EXTENDED TO NOVEMBER 15, 2024 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.

OMB No. 1545-0047

Department of the Treasury

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

A For the 2023 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number X Address change Name change SPRINGHOUSE INC. 04 - 3152499Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 44 ALLANDALE STREET 925-924-7100 8,913,390. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return BOSTON, MA 02130 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: KENNETH BROOKS for subordinates? Yes X No SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: **X** 501(c)(3) 501(c) (527 (insert no.) 4947(a)(1) or If "No," attach a list. See instructions HTTPS://WWW.HUMANGOOD.ORG/SPRINGHOUSE H(c) Group exemption number K Form of organization: X Corporation L Year of formation: 1992 M State of legal domicile: MA Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O **Activities & Governance** 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 6 3 Number of voting members of the governing body (Part VI, line 1a) 6 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 500. 1,000. Contributions and grants (Part VIII, line 1h) 8 8,100,380. 8,257,951. Program service revenue (Part VIII, line 2g) 2,591,850. 549,187. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0 11 10,693,230. 8,807,638 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 3,757,290. 4,309,418. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 4,141,133. 4,300,144. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 7,898,423. 8,609,562. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,794,807. 198,076. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** Ы 35,790,682. 37,837,469 Total assets (Part X, line 16) 21,152,290. 21,703,958 21 Total liabilities (Part X, line 26) 三年 14,638,392. 16,133,511 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign ANDREW MCDONALD, CFO Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature LORI ROTHE YOKOBOSKY, CPALORI ROTHE YOKOBOSKY10/09/24P01273422 self-employed Paid Firm's name COHNREZNICK LLP Firm's EIN 22-1478099 Preparer Firm's address 500 EAST PRATT STREET, 4TH FLOOR Use Only Phone no. 410 - 783 - 4900 BALTIMORE, MD 21202 X Yes May the IRS discuss this return with the preparer shown above? See instructions

Га	Statement of Frogram 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: TO OPERATE A RETIREMENT COMMUNITY CONSISTING OF 52 INDEPENDENT	T TVTNC
	UNITS, 61 ASSISTED LIVING, UNITS AND 22 DEMENTIA ASSISTED LIVI	
		.NG
	UNITS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	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 X 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	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		8,240,201.)
	PROVIDING SERVICES TO RESIDENTS INCLUDING ASSISTED LIVING, INI	
	LIVING, CLINICAL SERVICES, MEALS, SOCIAL & CULTURAL ACTIVITIES	
	HOUSEKEEPING, AND OTHER SERVICES, ALL OF WHICH FURTHER THEIR E	EXEMPT
	PURPOSE. LOCATED IN BOSTON, MA THE ORGANIZATION HAS 52 INDEPEN	
	LIVING UNITS, 61 ASSISTED LIVING, UNITS AND 22 DEMENTIA ASSIST	ED LIVING
	UNITS.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		, , , , , , , , , , , , , , , , , , ,
	(0)	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	·	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 7,271,864.	
		Form 990 (2023)

Form 990 (2023) SPRINGHOUSE INC. 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		7.7	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	Х	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			_ v
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	16		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Α_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		X
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		х
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		_^
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		х
20-	complete Schedule G, Part III	20a		X
20a b	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
41	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	General gerenment out factor, committy, mo the interest complete officerule i, Farts Failu II			

Part IV	Checklist of Required Schedules	(continued)

	· [continued]		Yes	NI.
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		res	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			ı
	Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
Z-Tu	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			ı
	Schedule K. If "No," go to line 25a	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·		24c		ı
ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			ı
	, ,	25b		Х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
26				ı
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	06		Х
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			ı
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			х
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		_
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
_	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			37
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			ı
	Part V, line 1	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			ı
	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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			l .
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			ı
_	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	t 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	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 49			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	10		

Form **990** (2023)

80118871

	art V Statements Regarding Other IRS Filings and Tax Compliance (continued)	31349		Р	age •
ı aı	Statements negarding other instrinings and tax compliance (continued)				T
		Г		Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	0.1			
	filed for the calendar year ending with or within the year covered by this return	81			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
3а	a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	L	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	L	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		Х
С			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization so				
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	·····			
			6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).		OD		
		ho payor?	70		х
a			7a		
b	, , , , , , , , , , , , , , , , , , , ,	·····	7b		
С			_		 ₩
	to file Form 8282?	·····	7с		X
d	,	-			37
е	··········	·····	7e		X
f	3 7 7 7 7 7 7 1		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as requ	ired?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1	098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	a Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	a Initiation fees and capital contributions included on Part VIII, line 12				
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:				
а	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.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	$\neg \neg$			
а		- 1	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.		iou		
h					
b					
_	organization is licensed to issue qualified health plans 13b				
		\rightarrow	4.4		Х
14a	· · · · · · · · · · · · · · · · · · ·	·····	14a		
	o If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b		_
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	L	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		

Form **990** (2023)

If "Yes," complete Form 6069.

