X						0.	0.	0.
(58) RICHARD STRYKER TRUSTEE - PORTLAND POINTE	1.00	X						0.	0.	0.
(59) PAUL MAZZELLA TRUSTEE - PORTLAND POINTE	1.00	X						0.	0.	0.
(60) SHERLEY PENROSE CHAIR - TRUSTEE - MIDDLESEX	1.00	X						0.	0.	0.
(61) DIANE BENSINGER VICE CHAIRMAN - TRUSTEE - MIDDLESEX	1.00	X						0.	0.	0.
(62) SANDRA DIGIACOMO TRUSTEE - MIDDLESEX	1.00	X						0.	0.	0.
(63) NANCY LYNN AVERY TRUSTEE - MIDDLESEX	1.00	X						0.	0.	0.
(64) LOUISE CREDE TRUSTEE - MIDDLESEX	1.00	X						0.	0.	0.
(65) DENISE BAGONYI TRUSTEE - MIDDLESEX	1.00	X						0.	0.	0.
(66) WILLIAM SAN PHILLIPS TRUSTEE - MIDDLESEX	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	244,977.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	5,041,817.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,339,023.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		7,625,817.			
	Program Service Revenue				Business Code		
2 a		NET PROGRAM SERVICE REVENUE	541900	182,578,020.	182,578,020.		
b		CCRC MANAGEMENT FEE REVENUE	561000	713,318.	713,318.		
c		FIN. SERVICES & CHARGEBACK REV.	541900	85,030.	85,030.		
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		183,376,368.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		3,547,160.			3,547,160.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real (ii) Personal				
	6a	397,802.					
	b	Less rental expenses	6b	175,786.			
	c	Rental income or (loss)	6c	222,016.			
	d	Net rental income or (loss)		222,016.			222,016.
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	7a	98,080,182.					
	b	Less cost or other basis and sales expenses	7b	90,398,388.	120,268.		
	c	Gain or (loss)	7c	7,681,794.	-120,268.		
	d	Net gain or (loss)		7,561,526.			7,561,526.
	8 a	Gross income from fundraising events (not including \$ 244,977. of contributions reported on line 1c). See Part IV, line 18	8a	65,713.			
	b	Less direct expenses	8b	129,600.			
c	Net income or (loss) from fundraising events		-63,887.			-63,887.	
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue				Business Code			
	11 a	SOLAR RENEWABLE ENERGY CREDITS	900099	279,884.			279,884.
	b	OTHER	900099	99,643.			99,643.
	c	INSURANCE REIMBURSEMENT	900099	54,943.			54,943.
	d	All other revenue	900099	18,188.			18,188.
	e	Total. Add lines 11a-11d		452,658.			
12	Total revenue. See instructions		202,721,658.	183,376,368.	0.	11,719,473.	

Part IX Statement of Functional Expenses

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

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

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

Check here ☐ if following SOP 98-2 (ASC 958-720)

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	15,920.	1	15,920.
	2 Savings and temporary cash investments	40,694,681.	2	39,602,671.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	14,373,453.	4	16,513,304.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	6,990,753.	7	7,387,151.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	4,889,504.	9	4,746,351.
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 888,673,575.		
	b Less accumulated depreciation	10b 408,708,486.	10c 489,127,290.	10c 479,965,089.
	11 Investments - publicly traded securities	135,158,959.	11	146,810,868.
	12 Investments - other securities. See Part IV, line 11	835,991.	12	499,465.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	98,747,493.	14	83,619,173.
	15 Other assets. See Part IV, line 11	8,128,341.	15	9,066,494.
16 Total assets. Add lines 1 through 15 (must equal line 33)	798,962,385.	16	788,226,486.	
Liabilities	17 Accounts payable and accrued expenses	16,914,826.	17	13,776,139.
	18 Grants payable		18	
	19 Deferred revenue	95,840,672.	19	104,101,344.
	20 Tax-exempt bond liabilities	177,967,977.	20	175,493,662.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	15,233.	21	19,308.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	90,469,303.	23	97,576,472.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	464,318,948.	25	466,523,013.
	26 Total liabilities. Add lines 17 through 25	845,526,959.	26	857,489,938.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	-59,585,250.	27	-80,803,977.
	28 Net assets with donor restrictions	13,020,676.	28	11,540,525.
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	-46,564,574.	32	-69,263,452.
33 Total liabilities and net assets/fund balances	798,962,385.	33	788,226,486.	

Form 990 (2019)

Part XI Reconciliation of Net Assets

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	202,721,658.
2	Total expenses (must equal Part IX, column (A), line 25)	2	214,754,426.
3	Revenue less expenses. Subtract line 2 from line 1	3	-12,032,768.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-46,564,574.
5	Net unrealized gains (losses) on investments	5	6,932,949.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-17,599,059.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	-69,263,452.

Part XII Financial Statements and Reporting

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

☐

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		☒
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	☒	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	☒	
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?		☒
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2019)

SCHEDULE A
(Form 990 or 990-EZ)

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.

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

OMB No 1545-0047

2019

Open to Public
Inspection

Name of the organization

SPRINGPOINT SENIOR LIVING, INC.

Employer identification number

22-3498690

Part I 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 12, check only one box.)

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

f Enter the number of supported organizations

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7569666.	7109383.	8042274.	7846275.	7625817.	38193415.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	131709232	150915167	156016296	176053226	183376368	798070289
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	139278898	158024550	164058570	183899501	191002185	836263704
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	92,493.	113,052.	20,672.	5,000.	22,349.	253,566.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b	92,493.	113,052.	20,672.	5,000.	22,349.	253,566.
8 Public support. (Subtract line 7c from line 6)						836010138

Section B. Total Support

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

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

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒**b 33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- b** A family member of a person described in (a) above?
- c** A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a** ☐ The organization satisfied the Activities Test. *Complete line 2 below.*
- b** ☐ The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c** ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

2 Activities Test. Answer (a) and (b) below.

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer (a) and (b) below.**
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
2a		
2b		
3a		
3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

