Form	aan
Form	330

#### \*\* PUBLIC DISCLOSURE COPY \*\* **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.



Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.						
		e 2021 calendar year, or tax year beginning and endin				
	heck if pplicabl	e: C Name of organization	D Employer identifi	cation number		
	Addre chang					
	Name Chang		51-0536892			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room	/suite E Telephone numbe	r		
	Final return		972-232-8000			
	termir ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	65,785,465.		
	Amen		H(a) Is this a group re			
	Applic tion pendii	F Name and address of principal officer: of the InATES		? Yes X No		
	-	- SAME AS C ABOVE	H(b) Are all subordinates in			
		empt status: $\boxed{X}$ 501(c)(3) $\boxed{501(c)}$ () $\checkmark$ (insert no.) $\boxed{4947(a)(1)}$ or $$		list. See instructions		
		te: WWW.NATIONALSENIORCAMPUSES.ORG	H(c) Group exemption			
	orm of art I	f organization: X Corporation Trust Association Other ► L Summary	Year of formation: 2005	State of legal domicile: MD		
10		Briefly describe the organization's mission or most significant activities: PROVIDE A I	IOME FOR SENTORS THAT			
e	1	SATISFIES THEIR THREE PRIMARY NEEDS.				
nan	2	Check this box	more than 25% of its net as	sets		
Governance			3	10		
		Number of independent voting members of the governing body (Part VI, line 1b)		6		
Š		Total number of individuals employed in calendar year 2021 (Part V, line 2a)		679		
/itie		Total number of volunteers (estimate if necessary)		1114		
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12		٥.		
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.		
			Prior Year	Current Year		
e		Contributions and grants (Part VIII, line 1h)	1,360,871.	1,383,092.		
/enu		Program service revenue (Part VIII, line 2g)		52,004,474.		
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		12,163,396.		
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		227,368. 65,778,330.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		106,950.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)	0	0.		
	45	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		20,032,044.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.		
ben	b	Total fundraising expenses (Part IX, column (D), line 25)				
ы	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	40,803,511.	53,000,577.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	60,040,576.	73,139,571.		
	19	Revenue less expenses. Subtract line 18 from line 12	-909,978.	-7,361,241.		
or			Beginning of Current Year	End of Year		
sets alan	20	Total assets (Part X, line 16)	416,123,640.	511,119,867.		
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	439,652,789.	542,124,012.		
2 E	22	Net assets or fund balances. Subtract line 21 from line 20	-23,529,149.	-31,004,145.		
	art II	Signature Block				
		alties of perjury, I declare that I have examined this return, including accompanying schedules and s		/ knowledge and belief, it is		
true,	correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of which pro	eparer has any knowledge.			

Signature of officer Date Sign EILEEN ERSTAD, TREASURER Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature JULIA FLANNERY, CPA JULIA FLANNERY, CPA 10/10/22 P00928918 Paid self-employed Firm's name RSM US LLP Preparer Firm's EIN 42 - 0714325Firm's address > 100 INTERNATIONAL DRIVE, SUITE 1400 Use Only Phone no. 410-246-9300 BALTIMORE, MD 21202 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	HIGHLAND SPRINGS, INC. rt III Statement of Program Service Accomplishments	51-0536892	Page 2
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	SEE SCHEDULE O		
	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.	. —	
	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	'∟	Yes 🔼 No
	Describe the organization's program service accomplishments for each of its three largest program services, as	s measured by expe	nses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe		
	revenue, if any, for each program service reported.		-
а	(Code:         ) (Expenses \$63,109,588.         including grants of \$06,950.         ) (Rever	enue \$5	2,004,474.
	HIGHLAND SPRINGS PROVIDES SERVICES NEEDED BY SENIOR RESIDENTS, WHO		
	RESIDE IN 980 INDEPENDENT LIVING UNITS, 28 ASSISTED LIVING UNITS, 44 SKILLED NURSING BEDS, AND 36 MEMORY CARE UNITS. THE SERVICES WE PROVIDE		
	TO OUR RESIDENTS INCLUDE, BUT ARE NOT LIMITED TO HOUSING, FOOD,		
	MEDICAL, SECURITY AND MAINTENANCE SERVICES, RECREATIONAL AND PASTORAL		
	ACTIVITIES.		
1-			
b	(Code:) (Expenses \$ including grants of \$) (Reve	enue \$	
c	(Code:) (Expenses \$ including grants of \$) (Reve	enue \$	
d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
	Total program service expenses 63,109,588.		

Eorm	000	(2021)
Form	990	(2021)

Form 990 (2021) HIGHLAND SPRINGS, INC.
Part IV Checklist of Required Schedules

51-0536892	Pa	age <b>3</b>

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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?		x	
40	If "Yes," complete Schedule D, Part IV	9	~	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
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.			
~	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a	x	
h	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			
-	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	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	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		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			
	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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		x
47	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		x
18	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> ''</u>		<u> </u>
10		18	x	
19	1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			
13		19		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? <i>If "Yes." complete Schedule I. Parts I and II</i>	21	х	

Form	aan	(2021)
гопп	990	(2021)

HIGHLAND SPRINGS, INC.