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 6 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 6 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Х 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? Х 14 14 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? X The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed MA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ANDREW MCDONALD - 925-924-7100

Form **990** (2023)

91010

1900 HUNTINGTON DRIVE, DUARTE,

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

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	box	not c , unle:	Pos heck ss per	more rson i	than on the state of the state	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) KAREN POLLACK SALES DIRECTOR	40.00					X		120,679.	0.	10,692.
(2) GEORGIA BUCK	2.00					^		120,079.	0.	10,092.
DIRECTOR	2.00	Х						0.	0.	0.
(3) JULIE TABERMAN	2.00									
CLERK		Х		Х				0.	0.	0.
(4) KENNETH BROOKS	2.00									
PRESIDENT		Х		Х				0.	0.	0.
(5) MINDY SPITZ	2.00									
TREASURER/VICE PRESIDENT		Х		Х				0.	0.	0.
(6) PAUL HOLLINGS	2.00									
DIRECTOR		Х						0.	0.	0.
(7) YAN LIN	2.00								_	
DIRECTOR		Х						0.	0.	0.

04-3152499 Page **8**

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(do			ition	l than c	ne	Reportable	Reportable	Estimated
	hours per	box,	unles	ss per	rson is	s both	an	compensation	compensation	amount of
	week		er an	u a u	recto	r/trust	.ee)	from	from related	other
	(list any hours for	irecto						the	organizations	compensation from the
	related	eord	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	mper		1099-NEC)	10001120)	and related
	below	idual	ution	er	Key employee	est co oyee	ıeı	,		organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Form			
						\vdash				
1b Subtotal	1							120,679.	0.	10,692.
c Total from continuation sheets to Part V								0.	0.	0.
d Total (add lines 1b and 1c)								120,679.	0.	10,692.
2 Total number of individuals (including but r								ceived more than \$100.	000 of reportable	

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

Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

\$100,000 of compensation from the organization

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
HEALTHCARE SERVICES GROUP INC., 3220 TILLMAN DRIVE, SUITE 300, BENSALEM, PA	HEALTHCARE	375,896.
HUMANGOOD NORCAL 1900 HUNTINGTON DRIVE, DUARTE, CA 91010	CONSULTING	292,426.
ROGERSON COMMUNITIES ONE FLORENCE STREET, ROSLINDATE, MA 02131	MANAGEMENT FEE	211,329.
BAY CONTRACTING, INC. 56 FELTON ST., WALTHAM, MA 02453	CONTRACTING	146,079.
2 Total number of independent contractors (including but not limited to those list	ted above) who received more than	

Form 990 (2023) SPRINGH
Part VIII Statement of Revenue

		Check if Schedule O co	ntains a res	sponse (or note to any lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
							iunction revenue	business revenue	sections 512 - 514
Siα	1 a	Federated campaigns	1	а					
Contributions, Gifts, Grants and Other Similar Amounts	b			b					
جَ ۾		Fundraising events		c					
fts, r A				d					
ig ig		Government grants (contrib		e					
Sin		All other contributions, gifts, gr		-					
e H	٠	similar amounts not included al			500.				
흡환	_			g \$	300.				
n ou	g		es ia-if	9 ⊅		500.			
OB		Total. Add lines 1a-1f			Business Code	300.			
	•	RENTAL INCOME				8,079,256.	9 070 256		
<u>i</u>	2 a	RESIDENT SERVI	CEC		623311				
er v	b	AMORTIZATION O		DE	623311	96,878.	96,878.		
n S				-KE		38,691.	38,691. 36,716.		
ar Be	d	COMMUNITY FEES			623311	36,716.	50,710.		
Program Service Revenue	е	APARTMENT ENHA			623311	6,410.	6,410.		
Д.	f	All other program service re	venue			0 055 051			
	g	Total. Add lines 2a-2f				8,257,951.			
	3	Investment income (includir	ng dividend	s, intere	st, and	485 401			455 401
						475,401.			475,401.
	4	Income from investment of	tax-exempt	bond p	roceeds				
	5	Royalties		<u></u>					
			(i) F	Real	(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses	6b						
	С	Rental income or (loss)	6с						
	d	Net rental income or (loss)							
	7 a	Gross amount from sales of	(i) Sec		(ii) Other				
		assets other than inventory	_{7a} 179 ,	<u>538.</u>					
	b	Less: cost or other basis							
ne		and sales expenses	<u>7ь 105,</u>	<u>752.</u>					
ther Revenue	С	Gain or (loss)	7c 73,	<u> 786.</u>					
Be	d	Net gain or (loss)		<u>,</u>		73,786.			73,786.
her	8 a	Gross income from fundraising	events (not						
₹		including \$	c	of					
		contributions reported on lin	ne 1c). See						
		Part IV, line 18		8a					
	b	Less: direct expenses		8b					
	С	Net income or (loss) from fu	ındraising e	vent <u>s</u>					
	9 a	Gross income from gaming	activities. S	See					
		Part IV, line 19		9a					
	b	Less: direct expenses		9b					
	С	Net income or (loss) from ga	aming activ	ities					
	10 a	Gross sales of inventory, les	ss returns						
		and allowances		10a					
	b	Less: cost of goods sold		10b					
	С	Net income or (loss) from sa	ales of inver	ntory					
,,					Business Code				
ño e	11 a								
Miscellaneous Revenue	b								
eke	С								
/lisc B	d	All other revenue							
_		Total. Add lines 11a-11d							
	12	Total revenue. See instructions	s			8,807,638.	8,257,951.	0.	549,187.