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

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

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

2015 AMOUNT: \$ 283,305.

2016 AMOUNT: \$ 309,939.

2017 AMOUNT: \$ 231,807.

2018 AMOUNT: \$ 253,173.

2019 AMOUNT: \$ 279,884.

INSURANCE REIMBURSEMENTS

2015 AMOUNT: \$ 147,385.

2018 AMOUNT: \$ 61,157.

2019 AMOUNT: \$ 54,943.

MISCELLANEOUS REVENUE

2015 AMOUNT: \$ 74,174.

2016 AMOUNT: \$ 37,132.

2018 AMOUNT: \$ 59,689.

2019 AMOUNT: \$ 99,643.

LAND LEASE

2016 AMOUNT: \$ 80,000.

2017 AMOUNT: \$ 80,000.

2018 AMOUNT: \$ 80,000.

RENTAL OF SPACE

2016 AMOUNT: \$ 496,225.

2017 AMOUNT: \$ 496,225.

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

2018 AMOUNT: \$ 485,116.

VENDOR REIMBURSEMENT

2018 AMOUNT: \$ 18,585.

2019 AMOUNT: \$ 18,188.

SCHEDULE A, PART III

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

EACH OF THE FOLLOWING SUBORDINATE ORGANIZATIONS HAVE THE SAME PUBLIC
CHARITY STATUS INCLUDED IN THE GROUP EXEMPTION REFLECTED ON SCHEDULE A,
PART I, LINE 10; INTERNAL REVENUE CODE SECTION 509(A) (2); AN
ORGANIZATION THAT NORMALLY RECEIVES (1) MORE THAN 33 1/3% OF ITS
SUPPORT FROM CONTRIBUTIONS, MEMBERSHIP FEES, AND GROSS RECEIPTS FROM
ACTIVITIES RELATED TO ITS EXEMPT FUNCTIONS - SUBJECT TO CERTAIN
EXCEPTIONS, AND (2) NO MORE THAN 33 1/3% OF ITS SUPPORT FROM GROSS
INVESTMENT INCOME AND UNRELATED BUSINESS TAXABLE INCOME (LESS SECTION
511 TAX) FROM BUSINESSES ACQUIRED BY THE ORGANIZATION AFTER JUNE 30,
1975:

SPRINGPOINT AT CRESTWOOD, INC.

SPRINGPOINT AT THE ATRIUM, INC.

Part VI

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

SPRINGPOINT AT LEWES, INC.

SPRINGPOINT AT MEADOW LAKES, INC.

SPRINGPOINT AT MONROE VILLAGE, INC.

SPRINGPOINT AT MONTGOMERY, INC.

MARCUS L. WARD HOME

SPRINGPOINT AT DENVILLE, INC.

SPRINGPOINT AT HALF ACRE ROAD, INC.

SPRINGPOINT AT HADDONFIELD, INC.

PRESBYTERIAN HOME AT DOVER, INC.

PRESBYTERIAN HOME AT GALLOWAY, INC.

PRESBYTERIAN HOME AT HOWELL, INC.

PRESBYTERIAN HOME AT WEST WINDSOR, INC.

PRESBYTERIAN HOME AT FRANKLIN, INC.

PRESBYTERIAN HOME AT ATLANTIC HIGHLANDS, INC.

THE PRESBYTERIAN HOME AT STAFFORD, INC.

MIDDLESEX BOROUGH SENIOR CITIZENS HOUSING CORPORATION

PRESBYTERIAN HOME AT EAST WINDSOR, INC.

THE PRESBYTERIAN HOME AT MANCHESTER, INC.

PRESBYTERIAN HOME OF PLAINFIELD, INC.

PRESBYTERIAN HOME AT WALL, INC.

INTEGRATED MANAGEMENT SERVICES, INC.

SPRINGPOINT REALTY, INC.

SENIOR NET, INC.

SPRINGPOINT AT HOME, INC.

CADBURY AT CHERRY HILL, INC.

CADBURY CONTINUING CARE AT HOME, INC.

SPRINGPOINT AT MANALAPAN, INC.

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

SPRINGPOINT CHOICE, INC.

SPRINGPOINT AT TINTON FALLS, INC.

IN ADDITION TO THE ABOVE, SPRINGPOINT FOUNDATION, INC.'S PUBLIC CHARITY
STATUS IS REFLECTED ON SCHEDULE A, PART I, LINE 7; INTERNAL REVENUE
CODE SECTION 509(A)(1); AN ORGANIZATION THAT NORMALLY RECEIVES A
SUBSTANTIAL PART OF ITS SUPPORT FROM A GOVERNMENTAL UNIT OR FROM THE
GENERAL PUBLIC DESCRIBED IN SECTION 170(B)(1)(A)(VI). THE PUBLIC
SUPPORT PERCENTAGE FOR 2019 IS 63.50%.

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

OMB No 1545-0047

2019

**Open to Public
Inspection**

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

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

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

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

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

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

Name of organization

SPRINGPOINT SENIOR LIVING, INC.

Employer identification number

22-3498690

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
☐ Yes ☐ No
- 4a Was a correction made?
☐ Yes ☐ No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

Schedule C (Form 990 or 990-EZ) 2019

LHA

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
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 separate instructions for lines 2a through 2f.)

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

Schedule C (Form 990 or 990-EZ) 2019

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		149,026.
i Other activities?		X	
j Total. Add lines 1c through 1i			149,026.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization

SPRINGPOINT SENIOR LIVING, INC.

Employer identification number
22-3498690

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

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

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

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

☒ Preservation of land for public use (for example, recreation or education)	☐ Preservation of a historically important land area
☒ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2
b Total acreage restricted by conservation easements	32.00
c Number of conservation easements on a certified historic structure included in (a)	0
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	0

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

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

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

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

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

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

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

a Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

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

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	13,020,677.	12,421,775.	10,959,262.	12,070,388.	11,756,354.
b Contributions	1,637,791.	2,199,418.	1,708,045.	1,777,591.	1,817,311.
c Net investment earnings, gains, and losses	1,538,934.	-907,333.	1,179,165.	410,465.	-123,875.
d Grants or scholarships					
e Other expenditures for facilities and programs	4,656,877.	693,183.	1,424,697.	3,299,182.	1,379,402.
f Administrative expenses					
g End of year balance	11,540,525.	13,020,677.	12,421,775.	10,959,262.	12,070,388.