Pa	t IV Checklist of Required Schedules (continued)			ugo
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	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			
Ŭ	any tax-exempt bonds?	24c		
Ь	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	210		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Schedule L, Part I	230		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00		x
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,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
~~	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			
	"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		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash 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	Х	L
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	L
35a	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			
	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			
	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?			1
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	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 5	2		
Ŀ	Enter the symptom of Ferrers M/QQ included on line to Enter Q if not explicitly			

(gambling) winnings to prize winners?

1c

Form	<u>990 (</u> 2021) HIGHLAND SPRINGS, INC. 51-0536	892	Р	age 5
Par				0
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 6	79		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	_ <b>2</b> b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	. <u>3a</u>		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	. <u>3b</u>		
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?			X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. <b>7b</b>		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d		_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> 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.	00		
a h	Did the sponsoring organization make any taxable distributions under section 4966?			
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	. 90		
a b	Initiation fees and capital contributions included on Part VIII, line 12       10a         Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b	-		
11	Section 501(c)(12) organizations. Enter:	_		
a	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
~	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	· – –		
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?	. 16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	. 17		
	If "Yes," complete Form 6069.			

Form		51-0536892		Pa	age <b>6</b>
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below	v, and for a "I	No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instruction				
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>			X
Sect	tion A. Governing Body and Management				
		_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	10			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent 1b	6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
	officer, director, trustee, or key employee?	L	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervise	sion			
	of officers, directors, trustees, or key employees to a management company or other person?	L	3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	·····  -	5		X
6	Did the organization have members or stockholders?	·····  -	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or				
	more members of the governing body?	·····  -	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				
	persons other than the governing body?	·····	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
	The governing body?	·····  -	8a	X	
b	Each committee with authority to act on behalf of the governing body?	·····  -	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
0	organization's mailing address? <i>If "Yes." provide the names and addresses on Schedule O</i>		9		Х
Seci	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
		Г		Yes	
	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates	·			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	F	10b	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	e form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		10	v	
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	·····	12b	^	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		10-	x	
10	on Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?	Г	13	X	
14 15	Did the organization have a written document retention and destruction policy?	· · · · · · · · · · · · · · · · · · ·	14	л	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	n.			
~	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official		15a	x	
			15a 15b	X	
U	Other officers or key employees of the organization	····· -	100		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
104	taxable entity during the year?		16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	····· ⊢	104		
D.	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?		16b		
Sect	tion C. Disclosure	<u></u>	100		
17	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section	n 501(c)(3) s c	onlv) :	availar	ole
	for public inspection. Indicate how you made these available. Check all that apply.			anak	
	Own website       X       Another's website       X       Upon request       Other (explain on Schedule Compared and the schedule and the schedul	))			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest		inanc	ial	
	statements available to the public during the tax year.	,			
20	State the name, address, and telephone number of the person who possesses the organization's books and records				
	MONIKA GAJDA - (410) 402-2311				
	701 MAIDEN CHOICE LANE, BALTIMORE, MD 21228				

Form 990 (2	021) HIGHLAND SPRINGS, INC.	51-0536892	Page 7						
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		X						
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
1. Comple	· Complete this table for all paragons required to be listed. Denot compensation for the calendar year anding with an within the examination's tay year								

