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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
SPRINGPOINT SENIOR LIVING INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) 4814 OUTLOOK DRIVE NO 201

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
WALL, NJ 07753

D Employer identification number
22-3498690

E Telephone number
(732) 430-3650

G Gross receipts $ 212,087,886

F Name and address of principal officer
ANTHONY ARGONDIZZA
4814 OUTLOOK DRIVE NO 201
WALL, NJ 07753

H(a) Is this a group return 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 MAKE A DIFFERENCE IN THE LIVES OF THE RESIDENTS, FAMILIES AND COMMUNITIES WE SERVE

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	12
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	**5**	2,564
6	Total number of volunteers (estimate if necessary)	**6**	1,063
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	7,109,383	8,042,274
9	Program service revenue (Part VIII, line 2g)	150,380,212	155,422,696
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,358,627	4,476,022
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,417,996	1,324,042
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	161,266,218	169,265,034
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	276,511	306,292
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)	68,603,872	75,796,683
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16,500	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶845,783		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	92,713,374	98,086,258
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	161,610,257	174,189,233
19	Revenue less expenses Subtract line 18 from line 12	-344,039	-4,924,199

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	715,322,685	744,408,200
21	Total liabilities (Part X, line 26)	737,938,014	764,123,236
22	Net assets or fund balances Subtract line 21 from line 20	-22,615,329	-19,715,036

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, inclu
knowledge and belief, it is true, correct, and complete Declaration of prepa
any knowledge

Sign Here

******
Signature of officer

GARRETT T MIDGETT III CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name JULIUS C GREEN CPA
Preparer's signature JULIUS C GREEN CPA

Firm's name ▶ BAKER TILLY VIRCHOW KRAUSE LLP
Firm's address ▶ 1650 MARKET STREET SUITE 4500
PHILADELPHIA, PA 191037341

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

SPRINGPOINT SENIOR LIVING'S MISSION IS TO MAKE A DIFFERENCE IN THE LIVES OF RESIDENTS, FAMILIES AND COMMUNITIES WE SERVE

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 $ 149,596,630 including grants of $ 306,292) (Revenue $ 156,016,296)

See Additional Data

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses ▶** 149,596,630

Part IV Checklist of Required Schedules

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

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

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		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*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

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

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	606		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	2,564		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**			No
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**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
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**			
9a	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**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

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

Check if Schedule O contains a response 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	1a	15		
	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 in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public 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 4814 OUTLOOK DRIVE NO 201 WALL, NJ 07753 (732) 430-3650

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

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

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

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

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

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

☐ 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 dotted 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			
See Additional Data Table										

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 dotted 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			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								303,369	5,857,358	835,210

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

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
C&C CONSTRUCTION MGMT INC PO BOX 821322 PHILADELPHIA, PA 191821322	CONSTRUCTION	13,521,069
E ALLEN REEVES INC 115 OLD YORK ROAD ABINGTON, PA 19001	CONSTRUCTION	4,635,180
DESIGN ALTERNATIVES 1555 ROUTE 37 WEST UNIT 4 TOMS RIVER, NJ 08755	INTERIOR DESIGN	3,220,245
GENESIS ELDERCARE REHABILITATION SERVICE PO BOX 821322 PHILADELPHIA, PA 191821322	MEDICAL SERVICES	2,574,323
YES WE DO LLC 21 OAKLAND DRIVE JACKSON, NJ 08527	CONSTRUCTION	1,928,408

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 ▶ 61

Part VIII Statement of Revenue

Check 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	1a Federated campaigns . . 1a				
	b Membership dues . . 1b				
	c Fundraising events . . 1c 237,230				
	d Related organizations 1d				
	e Government grants (contributions) 1e 4,931,021				
	f All other contributions, gifts, grants, and similar amounts not included above 1f 2,874,023				
	g Noncash contributions included in lines 1a-1f $ _____				
	h **Total.** Add lines 1a-1f . . . . . ▶	8,042,274			
Program Service Revenue		Business Code			
	2a NET PROGRAM SERVICE REVENUE	541900	155,251,419	155,251,419	
	b ~~OTHER PROGRAM SERVICE REVENUE~~	541900	90,798	90,798	
	c ~~FIN SERVICES & CHARGEBACK REV~~	541900	80,479	80,479	
	d				
	e				
	f All other program service revenue				
	g **Total.** Add lines 2a–2f . . . . ▶	155,422,696			
	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	2,653,676			2,653,676
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶				
		(i) Real	(ii) Personal		
	6a Gross rents				
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss) . . . . . ▶				
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory	44,495,534	6,000		
	b Less cost or other basis and sales expenses	42,596,867	82,321		
	c Gain or (loss)	1,898,667	-76,321		
	d Net gain or (loss) . . . . . ▶	1,822,346			1,822,346
Other Revenue	8a Gross income from fundraising events (not including $ 237,230 of contributions reported on line 1c) See Part IV, line 18 . . . . a 66,074				
	b Less direct expenses . . . b 143,664				
	c Net income or (loss) from fundraising events . . ▶	-77,590			-77,590
	9a Gross income from gaming activities See Part IV, line 19 . . . a				
	b Less direct expenses . . . b				
	c Net income or (loss) from gaming activities . . ▶				
	10a Gross sales of inventory, less returns and allowances . . a				
	b Less cost of goods sold . . b				
	c Net income or (loss) from sales of inventory . . ▶				
	Miscellaneous Revenue	Business Code			
	11a CCRC MANAGEMENT FEE REVENUE	561000	593,600	593,600	
	b RENTAL OF SPACE	900099	496,225		496,225
	c SOLAR RENEWABLE ENERGY CREDITS	900099	231,807		231,807
	d All other revenue		80,000		80,000
	e **Total.** Add lines 11a–11d . . . . . ▶		1,401,632		
	12 Total revenue. See Instructions . . . . . ▶	169,265,034	156,016,296	0	5,206,464

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) Fundraisingexpenses
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	306,292	306,292		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	323,905			323,905
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	59,528,868	53,826,095	5,461,296	241,477
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,095,332	956,035	126,114	13,183
9 Other employee benefits	10,049,357	9,104,579	910,816	33,962
10 Payroll taxes	4,799,221	4,343,253	413,232	42,736
11 Fees for services (non-employees)				
a Management				
b Legal	555,966	121,631	404,620	29,715
c Accounting	533,619		533,619	
d Lobbying	171,155		171,155	
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	14,276,834	9,312,998	4,918,874	44,962
12 Advertising and promotion	1,659,457	1,647,947	535	10,975
13 Office expenses	4,083,430	3,217,526	853,062	12,842
14 Information technology				
15 Royalties . .				
16 Occupancy	15,902,845	15,902,845		
17 Travel	149,404	107,676	36,079	5,649
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	205,703	119,874	75,499	10,330
20 Interest	5,833,515	5,833,515		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	26,715,946	26,715,946		
23 Insurance . . .	2,330,548	1,966,585	363,963	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a SHARED SERVICES	10,165,592	1,280,609	8,884,983	
b FOOD EXPENSES	6,412,604	6,412,604		
c MISCELLANEOUS EXPENSES	3,934,071	3,325,739	544,291	64,041
d REPAIRS & MAINTENANCE	3,061,253	3,057,879	3,374	
e All other expenses	2,094,316	2,037,002	45,308	12,006
25 **Total functional expenses.** Add lines 1 through 24e	174,189,233	149,596,630	23,746,820	845,783
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 Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	22,173	1	22,173
	2	Savings and temporary cash investments	51,003,662	2	42,524,965
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	14,286,394	4	9,746,708
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	7,752,987	7	11,061,293
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	3,140,598	9	3,334,929
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 784,899,041			
	b	Less accumulated depreciation — 10b: 334,649,276	431,362,404	10c	450,249,765
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11	123,847,332	13	143,544,383
	14	Intangible assets	75,515,661	14	75,324,527
	15	Other assets See Part IV, line 11	8,391,474	15	8,599,457
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	715,322,685	16	744,408,200
Liabilities	17	Accounts payable and accrued expenses	14,500,534	17	17,338,223
	18	Grants payable		18	
	19	Deferred revenue	76,687,315	19	81,011,816
	20	Tax-exempt bond liabilities	140,485,508	20	135,959,313
	21	Escrow or custodial account liability Complete Part IV of Schedule D	20,745	21	18,822
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	86,738,357	23	112,906,244
	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	419,505,555	25	416,888,818
	26	**Total liabilities.** Add lines 17 through 25	737,938,014	26	764,123,236
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	-33,574,591	27	-32,136,809
	28	Temporarily restricted net assets	7,146,661	28	8,226,515
	29	Permanently restricted net assets	3,812,601	29	4,195,258
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	-22,615,329	33	-19,715,036
	34	Total liabilities and net assets/fund balances	715,322,685	34	744,408,200