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

a Board designated or quasi-endowment ☐ .00 %

b Permanent endowment ☐ 37.00 %

c Term endowment ☐ 63.00 %

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

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

(i) Unrelated organizations

(ii) Related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		42,503,528.		42,503,528.
b Buildings		776,731,165.	370,623,339.	406,107,826.
c Leasehold improvements				
d Equipment		44,905,829.	23,753,997.	21,151,832.
e Other		24,533,053.	14,331,150.	10,201,903.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				479,965,089.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

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

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

Schedule D (Form 990) 2019

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information.

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

PART II, LINE 9:

SPRINGPOINT DOES NOT REPORT THE CONSERVATION EASEMENTS ON ITS FINANCIAL STATEMENTS.

PART IV, LINE 2B:

FOR CERTAIN MEDICAID RESIDENTS, SPRINGPOINT IS THE RECEIVER OF THEIR SOCIAL SECURITY CHECK. THE SOCIAL SECURITY CHECK INCLUDES AN AMOUNT EACH MONTH THAT THE RESIDENT IS ALLOWED TO USE FOR PERSONAL NEEDS. WE HOLD THAT AMOUNT FOR THE RESIDENT AND DISBURSE THE FUNDS TO THE RESIDENTS AT THEIR REQUEST TO PURCHASE PERSONAL ITEMS.

PART X, LINE 2:

Part XIII Supplemental Information *(continued)*

THE SPRINGPOINT SENIOR LIVING GROUP RETURN ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES USING A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY. MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD IS MET. MANAGEMENT DETERMINED THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION THRESHOLD IN 2019 AND 2018.

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization

SPRINGPOINT SENIOR LIVING, INC.

Employer identification number
22-3498690

Part I

Fundraising Activities.

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

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

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

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

☐ **Yes**☐ No

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

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

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

[illegible]

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

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

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

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

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

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

b If "No," explain. _____

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

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

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

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

Name ► _____

Address ► _____

- 16** Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor

- 17** Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

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

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

Part IV	Supplemental Information <i>(continued)</i>
----------------	--

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

2019

Open to Public Inspection

Name of the organization

SPRINGPOINT SENIOR LIVING, INC.

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?

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

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

1 (a) Name and address of organization or government

(c) IRC section
(if applicable)

(d) Amount of cash grant

e) Amount of non-cash

(f) Method of valuation (book, FMV, appraisal, other)

(g) Description of noncash assistance

(h) Purpose of grant or assistance

☒ Yes ☐ No

Employer identification number
22-3498690

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

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

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

Schedule I (Form 990) (2019)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
RESIDENT ASSISTANCE	13	439,862.	0.		

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

PART I, LINE 2:

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

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

Part IV	Supplemental Information
----------------	---------------------------------

DOCUMENTATION AND RECEIPTS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No 1545-0047

2019

Open to Public
Inspection

Name of the organization

SPRINGPOINT SENIOR LIVING, INC.

Employer identification number

22-3498690

Part I Questions Regarding Compensation

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

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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

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

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

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

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

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

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

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

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

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

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ANTHONY ARGONDIZZA PRESIDENT (EX-OFFICIO) - CEO	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 607,419.	138,902.	49,896.	289,343.	25,711.	1,111,271.	29,563.	
(2) GARRETT I. MIDGETT SENIOR VP/CFO, TREASURER	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 315,601.	57,200.	40,135.	46,271.	28,368.	487,575.	28,029.	
(3) MAUREEN E. CAFFERTY, ESQ. SR. VP / GENERAL COUNSEL, SECRETARY	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 305,018.	52,875.	36,816.	43,327.	23,127.	461,163.	23,958.	
(4) DAVID WOODWARD SENIOR VP/COO, ASSISTANT TREASURER	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 320,174.	54,363.	11,367.	41,654.	8,402.	435,960.	0.	
(5) VICTOR D. AMEY COO OF AFFILIATE	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 350,000.	11,827.	120.	0.	0.	361,947.	0.	
(6) LINDA ROSE SR. VP HEALTH SERVICES	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 234,754.	43,210.	9,062.	12,002.	15,203.	314,231.	0.	
(7) DAVID B. WEAN VP FACILITY AND ASSET MANA	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 231,256.	31,552.	6,980.	9,710.	15,403.	294,901.	0.	
(8) RICHARD WHITEMAN CCRC EXECUTIVE DIRECTOR	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 215,661.	38,454.	703.	12,929.	25,711.	293,458.	0.	
(9) MICHAEL OAKES SR. VP FOUNDATION	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 231,722.	26,529.	6,364.	12,535.	15,177.	292,327.	0.	
(10) MARYBETH KOPEC VP FINANCE	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 202,476.	31,170.	9,958.	12,565.	25,534.	281,703.	0.	
(11) JOHN HARZ VP OF HUMAN RESOURCES	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 219,300.	39,445.	7,856.	8,705.	0.	275,306.	0.	
(12) MICHAEL GENTILE CCRC EXECUTIVE DIRECTOR	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 180,830.	37,286.	4,069.	7,716.	17,413.	247,314.	0.	
(13) JEAN BROPHY CCRC EXECUTIVE DIRECTOR	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 181,616.	40,062.	9,397.	7,416.	7,602.	246,093.	0.	
(14) ANNE HAY CCRC EXECUTIVE DIRECTOR	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 183,702.	36,180.	1,372.	9,518.	0.	230,772.	0.	
(15) RAYMOND R. LEENIG VP INFORMATION TECH. (UNTIL 6/19)	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 110,310.	29,570.	33,884.	4,871.	14,243.	192,878.	0.	
(16) PAMELA SMITH SR VP STRATEGIC SERV. (UNTIL 4/19)	(i) 0.	0.	0.	0.	0.	0.	0.
(ii) 64,151.	39,753.	51,348.	5,371.	14,478.	175,101.	0.	

Schedule J (Form 990) 2019

Part III Supplemental Information

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

PART I, LINE 3:

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

METHODS FOR ESTABLISHING COMPENSATION: A COMPENSATION COMMITTEE, AN

INDEPENDENT COMPENSATION CONSULTANT, A COMPENSATION SURVEY AND APPROVAL BY

THE BOARD OR COMPENSATION COMMITTEE.

PART I, LINES 4A-B:

TWO KEY EMPLOYEES RECEIVED SEVERANCE PAYMENTS UPON SEPARATING FROM THE

ORGANIZATION DURING THE YEAR.