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

Name and title         Average hours per biols and stretchmater week         Description mode and stretchmater biols an	(A)	(B)	(C)		(D)	(E)	(F)				
Hours per veek (list any related organizations) (1) MATTHEW NEVILLE         Doc. unsergramme is bein any (list any related organizations) (i) veek veek veek veek veek veek veek vee	Name and title	Average	(do			Reportable	Reportable	Estimated			
Week (ist ary organizations organizations line)         Week (ist ary organizations organizations (W-2/1099-MISC)         Month Maales (W-2/1099-MISC)         Compensations organizations (W-2/1099-MISC)         Compensations organizations (W-2/1099-MISC)         Compensations organizations (W-2/1099-MISC)         Compensations organizations organizations           (1) MATTHEW NEVILLE         40.00         4x         245,161.         0.         13,953.           (2) E, MICHELE BORRER         0.15         x         245,161.         0.         13,953.           (2) E, MICHELE BORRER         0.26         x         4         0.         180,000.         0.           (3) ZINA JACQUE         0.26         x         4         0.         156,667.         0.           (4) EXATERINA MOLINA         40.00         x         140,825.         0.         10,783.           (5) OPAL SULEN         40.00         x         134,658.         0.         150,000.         0.           (6) SABRINA REIDAMD         0.26         x         134,658.         0.         150,000.         0.           (9) CIDM GAY         0.26         x         134,658.         0.         12,803.           (11) JAMES HAYES         0.27         x         16,36,78.         0.         100,000.         0.		hours per	box	, unle	ss pe	rson i	is both	n an	compensation	compensation	amount of
(1)         MATTHEW NEVILLE         40.00         x         245,161.         0.         13,953.           C2)         F. MICHELLE BORRER         0.15         x         x         0.         180,000.         0.           (3)         ZINN JACQUE         0.266         x         x         0.         180,000.         0.           (4)         EKATERINA MOLINA         40.00         x         140,317.         0.         156,667.         0.           (5)         OPAL SULEN         40.00         x         140,317.         0.         15,034.           DIRECTOR, HEALTHCARK SALES         x         140,317.         0.         15,034.           (5)         SABRINA REIDLAND         40.00         x         134,658.         0.         15,354.           (7)         MARY COLINS         0.26         x         134,658.         0.         150,000.         0.           (9)         CILBEN BERTAD         0.266         x         x         0.         150,000.         0.         0.           (10)         TERASURER         34,63         x         x         0.         150,000.         0.         0.           (10)         TERASURER         0.26         x <td></td> <td>week</td> <td></td> <td>cer ar T</td> <td>nd a d I</td> <td>lirecto</td> <td>or/trus</td> <td>tee)</td> <td></td> <td>from related</td> <td>other</td>		week		cer ar T	nd a d I	lirecto	or/trus	tee)		from related	other
(1)         MATTHEW NEVILLE         40.00         x         245,161.         0.         13,953.           C2)         F. MICHELLE BORRER         0.15         x         x         0.         180,000.         0.           (3)         ZINN JACQUE         0.266         x         x         0.         180,000.         0.           (4)         EKATERINA MOLINA         40.00         x         140,317.         0.         156,667.         0.           (5)         OPAL SULEN         40.00         x         140,317.         0.         15,034.           DIRECTOR, HEALTHCARK SALES         x         140,317.         0.         15,034.           (5)         SABRINA REIDLAND         40.00         x         134,658.         0.         15,354.           (7)         MARY COLINS         0.26         x         134,658.         0.         150,000.         0.           (9)         CILBEN BERTAD         0.266         x         x         0.         150,000.         0.         0.           (10)         TERASURER         34,63         x         x         0.         150,000.         0.         0.           (10)         TERASURER         0.26         x <td></td> <td></td> <td>rector</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>•</td> <td></td>			rector							•	
(1)         MATTHEW NEVILLE         40.00         x         245,161.         0.         13,953.           C2)         F. MICHELLE BORRER         0.15         x         x         0.         180,000.         0.           (3)         ZINN JACQUE         0.266         x         x         0.         180,000.         0.           (4)         EKATERINA MOLINA         40.00         x         140,317.         0.         156,667.         0.           (5)         OPAL SULEN         40.00         x         140,317.         0.         15,034.           DIRECTOR, HEALTHCARK SALES         x         140,317.         0.         15,034.           (5)         SABRINA REIDLAND         40.00         x         134,658.         0.         15,354.           (7)         MARY COLINS         0.26         x         134,658.         0.         150,000.         0.           (9)         CILBEN BERTAD         0.266         x         x         0.         150,000.         0.         0.           (10)         TERASURER         34,63         x         x         0.         150,000.         0.         0.           (10)         TERASURER         0.26         x <td></td> <td></td> <td>or di</td> <td>ee</td> <td></td> <td></td> <td>ated</td> <td></td> <td>-</td> <td></td> <td></td>			or di	ee			ated		-		