Form 990 (2023) SPRINGHOUSE I Part IX Statement of Functional Expenses

Sect	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nplete column (A).								
	Check if Schedule O contains a response or note to any line in this Part IX											
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses							
1	Grants and other assistance to domestic organizations											
	and domestic governments. See Part IV, line 21											
2	Grants and other assistance to domestic											
	individuals. See Part IV, line 22											
3	Grants and other assistance to foreign											
	organizations, foreign governments, and foreign											
	individuals. See Part IV, lines 15 and 16											
4	Benefits paid to or for members											
5	Compensation of current officers, directors,											
	trustees, and key employees											
6	Compensation not included above to disqualified											
	persons (as defined under section 4958(f)(1)) and											
	persons described in section 4958(c)(3)(B)	2 546 500	2 025 606	500 054								
7	Other salaries and wages	3,746,580.	3,237,606.	508,974.								
8	Pension plan accruals and contributions (include	20 076	22 561	E 21E								
_	section 401(k) and 403(b) employer contributions)	38,876. 314,280.	33,561. 271,310.	5,315. 42,970.								
9	Other employee benefits	209,682.	181,014.	28,668.								
10	Payroll taxes	209,002.	101,014.	20,000.								
11	Fees for services (nonemployees):	503,755.		503,755.								
a	Management	40,230.	34,214.	6,016.								
o o	Legal	7,670.	6,523.	1,147.								
4	Accounting	7,070.	0,323.	1,1476								
u a	Lobbying Professional fundraising services. See Part IV, line 17				_							
f	Investment management fees											
g g	Other. (If line 11g amount exceeds 10% of line 25,											
9	column (A), amount, list line 11g expenses on Sch O.)	761,513.	647,643.	113,870.								
12	Advertising and promotion	90,219.	90,219.	,								
13	Office expenses	112,637.	101,184.	11,453.								
14	Information technology	20,851.	17,733.	3,118.								
15	Royalties											
16	Occupancy	453,383.	408,053.	45,330.								
17	Travel	7,069.	6,251.	818.								
18	Payments of travel or entertainment expenses											
	for any federal, state, or local public officials											
19	Conferences, conventions, and meetings	204 224	204 224									
20	Interest	301,334.	301,334.									
21	Payments to affiliates	005 046	005 046									
22	Depreciation, depletion, and amortization	895,846.	895,846.									
23	Insurance	174,732.	174,732.									
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),											
	amount, list line 24e expenses on Schedule 0.)	604 405	640 540	24 225								
а	SUPPLIES	684,495.	649,510.	34,985.								
b	REAL ESTATE TAXES	163,254.	146,655.	16,599.								
С.	REPAIR AND MAINTENANCE	67,713.	67,713.	14 504								
d	RENTAL EXPENSES	14,594. 849.	763.	14,594.								
	All other expenses Add lines 1 through 24s	8,609,562.	7,271,864.	1,337,698.	0.							
<u>25</u> 26	Total functional expenses. Add lines 1 through 24e	0,003,302.	1,411,004.	1,337,030.	<u> </u>							
20	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)											
					F 000 (2222)							