THE DEFERRED COMPENSATION AMOUNT IN COLUMN C FOR THE FOLLOWING INDIVIDUALS

INCLUDES UNVESTED BENEFITS IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN

WHICH ARE SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE.

ACCORDINGLY, THE INDIVIDUALS MAY NEVER ACTUALLY RECEIVE THESE UNVESTED

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

FOLLOWING INDIVIDUALS' 2019 FORMS W-2, BOX 5 AS TAXABLE MEDICARE WAGES:

GARRETT T. MIDGETT III, \$32,271, ANTHONY ARGONDIZZA, \$275,343, MAUREEN E.

CAFFERTY, ESQ., \$29,753, AND DAVID WOODWARD, \$32,121.

Part III Supplemental Information

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

CERTAIN FORMERLY NONTAXABLE DEFERRED PAYMENTS VESTED AND BECAME TAXABLE

DURING 2019. THESE AMOUNTS RE REPRESENTED IN COLUMN F.

PART I, LINE 7:

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

CALENDAR YEAR 2019. THESE AMOUNTS WERE INCLUDED IN COLUMN B(II) HEREIN AND

IN EACH INDIVIDUAL'S 2019 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES.

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

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

DETERMINED BASED ON PERFORMANCE MEASURED AGAINST CERTAIN OPERATING AND

FINANCIAL METRICS WHICH ARE REVIEWED AND APPROVED ANNUALLY BY THE

COMPENSATION COMMITTEE OF THE SPRINGPOINT SENIOR LIVING BOARD OF TRUSTEES.

SCHEDULE K
(Form 990)

Department of the Treasury
Internal Revenue Service

ENTITY 1

Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

SPRINGPOINT SENIOR LIVING, INC.

Employer identification number
22-3498690

SEE PART VI FOR COLUMN (F) CONTINUATIONS

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY	22-2045817	NONE	06/15/15	24480000.	ADVANCE REFUNDING OF 2011A AND 2011				X		X
NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY	22-2045817	NONE	12/01/15	50085000.	ADVANCE REFUNDING OF 2012A AND 2012				X		X
NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY	22-2045817	NONE	12/01/15	24971138.	ADVANCE REFUNDING OF 1998A AND 2010				X		X
NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY	22-2045817	NONE	09/29/14	31285000.	ADVANCE REFUNDING OF 2004 NJEDA BON				X		X

Part II | Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue								
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds								
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion								
	2015	No	Yes	No	Yes	No	2014	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X		X		X	
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X		X
16 Has the final allocation of proceeds been made?	X		X		X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

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

Schedule K (Form 990) 2019

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

ENTITY 2

OMB No 1545-0047

2019

Open to Public
Inspection

Name of the organization

SPRINGPOINT SENIOR LIVING, INC.

Employer identification number
22-3498690

SEE PART VI FOR COLUMN (F) CONTINUATIONS

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY	22-2045817	NONE	05/05/16	18500000.	TO ACQUIRE A CCRC ADVANCED				X		X
B SUSSEX COUNTY, DELAWARE	51-6000161	86926RCA6	10/27/16	19301881.	REFINANCING OF 20 CONSTRUCTION LOAN				X		X
C PUBLIC FINANCE AUTHORITY	27-3866124	NONE	05/28/15	27700000.	- SEE SUPPLEMENTA				X		X
D											

Part II | Proceeds

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

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

Schedule K (Form 990) 2019

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		.00 %		.00 %		.00 %		.00 %
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		.00 %		.00 %		.00 %		.00 %
6 Total of lines 4 and 5		.00 %		.00 %		.00 %		.00 %
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

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

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		.00 %		.00 %		.00 %		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		.00 %		.00 %		.00 %		%
6 Total of lines 4 and 5		.00 %		.00 %		.00 %		%
7 Does the bond issue meet the private security or payment test?		X		X		X		
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X			

Part IV Arbitrage

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

Part IV Arbitrage (continued)

4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
		X		X		X		X	
b	Name of provider	PEAPACK-GLADSTONE B SUN TRUST		CAPITAL ONE, N.A.		SUN TRUST			
c	Term of hedge	15.0000000		12.0000000		10.0000000		15.0000000	
d	Was the hedge superintegrated?	X		X		X		X	
e	Was the hedge terminated?	X		X		X		X	
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	X		X		X		X	
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?	X		X		X		X	
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
	X		X		X		X	

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

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY

(F) DESCRIPTION OF PURPOSE:

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

(A) ISSUER NAME: NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY

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

(A) ISSUER NAME: NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY

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

(A) ISSUER NAME: NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY

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

(A) ISSUER NAME: SUSSEX COUNTY, DELAWARE

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

(A) ISSUER NAME: PUBLIC FINANCE AUTHORITY

(F) DESCRIPTION OF PURPOSE:

Part IV Arbitrage (continued)

4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
		X		X	X			

b Name of provider

M&T BANK

c Term of hedge

10.00000000

d Was the hedge superintegrated?

X

e Was the hedge terminated?

X

5a Were gross proceeds invested in a guaranteed investment contract (GIC)?

X

b Name of provider

X

c Term of GIC

d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?

6 Were any gross proceeds invested beyond an available temporary period?

X

7 Has the organization established written procedures to monitor the requirements of section 148?

X

X

X

Part V Procedures To Undertake Corrective Action

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
	X		X		X			

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

(A) ISSUER NAME: NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY

(F) DESCRIPTION OF PURPOSE:

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

(A) ISSUER NAME: NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY

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

(A) ISSUER NAME: NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY

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

(A) ISSUER NAME: NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY

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

(A) ISSUER NAME: SUSSEX COUNTY, DELAWARE

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

(A) ISSUER NAME: PUBLIC FINANCE AUTHORITY

(F) DESCRIPTION OF PURPOSE:

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

CONSTRUCTION LOAN - SEE SUPPLEMENTAL SECTION FOR DETAILS

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

(A) ISSUER NAME: NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY

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

SCHEDULE K, PART I

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

THE TAX-EXEMPT BOND ISSUANCE IN THE AMOUNT OF \$50,085,000 REFLECTED IN SCHEDULE K, PART I, LINE B WAS ISSUED ON BEHALF OF SPRINGPOINT AT MONTGOMERY, INC. THE TOTAL PROCEEDS FROM THE BOND ISSUANCE WERE USED TO (A) ADVANCE REFUND A PRIOR ISSUE AND (B) TO FINANCE CERTAIN COSTS OF ISSUANCE OF THE BOND.