(1)         MATTHEW NEVILLE         40.00         x         245,161.         0.         13,953.           C2)         F. MICHELLE BORRER         0.15         x         x         0.         180,000.         0.           (3)         ZINN JACQUE         0.266         x         x         0.         180,000.         0.           (4)         EKATERINA MOLINA         40.00         x         140,317.         0.         156,667.         0.           (5)         OPAL SULEN         40.00         x         140,317.         0.         15,034.           DIRECTOR, HEALTHCARK SALES         x         140,317.         0.         15,034.           (5)         SABRINA REIDLAND         40.00         x         134,658.         0.         15,354.           (7)         MARY COLINS         0.26         x         134,658.         0.         150,000.         0.           (9)         CILBEN BERTAD         0.266         x         x         0.         150,000.         0.         0.           (10)         TERASURER         34,63         x         x         0.         150,000.         0.         0.           (10)         TERASURER         0.26         x <td></td> <td></td> <td>ustee</td> <td>trust</td> <td></td> <td>66</td> <td>upens</td> <td></td> <td>-</td> <td>1099-NEC)</td> <td>0</td>			ustee	trust		66	upens		-	1099-NEC)	0
(1)         MATTHEW NEVILLE         40.00         x         245,161.         0.         13,953.           C2)         F. MICHELLE BORRER         0.15         x         x         0.         180,000.         0.           (3)         ZINN JACQUE         0.266         x         x         0.         180,000.         0.           (4)         EKATERINA MOLINA         40.00         x         140,317.         0.         156,667.         0.           (5)         OPAL SULEN         40.00         x         140,317.         0.         15,034.           DIRECTOR, HEALTHCARK SALES         x         140,317.         0.         15,034.           (5)         SABRINA REIDLAND         40.00         x         134,658.         0.         15,354.           (7)         MARY COLINS         0.26         x         134,658.         0.         150,000.         0.           (9)         CILBEN BERTAD         0.266         x         x         0.         150,000.         0.         0.           (10)         TERASURER         34,63         x         x         0.         150,000.         0.         0.           (10)         TERASURER         0.26         x <td></td> <td></td> <td>lual tr</td> <td>tional</td> <td></td> <td>nploy</td> <td>st con</td> <td>_</td> <td>1099-1120)</td> <td></td> <td></td>			lual tr	tional		nploy	st con	_	1099-1120)		
(1)         MATTHEW NEVILLE         40.00         x         245,161.         0.         13,953.           C2)         F. MICHELLE BORRER         0.15         x         x         0.         180,000.         0.           (3)         ZINN JACQUE         0.266         x         x         0.         180,000.         0.           (4)         EKATERINA MOLINA         40.00         x         140,317.         0.         156,667.         0.           (5)         OPAL SULEN         40.00         x         140,317.         0.         15,034.           DIRECTOR, HEALTHCARK SALES         x         140,317.         0.         15,034.           (5)         SABRINA REIDLAND         40.00         x         134,658.         0.         15,354.           (7)         MARY COLINS         0.26         x         134,658.         0.         150,000.         0.           (9)         CILBEN BERTAD         0.266         x         x         0.         150,000.         0.         0.           (10)         TERASURER         34,63         x         x         0.         150,000.         0.         0.           (10)         TERASURER         0.26         x <td></td> <td></td> <td>ndivic</td> <td>nstitu</td> <td>Officer</td> <td>(ey en</td> <td>Highes</td> <td>orme</td> <td></td> <td></td> <td>organizationo</td>			ndivic	nstitu	Officer	(ey en	Highes	orme			organizationo
(2)       E. MICRELLE BOHREER       0.15       X       X       0.       180,000.       0.         VICE CHAIR 4 VICE PRESIDENT       16.04       X       X       0.       156,667.       0.         VICE CHAIR 4 VICE PRESIDENT       16.04       X       X       0.       156,667.       0.         (4)       ERATERINA MOLINA       40.00       X       X       0.       156,667.       0.         (5)       OPAL SULLEN       40.00       X       140,317.       0.       15,034.         (6)       SABRINA REIDLAND       40.00       X       140,825.       0.       10,783.         (6)       SABRINA REIDLAND       40.00       X       134,658.       0.       15,354.         (7)       MARY COLINS       0.26       X       0.       150,000.       0.         (8)       ELEEN ERSTAD       0.26       X       136,785.       0.       12,803.         (9)       CINDY GAY       40.00       X       134,292.       0.       10,068.         (11)       JABES COUNSLOR       X       X       134,292.       0.       10,068.         (11)       JABES HAVES       0.27       X       0.       140,000.<	(1) MATTHEW NEVILLE	40.00	_	_		-		-			
PRESIDENT (THRU 7/31/21)         6.49         X         X         0         180,000.         0.           (3) ZINA JACQUE         0.26	EXECUTIVE DIRECTOR				x				245,161.	Ο.	13,953.
(3) ZINA JACQUE       0.26       x       x       0.       156,667.       0.         (4) EKATERINA MOLINA       40.00       x       x       0.       156,667.       0.         (4) EKATERINA MOLINA       40.00       x       140,317.       0.       15,034.         (5) OFAL SULLEN       40.00       x       140,825.       0.       10,783.         (6) SABRINA REIDLAND       40.00       x       134,658.       0.       15,354.         (7) MARY COLINS       0.26       x       0.       150,000.       0.         (8) ELEEN ERSTAD       0.26       x       136,785.       0.       12,803.         (10) TRESE SHIELS       40.00       x       136,785.       0.       12,803.         (11) TRESE SHIELS       40.00       x       134,292.       0.       10,068.         (11) TRESE SHIELS       40.00       x       134,292.       0.       10,068.         (11) TRESE SHENT       0.27       x       134,292.       0.       10,068.         (11) TRESE SHENT       0.26       x       134,292.       0.       10,068.         (11) TRESE SHENT       0.26       x       134,292.       0.       10,068. <tr< td=""><td>(2) E. MICHELLE BOHREER</td><td>0.15</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr<>	(2) E. MICHELLE BOHREER	0.15									