Form 990 (2023)
Part X | Balance Sheet

Pai	rt X	Balance Sheet						
		Check if Schedule O contains a response or note to	any	line in this Part X				
					(A) Beginning of year		(B) End of year	
	1	Cash - non-interest-bearing			2,263,781.	1	2,020,202.	
	2	Savings and temporary cash investments		2,057,562.	2	2,060,735.		
	3	Pledges and grants receivable, net				3		
	4	Accounts receivable, net		99,785.	4	210,837.		
	5	Loans and other receivables from any current or form						
		trustee, key employee, creator or founder, substanti						
		controlled entity or family member of any of these p		5				
	6	Loans and other receivables from other disqualified						
		under section 4958(f)(1)), and persons described in				6		
ţ	7	Notes and loans receivable, net				7		
Assets	8	Inventories for sale or use				8		
Ŕ	9	Prepaid expenses and deferred charges			37,643.	9	15,355.	
	10a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D10	0a	28,075,605.	10 500 000		10 000 566	
	b			17,076,839.	10,539,083.	10c	10,998,766.	
	11	Investments - publicly traded securities			15,812,125.	11	17,144,764.	
	12	Investments - other securities. See Part IV, line 11			12			
	13	Investments - program-related. See Part IV, line 11	20 422	13	22 255			
	14	Intangible assets	28,433.	14	22,955.			
	15	Other assets. See Part IV, line 11			4,952,270.	15	5,363,855.	
	16	Total assets. Add lines 1 through 15 (must equal lin			35,790,682.	16	37,837,469.	
	17	Accounts payable and accrued expenses		43,912.	17 18	724,445.		
	18		rants payable					
	19	Deferred revenue			471,034.	19		
	20	Tax-exempt bond liabilities		(O - I I - I - D		20		
	21 22	Escrow or custodial account liability. Complete Part				21		
Liabilities	22	Loans and other payables to any current or former of						
Ē.		trustee, key employee, creator or founder, substantic controlled entity or family member of any of these p				22		
E.	23	Secured mortgages and notes payable to unrelated			7,684,847.	23	6,861,111.	
	24	Unsecured notes and loans payable to unrelated thi			7,001,017.	24	0,001,111.	
	25	Other liabilities (including federal income tax, payab						
		parties, and other liabilities not included on lines 17-						
		of Schedule D			12,952,497.	25	14,118,402.	
	26	T . I . I			21,152,290.	26	21,703,958.	
		Organizations that follow FASB ASC 958, check I						
es		and complete lines 27, 28, 32, and 33.						
auc	27	Net assets without donor restrictions			14,479,092.	27	15,974,211.	
Bai	28				159,300.	28	15,974,211. 159,300.	
п		Organizations that do not follow FASB ASC 958,						
Ī		and complete lines 29 through 33.						
s or	29	Capital stock or trust principal, or current funds				29		
set	30	Paid-in or capital surplus, or land, building, or equip				30		
As	31	Retained earnings, endowment, accumulated incom				31		
Net Assets or Fund Balances	32	Total net assets or fund balances			14,638,392.	32	16,133,511.	
	33				35,790,682.	33	37,837,469.	

Pai	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1			7,6		
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,			62.	
3	Revenue less expenses. Subtract line 2 from line 1	3			8,0		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14,	63	8,3	92.	
5	Net unrealized gains (losses) on investments	5	1,	, 29	7,0	43.	
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	16,	,13	3,5	11.	
Pa	t 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 X Accrual Other		_				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		Х	
	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	X		
	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:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?						
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		·····				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b			
				Form	990	(2023)	

220010 10 01 02

SCHEDULE A

(Form 990)

<u>Total</u>

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization CDDINCUCITED INC Employer identification number

			NGHOUSE IN						4-3152499
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions		
The	orgar	nization is not a private found	ation because it is: (F	For lines 1 through 12, cl	neck only	one box.)			
1	Ш	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2	Щ	A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	າ 990).)				
3	Ш	A hospital or a cooperative					-		
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5	Ш	An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental un	it describe	ed in
		section 170(b)(1)(A)(iv).	Complete Part II.)						
6	Щ	A federal, state, or local government	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from the	general p	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8	Щ	A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Part	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(i	ix) operate	ed in conju	ınction with a la	and-grant	college
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the i	name, city	, and state of t	ne college	or
		university:							
10	X	An organization that norma							
		activities related to its exen		· · · · · · · · · · · · · · · · · · ·					-
		income and unrelated busin		(less section 511 tax) fro	m busines	sses acqui	red by the orga	ınization a	after June 30, 1975.
		See section 509(a)(2). (Con	•						
11	Н	An organization organized a	•	•	•				
12		An organization organized a	•	· · ·	-			-	
		more publicly supported or	-						Sheck the box on
		lines 12a through 12d that	* *			-		-	
а			· · · · · · · · · · · · · · · · · · ·	•	•	-			
		the supported organization		• • • •	majority o	of the direc	tors or trustees	s of the su	ipporting
		organization. You must o						(-) la de la ac	d.,
b	<u> </u>	☐ Type II. A supporting org	· ·				-	•	-
		control or management o			arne perso	ris triat coi	ntroi or manage	e trie supp	oortea
_		organization(s). You mus	-		in connoct	tion with a	and functionally	, intograta	od with
С		Type III functionally inte its supported organization					-	rintegrate	eu wiiri,
d		Type III non-functionally		·				od organi-	zation(s)
u		that is not functionally int						-	
		requirement (see instructi	-	* *	-		•	an allenin	7611635
е		Check this box if the orga	·	-				Type III	
		functionally integrated, or					Type I, Type II	, Type III	
f	Ente	er the number of supported of		iany integrated supportin		ation.			
		vide the following information	•						
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed	(v) Amount of r	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ins	tructions)	support (see instructions)
				,					
						I	1		1

332021 12-21-23

Schedule A (Form 990) 2023 SPRINGHOUSE INC. 04-3152

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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.						
Sec	ction B. Total Support					•	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
	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		etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14	<u>%</u>
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	<u>%</u>
16a	33 1/3% support test - 2023. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				
b	33 1/3% support test - 2022. If the	organization did no	t check a box on	ine 13 or 16a, and	I line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	ere. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	organization		
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, che	ck this box and s	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	s
						Schedule A	(Form 990) 2023

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.)