Part XI Reconcilliation 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	169,265,034
2	Total expenses (must equal Part IX, column (A), line 25)	2	174,189,233
3	Revenue less expenses Subtract line 2 from line 1	3	-4,924,199
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-22,615,329
5	Net unrealized gains (losses) on investments	5	8,538,033
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-713,541
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-19,715,036

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?	2a		No
	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?	2b	Yes	
	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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in 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?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:

Software Version:

EIN: 22-3498690

Name: SPRINGPOINT SENIOR LIVING INC

Form 990 (2017)

Form 990, Part III, Line 4a:

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
JOHN J MCSORLEY CHAIR	1 00 1 00	X		X				0	11,219	0
VINCENT A MYERS VICE CHAIR - VICE CHAIR CCRCS	1 00 1 00	X		X				0	0	0
ANTHONY ARGONDIZZA PRESIDENT (EX-OFFICIO)/CEO	50 00 5 00	X		X				0	654,285	265,711
EDGAR M COSTER TRUSTEE - CHAIR CCRCS	1 00 1 00	X						0	0	0
MICHELLE BENNETT TRUSTEE	1 00 1 00	X						0	0	0
THOMAS A BIGA TRUSTEE	1 00 1 00	X						0	0	0
JOSEPH BERARDO JR TRUSTEE	1 00 1 00	X						0	0	0
JOSEPH DIFIGLIA TRUSTEE - FOUNDATION CHAIR	1 00 1 00	X						0	14,620	0
JAMES FERRARE TRUSTEE	1 00 1 00	X						0	0	0
ROBERT J FOGG TRUSTEE	1 00 1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
JEANA M PISCATELLI TRUSTEE	1 00 1 00	X						0	0	0
KEVIN G ROGERS TRUSTEE	1 00 1 00	X						0	0	0
TIFFANY TOMASSO TRUSTEE	1 00 1 00	X						0	0	0
JOSEPH A TORCIVIA TRUSTEE	1 00 1 00	X						0	0	0
BRUCE TRAUB TRUSTEE	1 00 1 00	X						0	0	0
ESTHER RAISS TRUSTEE - CCRCS	1 00	X						0	0	0
JACK A PILKINGTON TRUSTEE - CCRCS	1 00	X						0	0	0
PETER GILLIM TRUSTEE - CCRCS	1 00	X						0	0	0
REV DAVID MULFORD TRUSTEE - CCRCS	1 00	X						0	0	0
DONALD HOWARD TRUSTEE - CCRCS	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
MORREL COHEN TRUSTEE - CCRCS	1 00	X						0	0	0
REV LORRIE SKINNER TRUSTEE - CCRCS	1 00	X						0	0	0
THOMAS GRAVINA TRUSTEE - FOUNDATION	1 00	X						0	0	0
CARRIE PAGE TRUSTEE - FOUNDATION	1 00	X						0	0	0
TODD WHITENACK TRUSTEE - FOUNDATION	1 00	X						0	0	0
JOHN T MCCONVILLE CHAIR - TRUSTEE - FRANKLIN	1 00	X						0	0	0
WALTER E ANDREWS TRUSTEE - FRANKLIN	1 00	X						0	0	0
IRENE CALAFIORE TRUSTEE - FRANKLIN	1 00	X						0	0	0
CATHERINE BRAGG TRUSTEE - FRANKLIN	1 00	X						0	0	0
MARIE THOMPSON TRUSTEE - FRANKLIN	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
VIVIAN COTTRELL TRUSTEE - FRANKLIN	1 00	X						0	0	0
CARL DELLI BOVI CHAIR - TRUSTEE - EAST WINDSOR	1 00	X						0	0	0
MARY LEE KLEINKAUF VICE CHAIR - TRUSTEE - EAST WINDSOR	1 00	X						0	0	0
ONDINA JEFFERS TRUSTEE - EAST WINDSOR	1 00	X						0	0	0
DAVID ROUSSELL TRUSTEE - EAST WINDSOR	1 00	X						0	0	0
RICHARD SCHROEDER TRUSTEE - EAST WINDSOR	1 00	X						0	0	0
DEBORAH L THOMAS TRUSTEE - EAST WINDSOR	1 00	X						0	0	0
VALERIE FREITAS CHAIR - TRUSTEE - PORTLAND	1 00	X						0	0	0
JANE FROTTON VICE CHAIR - TRUSTEE - POR	1 00	X						0	0	0
GARDINER MAREK SR TRUSTEE - PORTLAND	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
MARILYN SCHERFEN TRUSTEE - PORTLAND	1 00	X						0	0	0
DONALD C GATES TRUSTEE - PORTLAND	1 00	X						0	0	0
ROBERT SCHOEFFLING TRUSTEE - PORTLAND	1 00	X						0	0	0
RONALD SENZ TRUSTEE - PORTLAND POINTE	1 00	X						0	0	0
RICHARD STRYKER TRUSTEE - PORTLAND POINTE	1 00	X						0	0	0
SHERLEY PENROSE CHAIR - TRUSTEE - MIDDLESE	1 00	X						0	0	0
DIANE BENSINGER VICE CHAIR - TRUSTEE - MID	1 00	X						0	0	0
SANDRA DIGIACOMO TRUSTEE - MIDDLESEX	1 00	X						0	0	0
VALERIE LYONS TRUSTEE - MIDDLESEX	1 00	X						0	0	0
NANCY LYNN AVERY TRUSTEE - MIDDLESEX	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
LOUISE CREDE TRUSTEE - MIDDLESEX	1 00	X						0	0	0
DENISE BAGONYI TRUSTEE - MIDDLESEX	1 00	X						0	0	0
WILLIAM SAN PHILLIPS TRUSTEE - MIDDLESEX	1 00	X						0	0	0
RICHARD E BYRD CHAIR - TRUSTEE - STAFFORD	1 00	X						0	0	0
PETER PAMBELLO VICE CHAIR - TRUSTEE - STAFFORD	1 00	X						0	0	0
ROBERT BROWN TRUSTEE - STAFFORD	1 00	X						0	0	0
ROBERT GUINEE TRUSTEE - STAFFORD	1 00	X						0	0	0
JOSEPH MAZZOLA TRUSTEE - STAFFORD	1 00	X						0	0	0
GENARO SALZANO TRUSTEE - STAFFORD	1 00	X						0	0	0
ANTHONY P CHIRICO TRUSTEE - STAFFORD	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
THERESA MANOCHIO TRUSTEE - STAFFORD	1 00	X						0	0	0
CHARLOTTE S SAMPIETRO TRUSTEE - STAFFORD	1 00	X						0	0	0
LYNN THORNTON CHAIR - TRUSTEE - WEST WINDSOR (TERM XX/XX)	1 00	X						0	0	0
ROBERT DUNCAN CHAIR - TRUSTEE - WEST WINDSOR	1 00	X						0	0	0
DONNA FUCETOLA VICE CHAIR - TRUSTEE - WEST WINDSOR	1 00	X						0	0	0
TERRY FORMAN TRUSTEE - WEST WINDSOR	1 00	X						0	0	0
ROBERT PRIGGE TRUSTEE - WEST WINDSOR	1 00	X						0	0	0
CHERYL A REGIS TRUSTEE - WEST WINDSOR	1 00	X						0	0	0
JAMES VC YATES TRUSTEE - WEST WINDSOR	1 00	X						0	0	0
GARY T PUMA CEO (TERM 6/30/17)	50 00 5 00			X				0	1,242,358	40,883