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

SCHEDULE K, PART I (CONTINUED)

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

FINANCE CERTAIN COSTS OF ISSUANCE OF THE BOND.

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

SCHEDULE K, PART I (CONTINUED)

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

THE TAX-EXEMPT BOND ISSUANCE IN THE AMOUNT OF \$19,301,881 IN SCHEDULE K, PART I (PAGE 2), LINE B WAS ISSUED ON BEHALF OF SPRINGPOINT AT LEWES. THE TOTAL PROCEEDS FROM THE BOND ISSUANCE WERE USED TO (A) ADVANCE REFUND A PRIOR ISSUE, (B) FUND A BOND RESERVE, AND (C) FINANCE CERTAIN COSTS OF ISSUANCE OF THE BOND.

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

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No 1545-0047

2019Open To Public
InspectionDepartment of the Treasury
Internal Revenue Service▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**▶ **Attach to Form 990 or Form 990-EZ.**▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

SPRINGPOINT SENIOR LIVING, INC.

Employer identification number

22-3498690

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

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

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958

▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

▶ \$

Part II Loans to and/or From Interested Persons.

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

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

Total

▶ \$

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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

Schedule L (Form 990 or 990-EZ) 2019

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information.

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:**(A) NAME OF PERSON: KELLY HORTON****(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:**

RELATIVE OF RAYMOND LEENIG - VP OF IT

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

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

LIVING. KELLY DOES NOT REPORT TO RAYMOND NOR DOES RAYMOND HAVE A ROLE IN DETERMINING KELLY'S COMPENSATION.

(A) NAME OF PERSON: MICHAEL DIFIGLIA**(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:**

RELATIVE OF BOARD MEMBER JOSEPH DIFIGLIA

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

MEMBER JOSEPH DIFIGLIA AND WAS AN EMPLOYEE OF SPRINGPOINT SENIOR LIVING

UNTIL MAY 2019. MICHAEL DID NOT REPORT TO JOSEPH NOR DID JOSEPH HAVE A ROLE IN DETERMINING MICHAEL'S COMPENSATION.

(A) NAME OF PERSON: SEAN FLOOD**(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:**

RELATIVE OF EMPLOYEE DAVID FLOOD

Part V Supplemental Information

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2019

Open to Public
Inspection

Name of the organization

SPRINGPOINT SENIOR LIVING, INC.

Employer identification number
22-3498690

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SERVE THEM TO EXPERIENCE THE BEST THAT LIFE HAS TO OFFER.

PART III, LINE 4A

BACKGROUND

SPRINGPOINT IS A NATIONALLY RECOGNIZED NONPROFIT PROVIDER OF SENIOR HOUSING AND CARE, FOUNDED IN 1916. WE ARE A COLLECTION OF EIGHT CONTINUING CARE RETIREMENT COMMUNITIES AND 19 AFFORDABLE HOUSING COMMUNITIES LOCATED THROUGHOUT NEW JERSEY AND DELAWARE. EACH HAS ITS OWN UNIQUE FLAVOR AND FLAIR. WE OFFER HOMECARE AND CARE MANAGEMENT SERVICES THROUGH SPRINGPOINT AT HOME AND ADDITIONAL SECURITY THROUGH SPRINGPOINT CHOICE, A CONTINUING CARE AT HOME PROGRAM, WHICH HELPS PEOPLE AGE IN PLACE WHEREVER THEY CALL HOME. THROUGH OUR SPRINGPOINT FOUNDATION, WE ENCOURAGE CHARITABLE GIVING TO SUPPORT PROGRAMS THAT MAKE A MEANINGFUL DIFFERENCE IN THE LIVES OF SENIORS. ULTIMATELY, THE GOAL OF ALL OF OUR PROGRAMS AND SERVICES IS TO KEEP SENIORS CONNECTED AND ENGAGED IN THE COMMUNITY. SPRINGPOINT SERVES OVER 4,000 SENIORS AND EMPLOYS APPROXIMATELY 2,300 INDIVIDUALS.

"RESIDENTS-FIRST" PHILOSOPHY

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

Name of the organization

SPRINGPOINT SENIOR LIVING, INC.

Employer identification number

22-3498690

SPRINGPOINT STATEMENT FOR COMMUNITY BENEFITSSPRINGPOINT SENIOR LIVING VALUESSPRINGPOINT S IS GUIDED BY THE FOLLOWING VALUES IN FURTHERING ITS
CHARITABLE TAX-EXEMPT PURPOSES:

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

MISSIONTO INSPIRE OUR FAMILY WITH ENDLESS OPPORTUNITIESVISION

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

SPRINGPOINT SENIOR LIVING COMMUNITIES

Name of the organization

SPRINGPOINT SENIOR LIVING, INC.

Employer identification number

22-3498690

FULL-SERVICE SENIOR LIVING

SPRINGPOINT FULL SERVICE SENIOR LIVING COMMUNITIES OFFER FLEXIBLE ACCOMMODATIONS DESIGNED TO MEET HEALTH AND HOUSING NEEDS THAT CAN CHANGE OVER TIME. THE FULL-SERVICE CARE CONTINUUM ENCOMPASSES INDEPENDENT LIVING, ASSISTED LIVING, MEMORY AND SKILLED NURSING CARE. THESE COMMUNITIES ALSO OFFER HOUSEKEEPING, MEALS AND ACTIVITIES. SEVEN OF THE SPRINGPOINT FULL-SERVICE RETIREMENT COMMUNITIES HOLD ACCREDITATION BY CARF-CCAC, THE NATION'S ONLY ACCREDITING BODY FOR CONTINUING CARE RETIREMENT COMMUNITIES.

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

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

FULL-SERVICE SENIOR LIVING COMMUNITY SNAPSHOT

CRESTWOOD MANOR, WHITING, NJ

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

Name of the organization

SPRINGPOINT SENIOR LIVING, INC.