Sec	etion A. Public Support	ciow, picase comp	icto i dit ii.j				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not	,	,	,	,	,	
	include any "unusual grants.")		156,625.	487,575.	1,000.	500.	645,700.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	8480323.	8126319.	8277510.	8100380.	8257951.	41242483.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5	8480323.	8282944.	8765085.	8101380.	8258451.	41888183.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
	Public support. (Subtract line 7c from line 6.)						41888183.
							T
	ndar year (or fiscal year beginning in)	(a) 2019 8480323.	(b) 2020 8282944.	(c) 2021 8765085.	(d) 2022 8101380.	(e) 2023	(f) Total 41888183.
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				369,655.		
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	438,969.	348,977.	320,953.	369,655.	475,401.	1953955.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	8919292.	8631921.	9086038.	8471035.	8733852.	43842138.
14	First 5 years. If the Form 990 is for the	e organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	on,
	check this box and stop here	- 0					<u></u>
	ction C. Computation of Publi						05 54
	Public support percentage for 2023 (li		•	olumn (f))		15	95.54 %
	Public support percentage from 2022		•			16	95.84 %
	ction D. Computation of Inves			10 1 (0)		47	1 16 0
	Investment income percentage for 20					17	$\begin{array}{rrr} 4.46 & \% \\ \hline 4.16 & \% \end{array}$
	Investment income percentage from 2			un line 14 and line		18	
ıya	33 1/3% support tests - 2023. If the more than 33 1/3%, check this box ar						V
b	33 1/3% support tests - 2022. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	and
00	line 18 is not more than 33 1/3%, che		•	•		•	
20	Private foundation. If the organization	n ala not chack a l	nny on line 1/1 10:	a ariun checkth	is nov and see inst	TUCTIONS	1 1

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	Na
	res	No
1		
2		
3a		
3b		
3c		
4a		
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4b		
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10b		
ule A (Forn	n 990)	2023

332024 12-21-23

Schedule A (Form 990) 2023

. ui	cupporting organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization.	2		
Sec	tion 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	4		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		
000	tion B. All Type in Supporting Organizations		V	NI.
4	Did the examination provide to each of its supported examinations, by the last day of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a	_		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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)	•		
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	ο.		
•	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
1.	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. Schedule A (Form 990) 2023

3b

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	•
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting orga	inization (see

Schedule A (Form 990) 2023

instructions).

Schedule A (Form 990) 2023

e Excess from 2023

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

SPRINGHOUSE INC.

Employer identification number 04 - 3152499

Pai			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir		(h) Funda and ather accounts
	-	(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	-	
•	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	, , ,	
Pai		ganization answered "Ves" on Form 990	
1	Purpose(s) of conservation easements held by the organizati		artiv, inte 7.
•	Preservation of land for public use (for example, recrea		f a historically important land area
	Protection of natural habitat	· —	f a certified historic structure
	Preservation of open space	T TOOG VALION O	Ta continua motorio stractare
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
_	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
			l l
С	Number of conservation easements on a certified historic str		0-
	Number of conservation easements included on line 2c acqu		
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170(h	
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the foots	note to the organization's financial statem	ents that describes the
Dai	organization's accounting for conservation easements. t III Organizations Maintaining Collections or	f Art Historical Treasures or Ot	har Similar Assats
ı aı	Complete if the organization answered "Yes" on Form		niei Oliillai Assets.
			and halance about works
ıa	If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for pul	•	
	,	, ,	'
h	service, provide in Part XIII the text of the footnote to its final		
ь	If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items.	exhibition, education, or research in furti	ierance or public service,
			¢
	(i) Revenue included on Form 990, Part VIII, line 1		•
2	If the organization received or held works of art, historical tre	easures or other similar assets for financia	
_	the following amounts required to be reported under FASB A		a gam, provide
a	Revenue included on Form 990, Part VIII, line 1	-	\$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2023