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
GARRETT T MIDGETT III CHIEF FINANCIAL OFFICER/SVP/TREASURER	50 00 5 00			X				0	416,152	74,226
MAUREEN E CAFFERTY ESQ GENERAL COUNSEL/SVP/SECRETARY	50 00 5 00			X				0	403,625	67,621
DAVID WOODWARD COO/SVP/ASST TREASURER	50 00 5 00			X				0	361,177	24,899
MICHAEL OAKES SR VP - FOUNDATION	50 00 5 00				X			303,369	0	20,536
DAVID B WEAN VP FACILITY & ASSET MANAGEMENT	50 00 5 00				X			0	269,432	33,705
PAMELA SMITH SR VP STRATEGIC SERVICES	50 00 5 00				X			0	268,392	41,250
MARYBETH KOPEC VP FINANCE	50 00 5 00				X			0	268,784	45,999
RAYMOND R LEENIG VP INFORMATION TECHNOLOGY	50 00 5 00				X			0	269,213	29,776
LINDA ROSE SR VP HEALTH SERVICES	50 00 5 00				X			0	325,928	34,483
TRACY MIDO VP OF HUMAN RESOURCES (TERM 12/31/17)	50 00 5 00				X			0	206,240	23,939

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
JEAN BROPHY CCRC EXECUTIVE DIRECTOR	50 00 5 00					X		0	227,297	20,815
ANNE HAY CCRC EXECUTIVE DIRECTOR	50 00 5 00					X		0	229,302	36,553
MICHAEL GENTILE CCRC EXECUTIVE DIRECTOR	50 00 5 00					X		0	226,183	39,150
RICHARD WHITEMAN CCRC EXECUTIVE DIRECTOR	50 00 5 00					X		0	229,506	19,353
BRENDEN GAROZZO CCRC EXECUTIVE DIRECTOR	50 00 5 00					X		0	233,645	16,311

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2017

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 **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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
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)2013	(b)2014	(c)2015	(d)2016	(e)2017	(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 2017 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2016 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2017.** 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—2016.** 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—2017.** 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—2016.** 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	6,473,333	6,240,608	7,569,666	7,109,383	8,042,274	35,435,264
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	123,710,627	128,580,225	131,709,232	150,915,167	156,016,296	690,931,547
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	130,183,960	134,820,833	139,278,898	158,024,550	164,058,570	726,366,811
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	40,000	30,000	92,493	113,052	20,672	296,217
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	40,000	30,000	92,493	113,052	20,672	296,217
8 **Public support.** (Subtract line 7c from line 6)						726,070,594

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	130,183,960	134,820,833	139,278,898	158,024,550	164,058,570	726,366,811
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,504,044	2,139,669	1,494,366	2,183,941	2,653,676	10,975,696
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	2,504,044	2,139,669	1,494,366	2,183,941	2,653,676	10,975,696
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	2,236,192
13 **Total support.** (Add lines 9, 10c, 11, and 12)	132,688,004	136,960,502	141,278,128	161,131,787	167,520,278	739,578,699

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 2017 (line 8, column (f) divided by line 13, column (f))	15	98 170 %
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	98 180 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	1 480 %
18	Investment income percentage from **2016** Schedule A, Part III, line 17	18	1 560 %

19a **33 1/3% support tests—2017.** 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—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I If you checked 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*	1		
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)*	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*	3a		
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*	3b		
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*	3c		
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*	4a		
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*	4b		
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*	4c		
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)*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
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)*	8		
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.***	9a		
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.***	9b		
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.***	9c		
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 line 10b below*	10a		
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)*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
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*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***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*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

			Yes	No
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*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (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.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

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

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

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

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
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 2017 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-2017**	**(iii) Distributable Amount for 2017**
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2018.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

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)

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART III, LINE 12, EXPLANATION OF OTHER INCOME	SOLAR RENEWABLE ENERGY CREDITS - 2015 AMOUNT $ 283,305 2016 AMOUNT $ 309,939 2017 AMOUNT $ 231,807 INSURANCE REIMBURSEMENTS - 2015 AMOUNT $ 147,385 2017 AMOUNT $ 0 MISCELLANEOUS REVENUE - 2015 AMOUNT $ 74,174 2016 AMOUNT $ 37,132 2017 AMOUNT $ 0 LAND LEASE - 2016 AMOUNT $ 80,000 2017 AMOUNT $ 80,000 RENTAL OF SPACE - 2016 AMOUNT $ 496,225 2017 AMOUNT $ 496,225

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART III	THE PUBLIC CHARITY STATUS REFLECTED ON SCHEDULE A, PART I IS FOR SPRINGPOINT SENIOR LIVING , INC , THE LARGEST SUBORDINATE ORGANIZATION INCLUDED IN THE GROUP EXEMPTION RULING AND IN THIS CONSOLIDATED GROUP FORM 990 EACH OF THE FOLLOWING SUBORDINATE ORGANIZATIONS HAVE TH E 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 RECEI VES (1) MORE THAN 33 1/3% OF ITS SUPPORT FROM CONTRIBUTIONS, MEMBERSHIP FEES, AND GROSS RE CEIPTS FROM ACTIVITIES RELATED TO ITS EXEMPT FUNCTIONS - SUBJECT TO CERTAIN EXCEPTIONS, AN D (2) NO MORE THAN 33 1/3% OF ITS SUPPORT FROM GROSS INVESTMENT INCOME AND UNRELATED BUSIN ESS TAXABLE INCOME (LESS SECTION 511 TAX) FROM BUSINESSES ACQUIRED BY THE ORGANIZATION AFT ER JUNE 30, 1975 SPRINGPOINT AT CRESTWOOD, INC SPRINGPOINT AT THE ATRIUM, INC SPRINGPOI NT AT MEADOW LAKES, INC SPRINGPOINT AT MONROE VILLAGE, INC SPRINGPOINT AT MONTGOMERY, IN C MARCUS L WARD HOME SPRINGPOINT AT DENVILLE, INC SPRINGPOINT AT HALF ACRE ROAD, INC S PRINGPOINT AT HADDONFIELD, INC PRESBYTERIAN HOME AT DOVER, INC PRESBYTERIAN HOME AT GALL OWAY, INC PRESBYTERIAN HOME AT HOWELL, INC PRESBYTERIAN HOME AT WEST WINDSOR, INC PRESB YTERIAN HOME AT FRANKLIN, INC PRESBYTERIAN HOME AT ATLANTIC HIGHLANDS, INC THE PRESBYTER IAN HOME AT STAFFORD, INC MIDDLESEX BOROUGH SENIOR CITIZENS HOUSING CORPORATION PRESBYTER IAN 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 SENIOR LIVING INSTITUTE, INC SPRINGPOINT REALTY, INC SENIOR NET, INC SPRINGPOINT AT EAS TERN NEW JERSEY, INC SPRINGPOINT AT HOME, INC IN ADDITION TO THE ABOVE, SPRINGPOINT FOUN DATION, 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 17 0(B)(1)(A)(VI) THE PUBLIC SUPPORT PERCENTAGE FOR 2017 IS 60 52%