VICE CHAIR & VICE PRESIDENT         16.04         X         X         0.         156,667.         0.           (4) EKATERINA MOLINA         40.00         X         140,317.         0.         15,034.           DIRECTOR, HEALTHCARE SALES         X         140,317.         0.         15,034.           (5) OFAL SULLEN         40.00         X         140,825.         0.         10,783.           (6) SARINA REDLAND         40.00         X         134,658.         0.         15,354.           (7) MARY COLINS         0.26         X         0.         150,000.         0.           (8) EILEEN ERSTAD         0.26         X         0.         150,000.         0.           (9) CINDY GAY         40.00         X         136,785.         0.         12,803.           (10) TERESE SHIELS         40.00         X         134,292.         0.         10,068.           (11) JAMES HAYES         0.27         X         X         0.         140,000.         0.           PHSICAL THERAPIST         0.26         X         116,430.         0.         9,493.           (13) BARBAR BISGAIER         0.26         X         110,000.         0.           (14) STEPHANIE REEL	PRESIDENT (THRU 7/31/21)	6.49	Х		х				0.	180,000.	0.
(4)         EKATERINA MOLINA         40.00         x         140,317.         0.         15,034.           (5)         OPAL SULLEN         40.00         x         140,825.         0.         15,034.           (5)         OPAL SULLEN         40.00         x         140,825.         0.         10,783.           (6)         SABRINA REIDLAND         40.00         x         140,825.         0.         10,783.           (7)         MARY COLINS         0.26         x         134,658.         0.         15,354.           (7)         MARY COLINS         0.26         x         0.         150,000.         0.           (8)         EILEEN ERSTAD         0.26         x         0.         150,000.         0.           (9)         CINDY GAY         40.00         x         136,785.         0.         12,803.           (10)         TERES SHIELS         40.00         x         134,292.         0.         10,068.           (11)         JAMES HAYES         0.27         X         0.         140,000.         0.           (12)         TERENCE STEGMAN         40.00         X         116,430.         0.         9,493.           (13)         B	(3) ZINA JACQUE	0.26									
DIRECTOR, HEALTHCARE SALES         x         140,317.         0.         15,034.           (5) OPAL SULLEN         40.00         x         140,825.         0.         10,783.           (6) SABRINA REDLAND         40.00         x         140,825.         0.         10,783.           (6) SABRINA REDLAND         40.00         x         134,658.         0.         15,354.           (7) MARY COLINS         0.26         x         0.         150,000.         0.           SECRETARY         19,57 X         x         0.         150,000.         0.           (8) ELEEN ERSTAD         0.26          0.         150,000.         0.           (9) CINDY GAY         40.00         x         136,785.         0.         12,803.           (10) TERESE SHIELS         40.00         x         134,292.         0.         10,068.           (11) JAMES HAYES         0.27         x         116,430.         9,9493.         0.           (12) TERENCE STEGMAN         40.00         x         116,430.         0.         9,493.           (13) BARBARA BISGAIER         0.26         0.         0.         0.         0.         0.           DIRECTOR         10.28 <td< td=""><td>VICE CHAIR &amp; VICE PRESIDENT</td><td>16.04</td><td>х</td><td></td><td>х</td><td></td><td></td><td></td><td>0.</td><td>156,667.</td><td>0.</td></td<>	VICE CHAIR & VICE PRESIDENT	16.04	х		х				0.	156,667.	0.
(5) OPAL SULLEN         40.00         X         140,825.         0.         10,783.           (6) SABRINA REIDLAND         40.00         X         140,825.         0.         10,783.           (6) SABRINA REIDLAND         40.00         X         134,658.         0.         15,354.           (7) MARY COLINS         0.26         X         134,658.         0.         15,354.           (7) MARY COLINS         0.26         X         0.         150,000.         0.           (8) EILEEN ERSTAD         0.26         X         0.         150,000.         0.           (9) CINDY GAY         40.00         X         136,785.         0.         12,803.           (10) TERESE SHIELS         40.00         X         1344,292.         0.         10,068.           (11) JAMES HAYES         0.27         X         136,785.         0.         12,803.           (12) TERNCE STROMAN         40.00         X         136,430.         0.         9,493.           (13) BARRAB DISGATER         0.26         X         116,430.         0.         9,493.           DIRECTOR         10.28         X         0.         100,000.         0.           (14) STEPHANTE REEL         0.26	(4) EKATERINA MOLINA	40.00									
DIRECTOR OF FINANCE         X         140,825.         0.         10,783.           (6) SABRINA REIDLAND         40.00         X         134,658.         0.         15,354.           (7) MARY COLINS         0.26         X         0.         150,000.         0.           (8) EILEEN ERSTAD         0.26         0.         0.         150,000.         0.           (9) CINPY GAY         40.00         X         136,785.         0.         12,803.           (10) TEREST SHIELS         40.00         X         134,292.         0.         10,068.           SALES COUNSELOR         0.27         X         116,430.         0.         9,493.           (11) JAMES HAYES         0.26         X         116,430.         0.         9,493.           (13) BARBARA BISGAIER         0.26         X         116,430.         0.         9,493.           (14) STEPHANIE REEL         0.26         0.         0.         100,000.         0.           (14) STEPHANIE REEL         0.26         0.         0.         100,000.         0.           (14) STEPHANIE REEL         0.26         0.         0.         100,000.         0.           (15) FRED HAAS         0.26         0.	DIRECTOR, HEALTHCARE SALES						X		140,317.	0.	15,034.