Employer identification number

22-3498690

MEADOW LAKES, EAST WINDSOR, NJ

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

MONROE VILLAGE, MONROE TOWNSHIP, NJ

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

STONEBRIDGE AT MONTGOMERY, SKILLMAN, NJ

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

THE ATRIUM AT NAVESINK HARBOR, RED BANK, NJ

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

THE MOORINGS AT LEWES, LEWES, DE

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

THE OAKS AT DENVILLE, DENVILLE, NJ

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

WINCHESTER GARDENS, MAPLEWOOD, NJ

Name of the organization

SPRINGPOINT SENIOR LIVING, INC.

Employer identification number

22-3498690

WINCHESTER GARDENS OFFERS 163 INDEPENDENT LIVING APARTMENTS AND 39

VILLAS, 73 ASSISTED LIVING SUITES AND 30 SKILLED NURSING BEDS.

SKILLED NURSING

VILLAGE POINT, MONROE, NJ

VILLAGE POINT IS A STATE-OF-THE-ART 87,000 SQUARE-FOOT HEALTHCARE

CENTER SITUATED ON A 5-ACRE SITE WITHIN THE MONROE VILLAGE CAMPUS,

OFFERING 120 PRIVATE AND SEMI-PRIVATE BEDS. THERE ARE FOUR DISTINCT

NEIGHBORHOODS DESIGNED TO REFLECT SPECIFIC CARE NEEDS INCLUDING:

SUB-ACUTE CARE (ALL PRIVATE ROOMS); MEMORY IMPAIRMENT AND LONG TERM
CARE

AFFORDABLE HOUSING

SPRINGPOINT AFFORDABLE HOUSING COMMUNITIES OFFER COMFORTABLE,

ATTRACTIVE, REASONABLY-PRICED HOUSING OPTIONS TO INDIVIDUALS WITH

LIMITED INCOMES. PROSPECTIVE TENANTS ARE AGE 62 AND OVER AND MUST MEET

FEDERAL INCOME GUIDELINES. SOME COMMUNITIES HAVE PROGRAM ELIGIBILITY

FOR THOSE 18 YEARS OF AGE OR OLDER WITH A DISABILITY REQUIRING THE

DESIGN FEATURE OF THE UNIT. HERITAGE OF WHITING HAS A PROGRAM

ELIGIBILITY FOR THOSE 55 AND OLDER. HUD SUBSIDIZED TENANTS PAY RENT

BASED ON 30% OF THEIR ADJUSTED GROSS ANNUAL INCOME. INCOME LIMITS VARY

BY LOCATION. HEAT AND HOT WATER ARE ALSO INCLUDED IN THE RENTAL FEE.

PLEASE NOTE: NON-SUBSIDIZED UNITS ARE LOCATED AT ASBURY TOWER (SOME

UNITS), HERITAGE AT WHITING, SAMUEL MILLER AND ROBERT NOBLE MANOR.

EACH SPRINGPOINT AFFORDABLE HOUSING COMMUNITY OFFERS PRIVATE

Name of the organization

SPRINGPOINT SENIOR LIVING, INC.

Employer identification number

22-3498690

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

- ALLAIRE CROSSING, WALL, 67 UNITS (MANAGED)
- ASBURY TOWER, ASBURY PARK, 347 UNITS (MANAGED)
- BUTLER SENIOR COMMUNITY, BUTLER, 90 UNITS (MANAGED)
- COUNTRYSIDE MEADOWS, EGG HARBOR CITY, 84 UNITS
- CROSSROADS AT HOWELL, FREEHOLD, 86 UNITS
- THE OAKS AT TOMS RIVER, 85 UNITS
- FRIENDSHIP GARDENS, HOWELL, 100 UNITS (MANAGED)
- THE GABLES AT WEST WINDSOR, 85 UNITS
- HERITAGE AT WHITING, 69 UNITS (MANAGED)
- HIDDEN BROOK AT FRANKLIN, 85 UNITS
- MANCHESTER PINES, WHITING, 84 UNITS
- PLAINFIELD TOWER WEST, PLAINFIELD, 154 UNITS (MANAGED)
- PORTLAND POINTE, ATLANTIC HIGHLANDS, 58 UNITS
- ROBERT NOBLE MANOR, SOUTH AMBOY, 40 UNITS (MANAGED)
- SAMUEL MILLER SENIOR HOUSING, MOUNT HOLLY, 30 UNITS (MANAGED)
- STAFFORD BY THE BAY, MANAHAWKIN, 85 UNITS
- WATCHING TERRACE AT MIDDLESEX, 87 UNITS
- WHEATON POINTE AT EAST WINDSOR, 84 UNITS
- WOODLANDS AT RAMSEY, 100 UNITS (MANAGED)

SPRINGPOINT FOUNDATION

THE SPRINGPOINT FOUNDATION IS THE COMMUNITY OUTREACH AND PHILANTHROPIC
ARM OF SPRINGPOINT SENIOR LIVING. SINCE 1916, THE PRIMARY PURPOSE OF

Name of the organization

SPRINGPOINT SENIOR LIVING, INC.

Employer identification number

22-3498690

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

LIFE-ENHANCING RESIDENT ASSISTANCE

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

TRANSPORTATION: MANY OLDER ADULTS ARE UNABLE TO DRIVE, SIGNIFICANTLY LIMITING THEIR ABILITY TO REMAIN INDEPENDENT AND NEGATIVELY IMPACTING THEIR QUALITY OF LIFE. EACH YEAR, THE FOUNDATION ALLOCATES FUNDING FOR TRANSPORTATION. FOR EXAMPLE, THE FOUNDATION CURRENTLY SUPPORTS THE PURCHASE AND MAINTENANCE OF NEW BUSES THAT PROVIDE GREATER INDEPENDENCE FOR MORE THAN 1,600 RESIDENTS LIVING IN 15 AFFORDABLE HOUSING COMMUNITIES.

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

PART III, LINE 4A

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

Name of the organization

SPRINGPOINT SENIOR LIVING, INC.

Employer identification number

22-3498690

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

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

CONCLUSION

SPRINGPOINT IS A NON-PROFIT LEADER IN HIGH-QUALITY SENIOR HOUSING AND CARE. SPRINGPOINT OFFERS DIVERSE RETIREMENT LIFESTYLE OPTIONS AS WELL AS A RANGE OF INNOVATIVE SERVICES AND PROGRAMMING THAT ENHANCE RESIDENTS' LIVES EACH DAY. OUR CHOICES INCLUDE FULL-SERVICE SENIOR LIVING, SKILLED NURSING, AFFORDABLE HOUSING, HOME CARE, CARE MANAGEMENT SERVICES AND CONTINUING CARE AT HOME.