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

OMB No 1545-0047

2017

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 the organization	**Employer identification number**
SPRINGPOINT SENIOR LIVING INC	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 (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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-
1					
2					
3					
4					
5					
6					

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

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

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

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) 2014	(b) 2015	(c) 2016	(d) 2017	(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					

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) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		171,155
i	Other activities?		No	
j	Total Add lines 1c through 1i			171,155
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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 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

Return Reference	Explanation
PART II-B, LINE 1	SPRINGPOINT SENIOR LIVING, INC , THE PARENT ENTITY OF ALL SUBORDINATES INCLUDED IN THIS GROUP FORM 990 IS A MEMBER OF SEVERAL TRADE ORGANIZATIONS OF WHICH A PORTION OF THE DUES PAID TO THESE TRADE ORGANIZATIONS ARE ALLOCATED TO LOBBYING EFFORTS PERFORMED BY THE TRADE ORGANIZATIONS ON BEHALF OF SPRINGPOINT SENIOR LIVING, INC AND SUBORDINATES

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

OMB No 1545-0047

2017

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 (e g , recreation or education)
- ☑ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of an historically important land area
- ☐ Preservation of a certified historic structure

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 Year	
a	Total number of conservation easements	2a	2
b	Total acreage restricted by conservation easements	2b	32 00
c	Number of conservation easements on a certified historic structure included in (a)	2c	0
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	0

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

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

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

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

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 SFAS 116 (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 SFAS 116 (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 SFAS 116 (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 are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

		Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table	
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

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

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

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	10,959,262	12,070,388	11,756,354	11,246,890	8,598,158
b Contributions	1,708,045	1,777,591	1,817,311	1,248,666	3,180,071
c Net investment earnings, gains, and losses	1,179,165	410,465	-123,875	306,155	842,271
d Grants or scholarships					
e Other expenditures for facilities and programs	1,424,697	3,299,182	1,379,402	1,045,357	1,373,610
f Administrative expenses					
g End of year balance	12,421,775	10,959,262	12,070,388	11,756,354	11,246,890

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

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 33 770 %
- c Temporarily restricted endowment ▶ 66 230 %

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

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

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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		39,251,196		39,251,196
b Buildings		648,091,715	306,601,273	341,490,442
c Leasehold improvements				
d Equipment		32,789,917	15,772,798	17,017,119
e Other		64,766,213	12,275,205	52,491,008
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				450,249,765

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. *(Column (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) EQUITY SECURITIES	69,950,113	F
(2) CASH & CASH EQUIVALENTS	22,028,814	F
(3) CORPORATE BONDS	50,475,525	F
(4) LIMITED PARTNERSHIPS	1,089,931	F
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶	143,544,383	

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	
RESIDENTS DEPOSITS	2,007,841
DUE TO AFFILIATES	9,300,605
DERIVATIVE INSTRUMENTS	924,826
OTHER LIABILITIES	3,630,682
CAPITAL ADVANCES	80,035,527
LIABILITIES OF SPLIT INTEREST AGREEMENTS	3,103,404
NOTES PAYABLE TO AFFILIATES	28,271,068
REFUNDABLE ENTRANCE FEES	289,614,865
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	416,888,818

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

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 22-3498690
Name: SPRINGPOINT SENIOR LIVING INC

Form 990, Schedule D, Part X, - Other Liabilities

1 (a) Description of Liability	(b) Book Value
RESIDENTS DEPOSITS	2,007,841
DUE TO AFFILIATES	9,300,605
DERIVATIVE INSTRUMENTS	924,826
OTHER LIABILITIES	3,630,682
CAPITAL ADVANCES	80,035,527
LIABILITIES OF SPLIT INTEREST AGREEMENTS	3,103,404
NOTES PAYABLE TO AFFILIATES	28,271,068
REFUNDABLE ENTRANCE FEES	289,614,865

Supplemental Information

Return Reference	Explanation
PART II, LINE 9	SPRINGPOINT DOES NOT REPORT THE CONSERVATION EASEMENTS ON ITS FINANCIAL STATEMENTS

Supplemental Information

Return Reference	Explanation
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

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	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 AP PROPRIATE TAXING AUTHORITY MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION T HRESHOLD IS MET MANAGEMENT DETERMINED THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGN ITION THRESHOLD IN 2017 AND 2016

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
SPRINGPOINT SENIOR LIVING INC

Employer identification number
22-3498690

Part I **Fundraising Activities.** Complete if the organization answered "Yes" 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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

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

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(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
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total		▶					

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

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

		(a) Event #1 GOLF OUTING (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	303,304			303,304
	2 Less Contributions	237,230			237,230
	3 Gross income (line 1 minus line 2)	66,074			66,074
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	44,914			44,914
	6 Rent/facility costs	66,074			66,074
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	32,676			32,676
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				143,664
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-77,590

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 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).

Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
SPRINGPOINT SENIOR LIVING INC

Employer identification number
22-3498690

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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 . . . . . ▶

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 noncash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of noncash assistance
(1) RESIDENT ASSISTANCE	12	306,292			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	**Explanation**
PART I, LINE 2	GRANTS ARE MONITORED BY THE ORGANIZATION'S FINANCE PERSONNEL THROUGH THE UTILIZATION OF COST CENTERS AND OTHER INFORMATION, INCLUDING WRITTEN DOCUMENTATION AND RECEIPTS

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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.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
SPRINGPOINT SENIOR LIVING INC

Employer identification number
22-3498690

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing 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?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 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?	**5a**		No
b	Any related organization?	**5b**		No
	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?	**6a**		No
b	Any related organization?	**6b**		No
	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 in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(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				
See Additional Data Table							

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

Return Reference	Explanation
PART I, LINE 3	THE PARENT COMPANY OF SPRINGPOINT SENIOR LIVING, INC USES THE FOLLOWING METHODS FOR ESTABLISHING COMPENSATION A COMPENSATION COMMITTEE, AN INDEPENDENT COMPENSATION CONSULTANT, A COMPENSATION SURVEY AND APPROVAL BY THE BOARD OR COMPENSATION COMMITEE
PART I, LINES 4A-B	GARY PUMA, CEO UNTIL 6/30/2017 RECEIVED SEVERANCE PAYMENTS IN 2017 OF $531,895 THE DEFERRED COMPENSATION AMOUNT IN COLUMN C FOR THE FOLLOWING INDIVIDUALS INCLUDES UNVESTED BENEFITS IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN WHICH ARE SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE ACCORDINGLY, THE INDIVIDUALS MAY NEVER ACTUALLY RECEIVE THIS UNVESTED BENEFIT AMOUNT THE AMOUNTS OUTLINED HEREIN WERE NOT INCLUDED IN THE INDIVIDUAL'S 2017 FORM W-2, BOX 5 AS TAXABLE MEDICARE WAGES GARRETT T MIDGETT III, $31,018, ANTHONY ARGONDIZZA, $225,000 AND MAUREEN E CAFFERTY, ESQ , $28,600
PART I, LINE 7	CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS DURING CALENDAR YEAR 2017 THESE AMOUNTS WERE INCLUDED IN COLUMN B (II) HEREIN AND IN EACH INDIVIDUAL'S 2017 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

Additional Data

Software ID:

Software Version:

EIN: 22-3498690

Name: SPRINGPOINT SENIOR LIVING INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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)	464,801	176,040	13,444	238,250	27,461	919,996	0
1 GARY T PUMA CEO (TERM 6/30/17)	(I)	0	0	0	0	0	0	0
	(II)	267,545	416,436	558,377	13,250	27,633	1,283,241	0
2 GARRETT T MIDGETT III CHIEF FINANCIAL OFFICER/SVP/TREASURE	(I)	0	0	0	0	0	0	0
	(II)	303,574	102,153	10,425	44,268	29,958	490,378	0
3 MAUREEN E CAFFERTY ESQ GENERAL COUNSEL/SVP/SECRETARY	(I)	0	0	0	0	0	0	0
	(II)	273,648	90,735	39,242	41,512	26,109	471,246	0
4 DAVID WOODWARD COO/SVP/ASST TREASURER	(I)	0	0	0	0	0	0	0
	(II)	250,941	99,412	10,824	9,082	15,817	386,076	0
5 MICHAEL OAKES SR VP - FOUNDATION	(I)	222,852	74,598	5,919	3,377	17,159	323,905	0
	(II)	0	0	0	0	0	0	0
6 DAVID B WEAN VP FACILITY & ASSET MANAGEMENT	(I)	0	0	0	0	0	0	0
	(II)	201,239	60,871	7,322	9,385	24,320	303,137	0
7 PAMELA SMITH SR VP STRATEGIC SERVICES	(I)	0	0	0	0	0	0	0
	(II)	180,009	81,036	7,347	13,250	28,000	309,642	0
8 MARYBETH KOPEC VP FINANCE	(I)	0	0	0	0	0	0	0
	(II)	195,520	65,910	7,354	11,169	34,830	314,783	0
9 RAYMOND R LEENIG VP INFORMATION TECHNOLOGY	(I)	0	0	0	0	0	0	0
	(II)	204,489	55,192	9,532	11,561	18,215	298,989	0
10 LINDA ROSE SR VP HEALTH SERVICES	(I)	0	0	0	0	0	0	0
	(II)	226,329	91,850	7,749	11,554	22,929	360,411	0
11 TRACY MIDO VP OF HUMAN RESOURCES (TERM 12/31/17	(I)	0	0	0	0	0	0	0
	(II)	183,600	17,440	5,200	9,082	14,857	230,179	0
12 JEAN BROPHY CCRC EXECUTIVE DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	174,912	46,948	5,437	10,824	9,991	248,112	0
13 ANNE HAY CCRC EXECUTIVE DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	176,600	51,518	1,184	11,368	25,185	265,855	0
14 MICHAEL GENTILE CCRC EXECUTIVE DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	175,330	48,400	2,453	6,797	32,353	265,333	0
15 RICHARD WHITEMAN CCRC EXECUTIVE DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	182,007	46,948	551	7,824	11,529	248,859	0
16 BRENDEN GAROZZO CCRC EXECUTIVE DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	174,912	56,088	2,645	6,320	9,991	249,956	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
SPRINGPOINT SENIOR LIVING INC

Employer identification number
22-3498690

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY	22-2045817		06-15-2015	24,480,000	ADVANCE REFUNDING OF 2011A AND 2011B BONDS AND CONSTRUCTION COSTS		X		X		X
B	NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY	22-2045817		12-01-2015	50,085,000	ADVANCE REFUNDING OF 2012A AND 2012B BONDS		X		X		X
C	NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY	22-2045817		12-01-2015	30,945,000	ADVANCE REFUNDING OF 1998A AND 2010B BONDS		X		X		X
D	NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY	22-2045817		09-29-2014	31,285,000	ADVANCE REFUNDING OF 2004 NJEDA BONDS		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	3,142,850	1,729,000	5,466,000	4,080,000
2	Amount of bonds legally defeased				
3	Total proceeds of issue	24,480,000	50,085,000	30,945,000	31,285,000
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	128,695	410,390	254,661	285,875
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	4,676,325			
11	Other spent proceeds	19,674,980	49,674,610	30,690,339	30,199,125
12	Other unspent proceeds				
13	Year of substantial completion	2015	2015	2015	2014

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X		X		X
15	Were the bonds issued as part of 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	

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use 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?								
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 ▶	0 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 %		0 %		0 %	
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 nongovernmental 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	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X		X		X	
b	Name of provider	PEAPACK-GLADSTONE BANK		SUN TRUST		CAPITAL ONE NA		SUN TRUST	
c	Term of hedge	1500 0000000000 %		1200 0000000000 %		1000 0000000000 %		1500 0000000000 %	
d	Was the hedge superintegrated?		X		X		X		X
e	Was the hedge terminated?		X		X		X		X

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
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

Return Reference	Explanation
SCHEDULE K, PART I (CONTINUED)	THE TAX-EXEMPT BOND ISSUANCE IN THE AMOUNT OF $30,945,000 REFLECTED IN SCHEDULE K, PART I, LINE C WAS ISSUED ON BEHALF OF THE SPRINGPOINT SENIOR LIVING OBLIGATED GROUP "THE OBLIGATED GROUP" SPRINGPOINT SENIOR LIVING, INC IS A MEMBER OF THE OBLIGATED GROUP AND IS THE TAX-EXEMPT PARENT OF THIS ORGANIZATION ALSO INCLUDED IN THE OBLIGATED GROUP ARE SPRINGPOINT AT MEADOW LAKES, INC , SPRINGPOINT AT CRESTWOOD, INC , AND SPRINGPOINT AT MONROE VILLAGE, INC , WHICH ARE ALL INCLUDED IN THIS GROUP RETURN PLEASE NOTE THAT SCHEDULE K, PARTS II, III, AND IV HAVE BEEN COMPLETED BASED UPON THE TOTAL AMOUNT OF THE TAX-EXEMPT BOND ISSUANCE FOR THE OBLIGATED GROUP, SPRINGPOINT SENIOR LIVING-PARENT IS PART OF THE OBLIGATED GROUP BUT IS NOT REPORTED AS PART OF THIS GROUP RETURN THE TOTAL PROCEEDS FROM THE BOND ISSUANCE WERE ALLOCATED TO MEMBERS OF THE OBLIGATED GROUP BASED ON THEIR DIRECT USE OF THE PROCEEDS AND WAS USED TO (A) ADVANCE REFUND A PRIOR ISSUE AND (B) TO FINANCE CERTAIN COSTS OF ISSUANCE OF THE BOND THE TAX-EXEMPT BOND ISSUANCE IN THE AMOUNT OF $31,285,000 REFLECTED IN SCHEDULE K, PART I, LINE D WAS ISSUED ON BEHALF OF MACUS L WARD HOME THE TOTAL PROCEEDS FROM THE BOND ISSUANCE WERE USED TO (A) ADVANCE REFUND A PRIOR ISSUE AND (B) TO FINANCE CERTAIN COSTS OF ISSUANCE OF THE BOND

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

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
SPRINGPOINT SENIOR LIVING INC

Employer identification number
22-3498690

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY	22-2045817		05-05-2016	18,500,000	TO ACQUIRE A CCRC		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	18,500,000			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	300,000			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	16,450,485			
11	Other spent proceeds	1,749,515			
12	Other unspent proceeds				
13	Year of substantial completion	2016			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?	X							
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %							
6	Total of lines 4 and 5	0 %							
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X							

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X						
b	Exception to rebate?		X						
c	No rebate due?		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X							

Part V Procedures To Undertake Corrective Action

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

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

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 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.**
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2017

Open to Public Inspection

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 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 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? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total				▶ $								

Part III Grants or Assistance Benefiting Interested Persons.