(6)         SABRINA REIDLAND         40.00         x         134,658.         0.         15,354.           (7)         MARY COLINS         0.26         x         134,658.         0.         15,354.           (7)         MARY COLINS         0.26         x         0.         150,000.         0.           (8)         BLEEN ERSTAD         0.26         x         0.         150,000.         0.           (9)         CINDY GAY         40.00         x         136,785.         0.         12,803.           (10)         TERESE SHIELS         40.00         x         134,292.         0.         10,068.           (11)         JAMES HAYES         0.27         x         134,292.         0.         10,068.           (11)         JAMES HAYES         0.27         x         x         134,292.         0.         10,068.           (11)         JAMES HAYES         0.26         x         116,430.         0.         9,493.           (13)         BABARA BISGAIER         0.26         0.         110,000.         0.           IRECTOR         11.85         x         0.         100,000.         0.           (14)         STEPHANIE REEL         0.26<	(5) OPAL SULLEN	40.00									
DIRECTOR, NURSING         X         134,658.         0.         15,354.           (7) MARY COLINS         0.26         X         0.         150,000.         0.           SECRETARY         19,57         X         X         0.         150,000.         0.           (8) EILEEN ERSTAD         0.26         X         0.         150,000.         0.           TREASURER         34.63         X         X         0.         150,000.         0.           (9) CINDY GAY         40.00         X         136,785.         0.         12,803.           (10) TERESE SHIELS         40.00         X         134,292.         0.         10,068.           (11) JAMES HAYES         0.27         X         X         0.         140,000.         0.           (12) TERENCE STEGMAN         40.00         X         116,430.         0.         9,493.           (13) BARBARA BISGAIER         0.26         X         0.         100,000.         0.           01RECTOR         10.28         X         0.         0.         0.         0.           0185000         0.26         0.         0.         0.         0.         0.           013 BARBARA BISGAIER <t< td=""><td>DIRECTOR OF FINANCE</td><td></td><td></td><td></td><td>х</td><td></td><td></td><td></td><td>140,825.</td><td>0.</td><td>10,783.</td></t<>	DIRECTOR OF FINANCE				х				140,825.	0.	10,783.
(7)       MARY COLINS       0.26       x       x       0.       150,000.       0.         SECRETARY       19.57       x       x       0.       150,000.       0.         (8)       EILEEN ERSTAD       0.26       x       x       0.       150,000.       0.         TREASURER       34.63       x       x       0.       150,000.       0.         (9)       CINDY GAY       40.00       x       136,785.       0.       12,803.         (10)       TERESE SHIELS       40.00       x       134,292.       0.       10,068.         (11)       JAMES HAYES       0.27       x       x       0.       140,000.       0.         (11)       JAMES HAYES       0.27       x       x       116,430.       0.       9,493.         (13)       DERECTOR       40.00       x       116,430.       0.       9,493.         (13)       BARBARA BISGATER       0.26       0.       0.       110,000.       0.         IRECTOR       10.28       x       0.       0.       100,000.       0.         (14)       STEPHANIE REEL       0.26       0.       0.       90,000.       0. <td>(6) SABRINA REIDLAND</td> <td>40.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(6) SABRINA REIDLAND	40.00									
SECRETARY         19.57         X         X         X         X         0         150,000         0.           (8)         EILEEN ERSTAD         0.26	DIRECTOR, NURSING						X		134,658.	0.	15,354.
(8)       EILEEN ERSTAD       0.26       x       x       x       0.       150,000.       0.         (9)       CINDY GAY       40.00       x       x       136,785.       0.       12,803.         (10)       TREASURES       40.00       x       136,785.       0.       12,803.         (10)       TRESES SHIELS       40.00       x       134,292.       0.       10,068.         (11)       JAMES HAYES       0.27       x       134,292.       0.       10,068.         (11)       JAMES HAYES       0.27       x       140,000.       0.         (12)       TRENCE STECMAN       40.00       x       116,430.       0.       9,493.         (13)       BARBARA BISGAIER       0.26        0.       110,000.       0.         DIRECTOR       11.85       x       0.       100,000.       0.       0.         (14)       STEPHANIE REEL       0.26       0.       0.       90,000.       0.         DIRECTOR       13.77       x       0.       0.       90,000.       0.       0.         (15)       FRED HAAS       0.26       0.       0.       90,000.       0.       0.	(7) MARY COLINS	0.26									
TREASURER         34.63         x         x         x         0.         150,000.         0.           (9)         CINDY GAY         40.00         x         136,785.         0.         12,803.           (10)         TERESE SHIELS         40.00         x         136,785.         0.         12,803.           (10)         TERESE SHIELS         40.00         x         134,292.         0.         10,068.           (11)         JAMES HAYES         0.27         x         x         0.         140,000.         0.           (11)         JAMES HAYES         0.27         x         x         0.         140,000.         0.           (11)         JERECTOR (BEG 10/27/21)         11.79         x         x         0.         140,000.         0.           (12)         TERENCE STEGMAN         40.00         x         116,430.         0.         9,493.           (13)         BARBARA BISGAIER         0.26         x         0.         100,000.         0.           DIRECTOR         11.85         x         0.         0.         100,000.         0.           (14)         SEPENT         0.26          0.         90,000.         0.	SECRETARY	19.57	Х		х				٥.	150,000.	0.