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply). a	Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	asures, o	r Othe	r Similar	Asset	S (contir	ued)	90
collection terms (check all that apply): a Public exhibition d Loan or exchange program b Scholarly research Comber c Preservation for future generations d Chong Preservation for future generations d 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 air, historical treasures, or other similar assests to be sold to nise funds rather than to be maintained as part of the organization collection? Yes No Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part XI, 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 If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance I I Ending balance I I Fart V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part XI, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Prior years (c) Prior years (d) Prior years b Contributions (a) Current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 96 The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment 96 The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Unrelated organizations? (iii) Held as a Board designated or quasi-endowment 96 The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment 96 The percentages on lines 2a, 2b, and 2c shou		•								,		
a Public achibition d Loan or exchange program b Scholarly research e Other Theyservation for huture generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization sociolist 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 sociolection? Part IV Excrow and Custodial Arrangements Compete 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, visually and complete the following table: Amount 1b I'Yes, explain the arrangement in Part XIII and complete the following table: Amount 1c Beginning balance 1d July Septiment Se			,	•	,	Ü		· ·				
b Scholarly research e Other Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of airt, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Ves No Part W 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 line 21. 1b If Yes Ves No If Yes, "Explain the arrangement in Part XIII and complete the following table: 1c Beginning balance 1d Additions during the year 1 Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If Yes, "Explain the arrangement in Part XIII. The Complete if the organization answered "Yes" on Form 990, Part X, line 10. 1a Beginning of year balance 1a Beginning of year balance 1b Contributions 1a Beginning of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 1a Beginning of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 1a Beginning of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 1a Beginning of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 1a Beginning of year balance 2 Provide the estimated percentage of the organization is listed as required on Schedule R? 1 Provide the estimated percentage of the organization is listed as required on Schedule R? 2 Provide the estimated percentages on lies 2a, 2b, and 2c should equ	а		C	. L	Loan or exc	hange progr	am					
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections 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? Peart IV Secrow 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? 1b I''yes, "explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year 1 Ending balance 2 Distributions during the year 2 Distributions during the year 3 Distributions during the year 4 Endowment Funds Complete if the organization answered "Yes" on Form 990, Part X, line 21, for escrew or custodial account liability? Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part X, line 10. Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part X, line 10. 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships c Net investment earnings, gains, and losses d Grants or scholarships Find of year balance Decreption of the current year end balance (line 1g, column (a)) held as: a Board designated or quasiendowment 96 C Term endowment 96 C Term endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? 3a(ii) 3a(ii) 3a(ii) 3a(ii) 4 Describe in Part XIII the Intended uses of the organization is section funds. Part V I I I I I I I I I I												
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 XIII. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part XIII. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part XIII. 1b If Yes, explain the arrangement in Part XIII and complete the following table: 1												
to be sold to raise funds rather than to be maintained as part of the organization's collection? Ves No	_		ollections and explain	n how th	ev further th	ne organizatio	on's exer	not nurnos	se in Part	XIII		
be sold to raise funds rather than to be maintained as part of the organization's collection?			·		•	· ·			, , , , , , , , , , , , , , , , , , ,	74111		
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. Tall is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?	·			•		•				Ves		No
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?	Par											110
1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes				710 11 1110	organization	ranoworda	100 011	, om 500,	1 41114,1			
on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table:	1a			diary for	contribution	s or other as	sets not	included				
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount				•						Yes		No
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d Additions during the year E Distributions during the year E Ending balance 11 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 (a) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four year	-	, ee, explain the arrangement in rail value	aa							Amoun	:	
d Additions during the year E Distributions during the year E Ending balance 11 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 (a) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four year	С	Beginning balance						1c				
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Bill	2a									Yes		No
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		-						•				
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (Pour years back b Contributions (Pour years back b Contributions) (Pour years back back back back back back back back											-	
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment									ears back	(e) Four	years t	cack
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	1a	Beginning of year balance										
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g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	_											
g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	f											
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment												
Board designated or quasi-endowment			ent vear end balanc	e (line 1d	r column (a))) held as:						
b Permanent endowment		·	one your one balanc	•	y, 001011111 (a)	,, 11014 40.						
Term endowment	b		%	—′°								
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land 1,636,240. 1,636,240. 1,636,240. 23,682,590. 14,550,069. 9,132,521.	c											
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iv) If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation 1 Land 1,636,240. 1,636,240. 23,682,590. 14,550,069. 9,132,521.	·											
organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations. (iii) Related organizations? (iii) Related organizations? (iii) Related organi	За		•	ation tha	t are held ar	nd administe	red for th	ie.				
(ii) Unrelated organizations? (iii) Related organizations? b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land 1,636,240. 1,636,240. 23,682,590. 14,550,069. 9,132,521.								-			Yes	No
(ii) Related organizations? b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1 A Land 1 A Land 2 A Cost or other basis (other) 2 B Buildings 2 A Cost or other basis (other) 3 B D D D D D D D D D D D D D D D D D D		-								3a(i)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1,636,240. 1,636,240. 1,636,240. 23,682,590. 14,550,069. 9,132,521.		(m) = 1 · · · · · · · ·										
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) 1 Land 1 Land 1 1,636,240. 1 1,636,240. 2 3,682,590. 1 4,550,069. 9,132,521.	b											
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) 1 Land 1 1,636,240. 1 1,636,240. 2 3,682,590. 1 4,550,069. 9,132,521.											-	
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 1,636,240. 1,636,240. 1,636,240. b Buildings 23,682,590. 14,550,069. 9,132,521.	Par											
ta Land basis (investment) basis (other) depreciation b Buildings 1,636,240. 1,636,240. b Buildings 23,682,590. 14,550,069. 9,132,521.		Complete if the organization answered	d "Yes" on Form 990	D, Part IV	/, line 11a. S	See Form 990), Part X,	line 10.				
1a Land 1,636,240. b Buildings 23,682,590. 14,550,069. 9,132,521.		Description of property	1 ' '		. ,				ed	(d) Boo	k value)
b Buildings 23,682,590. 14,550,069. 9,132,521.		Land	, , , , , , , , , , , , , , , , , , , ,	,		· ,				1,63	5.24	0 -
	_						14.	550.06	59.			
C Leasehold improvements	C	Leasehold improvements				8,118.		128,11		-,	,	0.
d Equipment 2,216,162. 2,040,960. 175,202.	_									17	5,20	
e Other 412,495. 357,692. 54,803.												
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. line 10c. column (B)) 10,998,766.				X. line 1			•					