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

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

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) KELLY HORTON	DAUGHTER OF RAYMOND LEENIG - VP OF IT	70,874	EMPLOYEE COMPENSATION		No

Part V **Supplemental Information**

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

Return Reference	Explanation

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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.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
SPRINGPOINT SENIOR LIVING INC

Employer identification number

22-3498690

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, LINE 4A	BACKGROUND SPRINGPOINT SENIOR LIVING IS A NATIONALLY RECOGNIZED NOT-FOR-PROFIT PROVIDER OF SENIOR HOUSING AND CARE, IN BUSINESS SINCE 1916 THE SPRINGPOINT FOUNDATION ADVANCES OUR MISSION INSPIRING GENEROSITY IN SUPPORT OF PROGRAMS THAT MAKE A DIFFERENCE IN PEOPLES LIVE S AND ENRICH THE COMMUNITIES WHERE THEY LIVE THE SPRINGPOINT FOUNDATION'S FOUR CORE RESID ENT AND PARTNERSHIP PROGRAMS INCLUDE FINANCIAL ASSISTANCE FOR RESIDENTS IN NEED, SPIRITUAL CARE, TOMORROW'S LEADERS INTERNSHIP PROGRAM AND PROGRAMS WHICH PROVIDE SUPPORT FOR OUR AF FORDABLE HOUSING COMMUNITIES SPRINGPOINT SENIOR LIVING SERVES OVER 4,000 SENIORS RESIDING IN 28 COMMUNITIES THROUGHOUT NEW JERSEY AND DELAWARE AND VIA ITS LICENSED HOME CARE COMPA NY AND CONTINUING CARE AT HOME PRODUCT EIGHT (8) OF THESE COMMUNITIES PROVIDE THE FULL CO NTINUUM OF CARE, NINETEEN (19) ARE AFFORDABLE HOUSING COMMUNITIES AND ONE (1) IS A SKILLED NURSING COMMUNITY SPRINGPOINT EMPLOYS APPROXIMATELY 2,100 INDIVIDUALS SPRINGPOINT SENIO R LIVING IS GUIDED BY ITS COMMITMENT TO THE QUALITY OF LIFE OF ITS OWN RESIDENTS AS WELL A S CONCERN FOR THE WELL-BEING OF SENIORS THROUGHOUT THE REGION SPRINGPOINT SENIOR LIVING I S NON-DENOMINATIONAL, WELCOMING RESIDENTS OF ALL FAITHS AND BACKGROUNDS "RESIDENTS-FIRST" PHILOSOPHY AT SPRINGPOINT SENIOR LIVING, OUR "RESIDENTS- FIRST" PHILOSOPHY GUIDES US IN P ROMOTING AND EXPANDING OUR MISSION OF OFFERING HIGH-QUALITY HOUSING AND SERVICES AND AN OU TSTANDING QUALITY OF LIFE FOR EVERY RESIDENT, EVERYDAY SPRINGPOINT SENIOR LIVING STATEMEN T FOR COMMUNITY BENEFITS SPRINGPOINT SENIOR LIVING IS AN ACTIVE COMMUNITY PARTNER, BRINGIN G PHILANTHROPIC, CULTURAL AND EDUCATIONAL RESOURCES TO SENIORS AND THEIR FAMILY MEMBERS AC ROSS NEW JERSEY SPRINGPOINT SENIOR LIVING VALUES SPRINGPOINT SENIOR LIVING IS GUIDED BY T HE FOLLOWING PRINCIPLES IN FURTHERING ITS CHARITABLE TAX-EXEMPT PURPOSES 1 RESPECT WE R ECOGNIZE THE VALUE AND DIGNITY OF EVERY PERSON 2 COMPASSION WE SEEK TO UNDERSTAND AND EM PATHIZE WITH OTHERS 3 INTEGRITY WE ARE HONEST, RESPONSIBLE AND ETHICAL 4 SERVICE WE EN DEAVOR TO EXCEED EXPECTATIONS 5 EXCELLENCE WE STRIVE TO DO EVERYTHING OF THE HIGHEST QUA LITY VISION SPRINGPOINT SENIOR LIVING WILL BE THE LEADER IN INNOVATIVE HOUSING, HEALTHCARE AND INTEGRATED SUPPORTIVE SERVICE SOLUTIONS SPRINGPOINT SENIOR LIVING COMMUNITIES FULL-S ERVICE SENIOR LIVING SPRINGPOINT FULL SERVICE SENIOR LIVING COMMUNITIES OFFER FLEXIBLE ACC OMMODATIONS DESIGNED TO MEET HEALTH AND HOUSING NEEDS THAT CAN CHANGE OVER TIME THE FULL-SERVICE CARE SPECTRUM ENCOMPASSES INDEPENDENT LIVING, ASSISTED LIVING, MEMORY AND SKILLED NURSING CARE THESE COMMUNITIES ALSO OFFER HOUSEKEEPING, MEALS AND ACTIVITIES SEVEN OF TH E SPRINGPOINT FULL-SERVICE RETIREMENT COMMUNITIES HOLD ACCREDITATION BY CARF-CCAC, THE NAT ION'S ONLY ACCREDITING BODY FOR CONTINUING CARE RETIREMENT COMMUNITIES SERVICES OFFERED B Y SPRINGPOINT FULL-SERVICE SENIOR LIVING COMMUNITIES INCLUDE - RESTAURANT-STYLE AND CASUA L DINING - HIGH-QUALITY ON-SIT

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, LINE 4A	E HEALTH CARE - FITNESS AND WELL CENTERS AND INDOOR POOL (EXCEPT FOR THE ATRIUM AT NAVESIN K HARBOR) - BEAUTY AND BARBER SHOP - HOUSEKEEPING SERVICES - CONCIERGE SERVICES FULL-SERVI CE SENIOR LIVING COMMUNITY SNAPSHOT CRESTWOOD MANOR, WHITING, NJ CRESTWOOD OFFERS 265 ONE- AND TWO-BEDROOM APARTMENTS, 32 EXPANDED SERVICES PROGRAM UNITS, AND A 64-BED SKILLED NURS ING CARE CENTER ON A 40-ACRE CAMPUS IN OCEAN COUNTY MEADOW LAKES, EAST WINDSOR, NJ MEADOW LAKES OFFERS 246 INDEPENDENT LIVING APARTMENTS, 15 COTTAGES, 44 ASSISTED LIVING SUITES AN D 60 SKILLED NURSING BEDS ON A 103-ACRE CAMPUS IN MERCER COUNTY MONROE VILLAGE, MONROE TO WNSHIP, NJ MONROE VILLAGE OFFERS 279 INDEPENDENT LIVING APARTMENTS, 28 ASSISTED LIVING SUI TES AND 60 SKILLED NURSING BEDS ON 55 ACRES IN MIDDLESEX COUNTY STONEBRIDGE AT MONTGOMERY , SKILLMAN, NJ STONEBRIDGE OFFERS 187 INDEPENDENT LIVING APARTMENTS, 24 COTTAGES, 60 ASSIS TED LIVING APARTMENTS AND 40 SKILLED NURSING BEDS ON 40 ACRES IN SOMERSET COUNTY THE ATRI UM AT NAVESINK HARBOR, RED BANK, NJ THE ATRIUM AT NAVESINK HARBOR OFFERS 140 INDEPENDENT L IVING 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 N URSING BEDS THE OAKS AT DENVILLE, DENVILLE, NJ THE OAKS AT DENVILLE OFFERS 286 INDEPENDEN T LIVING UNITS, 33 ASSISTED LIVING APARTMENTS AND 84 LONG TERM CARE BEDS WINCHESTER GARDE NS, MAPLEWOOD, NJ WINCHESTER GARDENS OFFERS 162 INDEPENDENT LIVING APARTMENTS AND 39 VILLA S THE HEALTH CENTER IS CURRENTLY UNDER CONSTRUCTION UPON COMLPETION THERE WILL BE 102 B EDS IN FOUR NEIGHBORHOODS OFFERING ASSISTED LIVING, MEMORY AND NURSING VARE CURRENTLY 69 HEALTH CENTER BEDS ARE OPERATING OFFERING ASSISTED LIVING AND FORMAL LONG TERM CARE SERVIC ES AFFORDABLE HOUSING SPRINGPOINT AFFORDABLE HOUSING COMMUNITIES OFFER COMFORTABLE, ATTRA CTIVE, 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 DE SIGN 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 P LEASE NOTE NON-SUBSIDIZED UNITS ARE LOCATED AT ASBURY TOWER (SOME UNITS), HERITAGE AT WHI TING, SAMUEL MILLER AND ROBER NOBLE MANOR EACH SPRINGPOINT AFFORDABLE HOUSING COMMUNITY O FFERS PRIVATE UNFURNISHED APARTMENTS WITH EASY ACCESS TO TRANSPORTATION, SHOPPING, MEDICAL FACILITIES AND OTHER AMENITIES SPRINGPOINT SENIOR LIVING AFFORDABLE HOUSING COMMUNITIES INCLUDE - ALLAIRE CROSSING, WALL, 67 UNITS (MANAGED) - ASBURY TOWER, ASBURY PARK, 347 UNI TS (MANAGED) - BUTLER SENIOR COMMUNITY, BUTLER, 90 UNITS (MANAGED) - COUNTRYSIDE MEADOWS, EGG HARBOR CITY, 84 UNITS - CR