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

Name of the organization

SPRINGPOINT SENIOR LIVING, INC.

Employer identification number

22-3498690

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

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

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

SPRINGPOINT HAS THE RIGHT TO ELECT THE MEMBERS OF EACH SUBORDINATE ORGANIZATION'S BOARD OF TRUSTEES AND HAS CERTAIN RESERVED POWERS AS DEFINED IN EACH SUBORDINATE ORGANIZATION'S BYLAWS.

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

SPRINGPOINT HAS THE RIGHT TO ELECT THE MEMBERS OF EACH SUBORDINATE ORGANIZATION'S BOARD OF TRUSTEES AND HAS CERTAIN RESERVED POWERS AS DEFINED IN EACH SUBORDINATE ORGANIZATION'S BYLAWS.

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

THE ORGANIZATION IS THE PARENT OF A TAX-EXEMPT GROUP OF ORGANIZATIONS THAT PROVIDE CONTINUING CARE RETIREMENT COMMUNITY SERVICES AND AFFORDABLE HOUSING. THE FORM 990 WAS PROVIDED TO THE MEMBERS OF THE ORGANIZATION'S FULL GOVERNING BODY, ITS BOARD OF TRUSTEES, FOR ITS REVIEW AND APPROVAL PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE ("IRS"). THE AUDIT

Name of the organization

SPRINGPOINT SENIOR LIVING, INC.

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22-3498690

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

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

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

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

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

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MEMBERS OF THE BOARD OF TRUSTEES, OFFICERS AND SENIOR MANAGEMENT PERSONNEL ARE REQUIRED TO REVIEW THE EXISTING CONFLICT OF INTEREST POLICY AND COMPLETE A QUESTIONNAIRE. THE COMPLETED QUESTIONNAIRES ARE RETURNED TO THE ORGANIZATION'S GENERAL COUNSEL FOR REVIEW. THEREAFTER, THE ORGANIZATION'S GENERAL COUNSEL PREPARES A SUMMARY OF THE COMPLETED QUESTIONNAIRES WHICH CONTAINS INFORMATION DISCLOSED ON AN INDIVIDUAL-BY-INDIVIDUAL BASIS AND PRESENTS THIS SUMMARY TO THE ORGANIZATION'S GOVERNANCE COMMITTEE FOR ITS REVIEW AND DISCUSSION. FAMILY AND BUSINESS RELATIONSHIPS ARE EXPRESSLY MENTIONED IN THE CONFLICT OF INTEREST POLICY AS BEING SOURCES OF POTENTIAL CONFLICTS.

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

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

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

THE ORGANIZATION'S BOARD OF TRUSTEES HAS AN EXECUTIVE COMPENSATION COMMITTEE ("COMMITTEE"). THE COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVES THE COMPENSATION AND BENEFITS FOR THE ORGANIZATION'S SENIOR MANAGEMENT, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER, CHIEF OPERATING OFFICER AND CHIEF FINANCIAL OFFICER. THE COMMITTEE REVIEWS THE "TOTAL COMPENSATION"

Name of the organization

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OF THE INDIVIDUALS WHICH IS INTENDED TO INCLUDE BOTH CURRENT AND DEFERRED COMPENSATION AND ALL EMPLOYEE BENEFITS, BOTH QUALIFIED AND NON-QUALIFIED. THE COMMITTEE'S REVIEW IS COMPLETED AND DOCUMENTED ON AT LEAST AN ANNUAL BASIS AND ENSURES THAT THE "TOTAL COMPENSATION" OF THE ORGANIZATION'S SENIOR MANAGEMENT IS REASONABLE.

THE ACTIONS TAKEN BY THE COMMITTEE ENABLE THE ORGANIZATION TO SATISFY THE REBUTTABLE PRESUMPTION OF REASONABLENESS FOR PURPOSES OF INTERNAL REVENUE CODE SECTION 4958 WITH RESPECT TO THE TOTAL COMPENSATION OF CERTAIN MEMBERS OF THE SENIOR MANAGEMENT TEAM, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER, CHIEF OPERATING OFFICER AND CHIEF FINANCIAL OFFICER. THE THREE FACTORS WHICH MUST BE COMPLETED IN ORDER TO SATISFY THE REBUTTABLE PRESUMPTION OF REASONABLENESS ARE THE FOLLOWING:

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

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

3. THE AUTHORIZED BODY "ADEQUATELY DOCUMENTED THE BASIS FOR ITS DETERMINATION" CONCURRENTLY WITH MAKING THAT DETERMINATION. THE COMMITTEE IS COMPRISED OF MEMBERS OF THE BOARD OF TRUSTEES EACH OF WHOM ARE INDEPENDENT AND FREE FROM ANY CONFLICTS OF INTEREST.

THE COMMITTEE RELIED UPON APPROPRIATE COMPARABLE DATA; SPECIFICALLY THE COMMITTEE OBTAINED A WRITTEN COMPENSATION STUDY FROM AN INDEPENDENT FIRM

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WHICH SPECIALIZES IN THE REVIEWING OF RETIREMENT HOUSING AND SENIOR LIVING HEALTHCARE SERVICES' EXECUTIVE COMPENSATION AND BENEFITS THROUGHOUT THE UNITED STATES. THIS STUDY USED COMPARABLE GEOGRAPHIC AND DEMOGRAPHIC MARKET DATA INCLUDING BUT NOT LIMITED TO SIMILAR SIZED ORGANIZATIONS, NUMBER OF CONTINUING CARE RETIREMENT COMMUNITIES AND RESIDENTIAL FACILITY REVENUE. THE COMMITTEE ADEQUATELY DOCUMENTED ITS BASIS FOR ITS DETERMINATION THROUGH THE TIMELY PREPARATION OF WRITTEN MINUTES OF THE COMPENSATION COMMITTEE MEETINGS DURING WHICH EXECUTIVE COMPENSATION AND BENEFITS WAS REVIEWED AND SUBSEQUENTLY APPROVED.