(9) CINDY GAY       40.00       X       136,785.       0.       12,803.         (10) TERESE SHIELS       40.00       X       136,785.       0.       12,803.         (10) TERESE SHIELS       40.00       X       134,292.       0.       10,068.         (11) JAMES HAYES       0.27       X       134,292.       0.       10,068.         (11) JAMES HAYES       0.27       X       0.       140,000.       0.         (12) TERENCE STEGMAN       40.00       X       116,430.       0.       9,493.         (13) BARBARA BISGAIER       0.26       0.       0.       110,000.       0.         DIRECTOR       11.85       X       0.       100,000.       0.         (14) STEPHANIE REEL       0.26       0.       0.       100,000.       0.         DIRECTOR       13.77       X       0.       90,000.       0.         (15) FRED HAAS       0.26       0.       0.       90,000.       0.         DIRECTOR       13.77       X       0.       90,000.       0.         (17) MICHAEL ROSKIEWICZ       0.26       0.       90,000.       0.         DIRECTOR       15.22       X       0.       83,3	(8) EILEEN ERSTAD	0.26									
PERSONAL MOVING CONSULTANT         X         136,785.         0.         12,803.           (10) TERESE SHIELS         40.00         X         134,292.         0.         10,068.           (11) JAMES HAYES         0.27         X         X         134,292.         0.         10,068.           (11) JAMES HAYES         0.27         X         X         0.         140,000.         0.           (12) TERENCE STEGMAN         40.00         X         116,430.         0.         9,493.           (13) BARBARA BISGAIER         0.26         X         110,000.         0.         0.           DIRECTOR         11.85         X         0         0.         100,000.         0.           (14) STEPHANIE REEL         0.26         X         0.         100,000.         0.           (15) FRED HAAS         0.26         X         0.         90,000.         0.           (16) ARNIE SPEERT         0.26         X         0.         90,000.         0.           DIRECTOR         15.22         X         0.         90,000.         0.           (17) MICHAEL ROSKIEWICZ         0.26         X         0.         83,333.         0.	TREASURER	34.63	Х		х				0.	150,000.	0.
(10) TERESE SHIELS       40.00       x       134,292.       0.       10,068.         (11) JAMES HAYES       0.27       x       x       0.       140,000.       0.         (12) TERENCE STEGMAN       40.00       x       116,430.       0.       9,493.         (13) BARBARA BISGAIER       0.26       x       116,430.       0.       9,493.         (14) STEPHANIE REEL       0.26       x       116,000.       0.         DIRECTOR       11.85       x       0.       110,000.       0.         (14) STEPHANIE REEL       0.26       0.       0.       100,000.       0.         DIRECTOR       10.28       x       0.       100,000.       0.         (15) FRED HAAS       0.26       0.       0.       90,000.       0.         DIRECTOR       13.77       x       0.       90,000.       0.         (16) ARNIE SPEERT       0.26       0.       90,000.       0.       0.         DIRECTOR       15.22       x       0.       90,000.       0.         (17) MICHAEL ROSKIEWICZ       0.26       0.       83,333.       0.	(9) CINDY GAY	40.00									
SALES COUNSELOR         x         134,292.         0.         10,068.           (11) JAMES HAYES         0.27         x         0.         140,000.         0.           CHAIR/PRESIDENT (BEG 10/27/21)         11.79         x         x         0.         140,000.         0.           (12) TERENCE STEGMAN         40.00         x         116,430.         0.         9,493.           (13) BARBARA BISGAIER         0.26         x         116,430.         0.         9,493.           (14) STEPHANIE REEL         0.26         x         0.         110,000.         0.           DIRECTOR         11.85         x         0.         100,000.         0.           (15) FRED HAAS         0.26         0.         0.         100,000.         0.           DIRECTOR         13.77         x         0.         0.         90,000.         0.           (16) ARNIE SPEERT         0.26         0.         0.         90,000.         0.         0.           DIRECTOR         15.22         x         0.         0.         90,000.         0.           (17) MICHAEL ROSKIEWICZ         0.26         0.         0.         83,333.         0.	PERSONAL MOVING CONSULTANT						X		136,785.	0.	12,803.
(11) JAMES HAYES       0.27       x       x       0       140,000.       0.         CHAIR/PRESIDENT (BEG 10/27/21)       11.79       X       X       0.       140,000.       0.         (12) TERENCE STEGMAN       40.00       X       116,430.       0.       9,493.         (13) BARBARA BISGAIER       0.26       X       116,430.       0.       9,493.         (14) STEPHANIE REEL       0.26       0.       0.       110,000.       0.         DIRECTOR       10.28       X       0.       0.       100,000.       0.         (15) FRED HAAS       0.26       0.       0.       90,000.       0.       0.         DIRECTOR       13.77       X       0.       0.       90,000.       0.         (16) ARNIE SPEERT       0.26       0.       0.       90,000.       0.         DIRECTOR       15.22       X       0.       0.       90,000.       0.         (17) MICHAEL ROSKIEWICZ       0.26       0.       0.       83,333.       0.	(10) TERESE SHIELS	40.00									