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, LINE 4A	OSSROADS AT HOWELL, FREEHOLD, 86 UNITS - THE OAKS AT TOMS RIVER, 85 UNITS - FRIENDSHIP GAR DENS, HOWELL, 100 UNITS (MANAGED) - THE GABLES AT WEST WINDSOR, 85 UNITS - HERITAGE AT WHI TING, 69 UNITS (MANAGED) - HIDDEN BROOK AT FRANKLIN, 85 UNITS - MANCHESTER PINES, WHITING, 84 UNITS - PLAINFIELD TOWER WEST, PLAINFIELD, 154 UNITS (MANAGED) - PORTLAND POINTE, ATLA NTIC HIGHLANDS, 58 UNITS - ROBERT NOBLE MANOR, SOUTH AMBOY, 40 UNITS (MANAGED) - SAMUEL MI LLER 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 UNIT S - WOODLANDS AT RAMSEY, 100 UNITS (MANAGED) SPRINGPOINT FOUNDATION THE SPRINGPOINT FOUNDA TION IS THE COMMUNITY OUTREACH AND PHILANTHROPIC ARM OF SPRINGPOINT SENIOR LIVING SINCE 1 916, THE PRIMARY PURPOSE OF THE SPRINGPOINT FOUNDATION HAS BEEN MAKING A DIFFERENCE IN THE LIVES OF SENIORS AND THEIR FAMILIES THROUGH OUR RESIDENT AND COMMUNITY PARTNERSHIP PROGRA MS 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-ENH ANCING RESIDENT ASSISTANCE BENEVOLENT CARE FINANCIAL STABILITY EQUALS PEACE OF MIND FOR T ODAY'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 DRI VE, SIGNIFICANTLY LIMITING THEIR ABILITY TO REMAIN INDEPENDENT AND NEGATIVELY IMPACTING TH EIR QUALITY OF LIFE EACH YEAR, THE FOUNDATION ALLOCATES FUNDING FOR TRANSPORTATION FOR E XAMPLE, THE FOUNDATION CURRENTLY SUPPORTS THE PURCHASE AND MAINTENANCE OF NEW BUSES THAT P ROVIDE GREATER INDEPENDENCE FOR MORE THAN 1,600 RESIDENTS LIVING IN 15 AFFORDABLE HOUSING COMMUNITIES CHAPLAINCY SPIRITUAL LEADERSHIP POSITIVELY INFLUENCES BOTH THE PHYSICAL AND EMOTIONAL WELL-BEING OF SENIORS OUR PROGRAMS ENCOURAGE SENIORS TO PRACTICE THEIR FAITH AN D OBTAIN THE SPIRITUAL GUIDANCE THEY NEED TO MAINTAIN A HEALTHY STATE OF MIND AND BODY CO MMUNITY SERVICE AND VOLUNTEERING IN AN EFFORT TO ENRICH THE LARGER COMMUNITY, THE SPRINGP OINT FOUNDATION ACTS AS A CONVENER AND COORDINATOR OF COMMUNITY SERVICE AND VOLUNTEER PROG RAMS WORKING WITH INDIVIDUALS AND ORGANIZATIONS, THE FOUNDATION CREATES AND IDENTIFIES VO LUNTEER OPPORTUNITIES THAT BENEFIT PEOPLE AND COMMUNITIES IN NEED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	WORKFORCE DEVELOPMENT AND INTERNSHIPS OUR TOMORROW'S LEADERS PROGRAM IS DESIGNED TO CREATE AND INSPIRE THE NEXT GENERATION OF LEADERS AND INNOVATORS IN SENIOR CARE IT IS SUPPORTED THROUGH SPONSORSHIP OF INTERNS BY INDIVIDUALS, CORPORATIONS, AND SPRINGPOINT VENDORS INTERNS GAIN HANDS-ON EXPERIENCE AND FIRST-HAND KNOWLEDGE OF THE LATEST POLICIES AND PRACTICES THAT AFFECT THE NEEDS OF AGING ADULTS WE ARE PROUD THAT MANY OF OUR INTERNS CONTINUE ON TO A CAREER IN THE FIELD OF SENIOR CARE CONCLUSION SPRINGPOINT SENIOR LIVING IS A NOT-FOR-PROFIT LEADER IN HIGH-QUALITY SENIOR HOUSING AND CARE SPRINGPOINT OFFERS DIVERSE RETIREMENT LIFESTYLE OPTIONS AS WELL AS A RANGE OF INNOVATIVE SERVICES AND PROGRAMMING THAT ENHANCE RESIDENTS' LIVES EACH DAY OUR LIFESTYLE CHOICES INCLUDE FULL-SERVICE SENIOR LIVING, AND AFFORDABLE HOUSING BECAUSE SPRINGPOINT IS A NOT-FOR-PROFIT CORPORATION, RESIDENTS AND THEIR FAMILIES ARE ALWAYS OUR FIRST PRIORITY OUR COMPASSIONATE, PROFESSIONAL STAFF ENSURES THAT RESIDENTS ENJOY THE BEST QUALITY OF LIFE EACH DAY WHILE MAINTAINING THE HIGHEST POSSIBLE LEVEL OF INDEPENDENCE

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	SPRINGPOINT SENIOR LIVING, INC ("SSL") ENTERED INTO AN AFFILIATION AGREEMENT WITH CADBURY AT CHERRY HILL, INC , CADBURY AT LEWES, INC AND CADBURY CONTINUING CARE AT HOME, INC ("CADBURY ENTITIES") THE AFFILIATION AGREEMENT CLOSED ON OCTOBER 1, 2017 AND BECAME EFFECTIVE AT THAT DATE WHEREBY THERE WAS A TRANSFER OF SOLE CORPORATE MEMBERSHIP ON THAT DATE, THE CADBURY ENTITIES BECAME PART OF FORTY-THREE AFFILIATES OF SSL THROUGH A CHANGE IN CONTROL SSL CONTROLS THE CADBURY ENTITIES THROUGH A BOARD OF TRUSTEES COMPRISED PRINCIPALLY OF THE SAME INDIVIDUALS WHO CONTROL ALL OF THE AFFILIATED ENTITIES OF SSL