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

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

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

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

Related Organizations and Unrelated Partnerships

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

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

2019

Open to Public Inspection

Name of the organization

SPRINGPOINT SENIOR LIVING, INC.

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22-3498690

Part I

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

[illegible]

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.

[illegible]

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

Schedule R (Form 990) 2019

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

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

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

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)	X	
f Dividends from related organization(s)		
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		
p Reimbursement paid to related organization(s) for expenses		
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		
s Other transfer of cash or property from related organization(s)	X	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SPRINGPOINT AT CRESTWOOD, INC.	M	1,102,382.COST	
(2) SPRINGPOINT AT THE ATRIUM, INC.	M	922,154.COST	
(3) SPRINGPOINT AT MEADOW LAKES, INC.	M	1,491,466.COST	
(4) SPRINGPOINT AT MONROE VILLAGE, INC.	M	897,326.COST	
(5) SPRINGPOINT AT MONTGOMERY, INC.	M	1,743,521.COST	
(6) MARCUS L. WARD HOME	M	354,151.COST	

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7)SPRINGPOINT AT DENVERVILLE, INC.	M	1,253,042.COST	
(8)SPRINGPOINT AT LEWES, INC.	M	457,980.COST	
(9)THE PRESBYTERIAN HOME AT DOVER, INC.	M	54,432.COST	
(10)PRESBYTERIAN HOME AT GALLOWAY, INC.	M	53,784.COST	
(11)PRESBYTERIAN HOME AT HOWELL, INC.	M	55,080.COST	
(12)PRESBYTERIAN HOME AT FRANKLIN, INC.	M	52,416.COST	
(13)THE PRESBYTERIAN HOME AT STAFFORD, INC. MIDDLESEX BORO SENIOR CITIZEN HOUSING (14)CORPORATION	M	52,416.COST	
(15)PRESBYTERIAN HOME AT EAST WINDSOR, INC.	M	55,501.COST	
(16)INTEGRATED MANAGEMENT SERVICES, INC.	M	52,416.COST	
(17)CADBURY AT HOME, INC.	M	612,425.COST	
(18)CADBURY AT HOME, INC.	M	104,865.COST	
(19)SPRINGPOINT AT CRESTWOOD, INC.	O	713,713.COST	
(20)SPRINGPOINT AT THE ATRIUM, INC.	O	570,057.COST	
(21)SPRINGPOINT AT MEADOW LAKES, INC.	O	795,521.COST	
(22)SPRINGPOINT AT MONROE VILLAGE, INC.	O	510,727.COST	
(23)SPRINGPOINT AT MONTGOMERY, INC.	O	702,245.COST	
(24)MARCUS L. WARD HOME	O	555,838.COST	
(25)SPRINGPOINT AT DENVERVILLE, INC.	O	629,729.COST	

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) SPRINGPOINT AT LEWES, INC.	O	615,949.COST	
(8) SPRINGPOINT AT HALF ACRE ROAD, INC.	O	709,804.COST	
(9) SPRINGPOINT FOUNDATION, INC.	O	132,951.COST	
(10) INTEGRATED MANAGEMENT SERVICES, INC.	O	112,041.COST	
(11) SPRINGPOINT CHOICE, INC.	O	67,893.COST	
(12) SPRINGPOINT AT HOME, INC.	O	97,023.COST	
(13) SPRINGPOINT AT CRESTWOOD, INC.	P	2,621,802.COST	
(14) SPRINGPOINT AT THE ATRIUM, INC.	P	7,019,195.COST	
(15) SPRINGPOINT AT MEADOW LAKES, INC.	P	2,209,587.COST	
(16) SPRINGPOINT AT MONROE VILLAGE, INC.	P	1,672,469.COST	
(17) SPRINGPOINT AT MONTGOMERY, INC.	P	3,350,983.COST	
(18) MARCUS L. WARD HOME	P	10,515,071.COST	
(19) SPRINGPOINT AT DENVERVILLE, INC.	P	3,474,452.COST	
(20) SPRINGPOINT AT LEWES, INC.	P	3,957,177.COST	
(21) SPRINGPOINT AT HALF ACRE ROAD, INC.	P	1,335,312.COST	
(22) THE PRESBYTERIAN HOME AT DOVER, INC.	P	87,204.COST	
(23) PRESBYTERIAN HOME AT GALLOWAY, INC.	P	102,884.COST	
(24) PRESBYTERIAN HOME AT HOWELL, INC.	P	99,921.COST	

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) PRESBYTERIAN HOME AT WEST WINDSOR, INC.	P	113,829.COST	
(8) PRESBYTERIAN HOME AT FRANKLIN, INC.	P	58,791.COST	
(9) THE PRESBYTERIAN HOME AT STAFFORD, INC. MIDDLESEX BORO SENIOR CITIZEN HOUSING	P	221,036.COST	
(10) CORPORATION	P	87,808.COST	
(11) PRESBYTERIAN HOME AT EAST WINDSOR, INC.	P	103,454.COST	
(12) THE PRESBYTERIAN HOME AT MANCHESTER, INC.	P	103,405.COST	
(13) SPRINGPOINT FOUNDATION, INC.	P	65,627.COST	
(14) INTEGRATED MANAGEMENT SERVICES, INC.	P	387,402.COST	
(15) SPRINGPOINT CHOICE, INC.	P	516,707.COST	
(16) SPRINGPOINT AT HOME, INC.	P	663,794.COST	
(17) CADBURY AT CHERRY HILL, INC.	P	85,992.COST	
(18) PRESBYTERIAN HOMES AT WALL, INC.	C	5,000,000.COST	
(19) SPRINGPOINT AT THE ATRIUM, INC.	E	10,000,000.COST	
(20)			
(21)			
(22)			
(23)			
(24)			

Part VII Supplemental Information

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

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

NAME OF RELATED ORGANIZATION:

AFFORDABLE HOUSING SOLUTIONS

DIRECT CONTROLLING ENTITY: PH AT WALL

NAME OF RELATED ORGANIZATION:

PLAINFIELD TOWER SOLUTIONS, INC.

DIRECT CONTROLLING ENTITY: PH AT PLAINFIELD

NAME OF RELATED ORGANIZATION:

MANCHESTER HOUSING SOLUTIONS, INC.

DIRECT CONTROLLING ENTITY: PH AT WALL