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 SPRINGHOUSE Part VII Investments - Other Securities	INC.	04	-3152499 Page 3
Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	1b. 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	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.	Farma 000 Bart IV line 1	1. C. Faura 000 Bart V line 10	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d of year market value
	(b) Book value	(C) Method of Valuation. Cost of en	u-or-year market value
(1)			
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1) RESIDENT DEPOSITS			5,073,240.
(2) INTEREST SWAP			290,615.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities	<u>/. (B))</u>		5,363,855.
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	i
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) REFUND. RESIDENT ENTRANCE	FEES		13,329,564.
(3) DEFERRED REVENUE. ENTRANCE	E FEES		788,838.
(4)			

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

14,118,402.

(5) (6) (7) (8) (9)

8,807,638.

4c

	dule D (Form 990) 2023 SPRINGHOUSE INC. t XI Reconciliation of Revenue per Audited Financial Stateme	nts Wi			3152499 Page
	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	10,104,681.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	1,297,043.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	1,297,043
3	Subtract line 2e from line 1			3	8,807,638.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 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. 8,609,562. 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: Donated services and use of facilities 2a 2b **b** Prior year adjustments 2c Other (Describe in Part XIII.) Add lines 2a through 2d 2e 8,609,562 Subtract line 2e from line 1 3 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 Other (Describe in Part XIII.) c Add lines 4a and 4b 4c 8,609,562 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Part XIII Supplemental Information

b Other (Describe in Part XIII.) c Add lines 4a and 4b

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

PART X, LINE 2:

THE ORGANIZATION HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE ("IRS") AS NONPROFIT ORGANIZATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ("IRC"). AS SUCH, THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES PURSUANT TO SECTION 501(A) OF THE IRC AND NO PROVISION FOR INCOME TAXES HAS BEEN INCLUDED IN THE ACCOMPANYING FINANCIAL STATEMENTS AND NO OTHER TAX POSITIONS MUST BE CONSIDERED FOR DISCLOSURE. THE ORGANIZATION IS REQUIRED TO FILE AND DOES FILE TAX RETURNS WITH THE IRS AND OTHER TAXING AUTHORITIES. INCOME TAX RETURNS FILED BY THE ORGANIZATION ARE SUBJECT TO EXAMINATION BY THE IRS FOR A PERIOD OF THREE YEARS. WHILE NO INCOME TAX RETURNS ARE CURRENTLY BEING EXAMINED BY THE INTERNAL REVENUE SERVICE, TAX YEARS SINCE 2020 REMAIN OPEN.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023	SPRINGHOUSE	INC.	04-3152499	Page 5
Schedule D (Form 990) 2023 Part XIII Supplemental Infor	mation (continued)			
	(continued)			

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

SPRINGHOUSE INC.

Employer identification number 04-3152499

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO OPERATE A RETIREMENT COMMUNITY CONSISTING OF 52 INDEPENDENT LIVING
UNITS, 61 ASSISTED LIVING UNITS, AND 22 DEMENTIA ASSISTED LIVING UNITS.
FORM 990, PART VI, SECTION A, LINE 3:
DAY TO DAY OPERATIONS ARE MANAGED BY AN INDEPENDENT MANAGEMENT COMPANY.
FORM 990, PART VI, SECTION A, LINE 6:
THE ORGANIZATION'S SOLE MEMBER IS THE PLEASANT SPRING COMMUNITIES, A
MASSACHUSETTS NONPROFIT CORPORATION.
FORM 990, PART VI, SECTION A, LINE 7A:
THE PLEASANT SPRING COMMUNITIES MAY APPOINT OR TERMINATE MEMBERS OF THE
BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION A, LINE 7B:
THE MEMBER SHALL HAVE ALL THE AUTHORITY OF MEMBERS PROVIDED UNDER
MASSACHUSETTS GENERAL LAWS, CHAPTER 180, INCLUDING THE FOLLOWING RESERVED
POWERS:
I. APPROVAL OF ANY MERGER, CONSOLIDATION, RESTRUCTURING, DISSOLUTION OR
LIQUIDATION OF THE CORPORATION, OR SALE OR OTHER DISPOSITION OF ALL OR
SUBSTANTIALLY ALL OF ITS ASSETS;
·
II. APPROVAL OF ANY AMENDMENT TO THE ARTICLES OF ORGANIZATION OR BY-LAWS OF