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE ORGANIZATION IS THE PARENT OF A TAX-EXEMPT GROUP OF ORGANIZATIONS THAT PROVIDE CONTINUING CARE RETIREMENT COMMUNITY SERVICES AND AFFORDABLE HOUSING THE FORM 990 WAS PROVIDED TO THE MEMBERS OF THE ORGANIZATION'S FULL GOVERNING BODY, ITS BOARD OF TRUSTEES, FOR ITS REVIEW AND APPROVAL PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE ("IRS") THE AUDIT COMMITTEE OF THE ORGANIZATION HELD A MEETING AND PERFORMED A REVIEW OF THE FORM 990 PRIOR TO THE PROVISION OF THE FORM TO THE ORGANIZATION'S BOARD OF TRUSTEES THE ORGANIZATION'S BOARD OF TRUSTEES HAS DELEGATED TO ITS AUDIT COMMITTEE THE RESPONSIBILITY TO OVERSEE, REVIEW AND APPROVE OF THE FEDERAL FORM 990, INCLUDING THE PREPARATION, REVIEW AND FILING PROCESS AS PART OF THE TAX RETURN PREPARATION PROCESS, THE ORGANIZATION HIRED A PROFESSIONAL CPA FIRM WITH EXPERIENCE AND EXPERTISE IN BOTH HEALTHCARE AND NOT-FOR-PROFIT TAX RETURN PREPARATION TO PREPARE THE FEDERAL FORM 990 THE CPA FIRM'S TAX PROFESSIONALS WORKED CLOSELY WITH THE ORGANIZATION'S FINANCE PERSONNEL AND VARIOUS OTHER INDIVIDUALS OF THE ORGANIZATION TO OBTAIN THE INFORMATION NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN 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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	NET ASSET TRANSFER -2,000,000 CHANGE IN FAIR VALUE OF DERIVATIVE FINANCIAL INSTRUMENTS 945,996 PENSION LIABILITY ADJUSTMENT -118,329 CHANGE IN VALUE OF PERPETUAL TRUST 382,656 CHANGE IN VALUE SPLIT INTEREST AGREEMENTS 76,136

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
SPRINGPOINT SENIOR LIVING INC

Employer identification number
22-3498690

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1)SPRINGPOINT AT LEWES INC 4814 OUTLOOK DRIVE SUITE 201 WALL, NJ 07753 22-3681799	HEALTH SERVICES	NJ	501(C)(3)	LINE 10	SPRINGPOINT SENIOR LIVING INC		No
(2)CADBURY CONTINUING CARE AT HOME 4814 OUTLOOK DRIVE SUITE 201 WALL, NJ 07753 22-3566504	HEALTH SERVICES	NJ	501(C)(3)	LINE 10	SPRINGPOINT SENIOR LIVING INC		No
(3)CADBURY AT CHERRY HILL 4814 OUTLOOK DRIVE SUITE 201 WALL, NJ 07753 22-2182468	HEALTH SERVICES	NJ	501(C)(3)	LINE 10	SPRINGPOINT SENIOR LIVING INC		No
(4)SPRINGPOINT SENIOR LIVING INC - PARENT 4814 OUTLOOK DRIVE SUITE 201 WALL, NJ 07753 31-1480524	HEALTH SERVICES	NJ	501(C)(3)	LINE 12B, II	N/A		No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)AFFORDABLE HOUSING SOLUTIONS 4814 OUTLOOK DRIVE SUITE 201 WALL, NJ 07753 20-2018876	HEALTH SERVICES	NJ	PH AT WALL	C	109,626	2,526,385	100 000 %		No
(2)PLAINFIELD TOWER SOLUTIONS INC 4814 OUTLOOK DRIVE SUITE 201 WALL, NJ 07753 26-0765373	HEALTH SERVICES	NJ	PH AT PLAINFIELD	C	-500	578,226	100 000 %		No
(3)SENIOR LIVING SOLAR INC 4814 OUTLOOK DRIVE SUITE 201 WALL, NJ 07753 45-4364632	HEALTH SERVICES	NJ	PH AT WALL	C	3,457	1,937,237	100 000 %		No
(4)MANCHESTER HOUSING SOLUTIONS INC 4814 OUTLOOK DRIVE SUITE 201 WALL, NJ 07753 46-3926430	HEALTH SERVICES	NJ	PH AT WALL	C	-4,200	100	100 000 %		No

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

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or**(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e	Yes	
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

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

Additional Data

Software ID:
Software Version:
EIN: 22-3498690
Name: SPRINGPOINT SENIOR LIVING INC

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
PRESBYTERIAN HOME AT WALL INC	B	2,000,000	COST
SPRINGPOINT AT MEADOW LAKES INC	M	1,472,867	COST
SPRINGPOINT AT MONTGOMERY INC	M	1,447,046	COST
SPRINGPOINT AT CRESTWOOD INC	M	1,286,011	COST
SPRINGPOINT AT MONROE VILLAGE INC	M	1,244,956	COST
SPRINGPOINT AT DENVILLE INC	M	1,212,714	COST
MARCUS L WARD HOME	M	1,160,862	COST
SPRINGPOINT AT THE ATRIUM INC	M	766,212	COST
INTEGRATED MANAGEMENT SERVICES INC	M	592,708	COST
MIDDLESEX BORO SENIOR CITIZEN HOUSING CORPORATION	M	55,501	COST
PRESBYTERIAN HOME AT HOWELL INC	M	55,080	COST
THE PRESBYTERIAN HOME AT DOVER INC	M	54,432	COST
PRESBYTERIAN HOME AT GALLOWAY INC	M	53,784	COST
THE PRESBYTERIAN HOME AT MANCHESTER INC	M	53,485	COST
THE PRESBYTERIAN HOME AT STAFFORD INC	M	52,416	COST
PRESBYTERIAN HOME AT FRANKLIN INC	M	52,416	COST
PRESBYTERIAN HOME AT EAST WINDSOR INC	M	52,416	COST
SPRINGPOINT AT MEADOW LAKES INC	O	774,365	COST
SPRINGPOINT AT CRESTWOOD INC	O	714,280	COST
SPRINGPOINT AT DENVILLE INC	O	695,366	COST
SPRINGPOINT AT MONTGOMERY INC	O	683,903	COST
SPRINGPOINT AT THE ATRIUM INC	O	566,961	COST
SPRINGPOINT AT MONROE VILLAGE INC	O	551,181	COST
MARCUS L WARD HOME	O	417,407	COST
SPRINGPOINT FOUNDATION INC	O	113,349	COST

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
SPRINGPOINT AT HOME INC	O	102,799	COST
INTEGRATED MANAGEMENT SERVICES INC	O	73,522	COST
SPRINGPOINT AT HALF ACRE ROAD INC	P	5,915,380	COST
SPRINGPOINT AT DENVILLE INC	P	3,821,149	COST
SPRINGPOINT AT MONTGOMERY INC	P	3,019,005	COST
MARCUS L WARD HOME	P	2,470,387	COST
SPRINGPOINT AT MEADOW LAKES INC	P	2,349,581	COST
SPRINGPOINT AT CRESTWOOD INC	P	2,311,082	COST
SPRINGPOINT AT MONROE VILLAGE INC	P	2,300,295	COST
SPRINGPOINT AT THE ATRIUM INC	P	1,986,939	COST
SPRINGPOINT AT HOME INC	P	847,202	COST
SPRINGPOINT FOUNDATION INC	P	500,014	COST
INTEGRATED MANAGEMENT SERVICES INC	P	402,532	COST
THE PRESBYTERIAN HOME AT STAFFORD INC	P	133,933	COST
PRESBYTERIAN HOME AT WEST WINDSOR INC	P	130,895	COST
PRESBYTERIAN HOME AT EAST WINDSOR INC	P	124,188	COST
PRESBYTERIAN HOME AT GALLOWAY INC	P	123,804	COST
THE PRESBYTERIAN HOME AT MANCHESTER INC	P	119,140	COST
MIDDLESEX BORO SENIOR CITIZEN HOUSING CORPORATION	P	117,176	COST
THE PRESBYTERIAN HOME AT DOVER INC	P	115,193	COST
PRESBYTERIAN HOME AT HOWELL INC	P	110,212	COST
PRESBYTERIAN HOME AT FRANKLIN INC	P	73,351	COST