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

Schedule O (Form 990) 2023

THE CORPORATION

Page 2

Schedule O (Form 990) 2023 **Employer identification number** Name of the organization 04-3152499 SPRINGHOUSE INC. III. APPROVAL OF ANY CHANGE IN THE PHILOSOPHY, MISSION AND VALUES OF THE CORPORATION, INCLUDING, WITHOUT LIMITATION, APPROVAL OF ANY STRATEGIC PLAN OR INITIATIVE PROPOSED BY ITS GOVERNING BOARD; IV. APPROVAL OF ANY AUDITOR AND ANNUAL AUDITED FINANCIAL STATEMENTS OF THE CORPORATION; V. APPROVAL OF ANY CHANGE IN ACCOUNTING PERIOD OF THE CORPORATION; VI. APPROVAL OF ANY BORROWING OR SIGNIFICANT CHANGES IN CREDIT FACILITIES IN EXCESS OF TEN PERCENT (10%) OF PROGRAM SERVICES REVENUE FOR THE MOST RECENTLY COMPLETED FISCAL YEAR; VII. APPROVAL OF THE CREATION OF A CONTROLLING INTEREST IN ANY SUBSIDIARY JOINT VENTURE BY OR FOR THE BENEFIT OF THE CORPORATION; AND VIII. APPROVAL OF TRANSACTIONS THAT INVOLVE A CONFLICT OF INTEREST FORM 990, PART VI, SECTION B, LINE 11B: THE 990 IS REVIEWED BY THE CFO AND FURNISHED TO THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY THE BOARD IS REQUIRED TO REVIEW AND SIGN THE CONFLICT OF INTEREST POLICY.

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

Schedule O (Form 990) 2023 Page 2 Name of the organization **Employer identification number** 04-3152499 SPRINGHOUSE INC. THE FORM 990 AND FINANCIAL STATEMENTS ARE AVAILABLE AT THE ORGANIZATION'S WEBSITE. ALL INFORMATION IS AVAILABLE UPON REQUEST AT THE ORGANIZATION. CHANGE IN AFFILIATION EFFECTIVE FEBRUARY 1, 2024, HUMANGOOD CORNERSTONE (CORNERSTONE), A CALIFORNIA NONPROFIT PUBLIC BENEFIT TAX-EXEMPT CORPORATION, AFFILIATED WITH PLEASANT SPRING COMMUNITIES, THE PARENT ENTITY OF THE ORGANIZATION AND MOUNT PLEASANT HOME. UPON THE EFFECTIVE DATE OF THE AFFILIATION, PLEASANT SPRING COMMUNITIES, MOUNT PLEASANT HOME AND THE ORGANIZATION BECAME SISTER ENTITIES WITH CORNERSTONE ACTING AS PARENT ENTITY AND SOLE MEMBER OF EACH AND EXERCISING ITS DIRECTION AND CONTROL THROUGH THE APPOINTMENT OF THEIR BOARDS OF DIRECTORS.

SCHEDULE R (Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

SPRINGHOUSE INC.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule R (Form 990) 2023

04-3152499

Part I Identification of Disregarded Entities. Comp	olete if the organization answered "	Yes" on Form 990, Part IV, line 3	3.				
(a)	(b)	(c)	(d)	(e)		(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	eme End-of-yea		controlling ntity	9
Part II Identification of Related Tax-Exempt Organ organizations during the tax year.	izations. Complete if the organiza	tion answered "Yes" on Form 990	0, Part IV, line 34,	pecause it had one	or more related tax-exe	mpt	
(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	(f) Direct controlling entity	contr	g) 512(b)(13) rolled tity?
		, ,		501(c)(3))		Yes	No
PLEASANT SPRING COMMUNITIES - 04-3279977							
301 SOUTH HUNTINGTON AVE							
JAMAICA PLAIN, MA 02130	FUNDRAISE	MASSACHUSETTS	501(C)(3)	12 TYPE II	N/A		Х
MOUNT PLEASANT HOME - 04-2103822							
301 SOUTH HUNTINGTON AVE					PLEASANT SPRING		
JAMAICA PLAIN, MA 02130	ELDERLY CARE	MASSACHUSETTS	501(C)(3)	LINE 10	COMMUNITIES		Х
	_						

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

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)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	1	ortionate	Code V-UBI	General	Percentage ownership
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets		ations?	amount in box 20 of Schedule K-1 (Form 1065)	partner	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
	1										
	1										
	1										
	1										
	1										
	1										
	1										
							<u> </u>	l			

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	(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		tion b)(13) rolled tity?
		country)		,				Yes	No
-	-								
	-								

Page 3

Yes No

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

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

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

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

b	Giff, grant, or capital contribution to related organization(s)				מר		
С	Gift, grant, or capital contribution from related organization(s)				1c		Х
	Loans or loan guarantees to or for related organization(s)				1d		X
	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		X
g	Sale of assets to related organization(s)				1g		X
	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				<u>1j</u>		X
	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
	Performance of services or membership or fundraising solicitations for related organ				11		X
m	Performance of services or membership or fundraising solicitations by related organ	nization(s)			1m	X	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n		X
0	Sharing of paid employees with related organization(s)				10		X
р	Reimbursement paid to related organization(s) for expenses				1 p		X
	Reimbursement paid by related organization(s) for expenses				1q		X
					1r		X
S	Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered relat	ionships and transaction thresholds.			
	(a) Name of related organization	(b)	(c)	(d)			
	Name of related organization	Transaction	Amount involved	Method of determining amount in	/olved		
		type (a-s)					
(1)							
(2)							
(3)							
(4)							
(5)							
(6)					-		
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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)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
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