CHAIR/PRESIDENT (BEG 10/27/21)         11.79         X         X         0         140,000.         0.           (12) TERENCE STEGMAN         40.00         40.00         X         116,430.         0.         9,493.           (13) BARBARA BISGAIER         0.26         X         116,430.         0.         10,000.         0.           DIRECTOR         11.85         X         0         0.         110,000.         0.           (14) STEPHANIE REEL         0.26         0.         0.         100,000.         0.           DIRECTOR         10.28         X         0         0.         100,000.         0.           (15) FRED HAAS         0.26         0.         0.         90,000.         0.           DIRECTOR         13.77         X         0         0.         90,000.         0.           (16) ARNIE SPEERT         0.26         0.         0.         90,000.         0.         0.           DIRECTOR         15.22         X         0         0.         90,000.         0.           (17) MICHAEL ROSKIEWICZ         0.26         0.         0.         83,333.         0.	SALES COUNSELOR						X		134,292.	0.	10,068.
(12) TERENCE STEGMAN       40.00       x       116,430.       0.       9,493.         (13) BARBARA BISGAIER       0.26       x       116,430.       0.       9,493.         (13) BARBARA BISGAIER       0.26       0.       0.       110,000.       0.         DIRECTOR       11.85       x       0.       0.       110,000.       0.         (14) STEPHANIE REEL       0.26       0.       0.       100,000.       0.         DIRECTOR       10.28       x       0.       0.       0.000.       0.         (15) FRED HAAS       0.26       0.       0.       90,000.       0.         DIRECTOR       13.77       x       0.       0.       90,000.       0.         (16) ARNIE SPEERT       0.26       0.       0.       90,000.       0.         DIRECTOR       15.22       x       0.       0.       90,000.       0.         (17) MICHAEL ROSKIEWICZ       0.26       0.       0.       83,333.       0.	(11) JAMES HAYES										
PHYSICAL THERAPIST         X         116,430.         0.         9,493.           (13) BARBARA BISGAIER         0.26         0.         0.         110,000.         0.           DIRECTOR         11.85         X         0         0.         110,000.         0.           (14) STEPHANIE REEL         0.26         0.         0.         100,000.         0.           DIRECTOR         10.28         X         0         0.         100,000.         0.           (15) FRED HAAS         0.26         0.         0.         90,000.         0.           DIRECTOR         13.77         X         0         0.         90,000.         0.           (16) ARNIE SPEERT         0.26         0.         0.         90,000.         0.         0.           DIRECTOR         15.22         X         0         0.         90,000.         0.           (17) MICHAEL ROSKIEWICZ         0.26         0.         0.         83,333.         0.	CHAIR/PRESIDENT (BEG 10/27/21)	11.79	Х		х				0.	140,000.	0.
(13) BARBARA BISGAIER       0.26       0.26       0.110,000.       0.         DIRECTOR       11.85       x       0       0.110,000.       0.         (14) STEPHANIE REEL       0.26       0.26       0.100,000.       0.         DIRECTOR       10.28       x       0.100,000.       0.         (15) FRED HAAS       0.26       0.100,000.       0.         DIRECTOR       13.77       x       0.90,000.       0.         (16) ARNIE SPEERT       0.26       0.26       0.90,000.       0.         DIRECTOR       15.22       x       0.90,000.       0.         (17) MICHAEL ROSKIEWICZ       0.26       0.26       0.83,333.       0.         DIRECTOR       10.27       x       0.83,333.       0.	(12) TERENCE STEGMAN	40.00									
DIRECTOR       11.85       x       0       0.       110,000.       0.         (14) STEPHANIE REEL       0.26       0.26       0.       0.       100,000.       0.         DIRECTOR       10.28       x       0.       100,000.       0.         (15) FRED HAAS       0.26       0.       0.       90,000.       0.         DIRECTOR       13.77       x       0.       90,000.       0.         (16) ARNIE SPEERT       0.26       0.       0.       90,000.       0.         DIRECTOR       15.22       x       0.       90,000.       0.         (17) MICHAEL ROSKIEWICZ       0.26       0.       0.       83,333.       0.         DIRECTOR       10.27       x       0.       83,333.       0.	PHYSICAL THERAPIST						X		116,430.	0.	9,493.
(14) STEPHANIE REEL       0.26       0.26       0.100,000.	(13) BARBARA BISGAIER										
DIRECTOR         10.28         X         0         0.100,000.         0.           (15) FRED HAAS         0.26         0.26         0.000.	DIRECTOR	_	Х						0.	110,000.	0.
(15) FRED HAAS       0.26<	(14) STEPHANIE REEL										
DIRECTOR         13.77         X         0.         90,000.         0.           (16) ARNIE SPEERT         0.26         0.         90,000.         0.           DIRECTOR         15.22         X         0.         90,000.         0.           (17) MICHAEL ROSKIEWICZ         0.26         0.         90,000.         0.           DIRECTOR         10.27         X         0.         83,333.         0.			Х						0.	100,000.	0.
(16) ARNIE SPEERT       0.26       0.											
DIRECTOR         15.22         X         0.         90,000.         0.           (17) MICHAEL ROSKIEWICZ         0.26		_	Х						0.	90,000.	0.
(17) MICHAEL ROSKIEWICZ         0.26         0.26         0.83,333.         0.           DIRECTOR         10.27         X         0         83,333.         0.			1								
DIRECTOR 10.27 X 0. 83,333. 0.		+	х					L	0.	90,000.	0.
			1								
	DIRECTOR	10.27	Х						0.	83,333.	

Form 990 (2021) HIGHLAND SPRI	INGS, INC.								51-05	36892	2	P	9age <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	l Hig	ghes	t C	compensated Employee	s (continued)				
(A)	(B)			(0				(D)	(E)			(F)	
Name and title	Average Position Reportable					Reportable		Es	timat	ed			
	hours per					than o is both		compensation	compensation from related			nount	
	week					or/trust		from				other	
	(list any	ctor						the	organization	I	com	pensa	
	hours for	- dire				b B		organization	(W-2/1099-MIS	SC/	fr	om th	ie
	related	tee ol	trustee			ensat		(W-2/1099-MISC/	1099-NEC)		org	anizat	tion
	organizations	trus	al tri		iyee	0 m D		1099-NEC)			an	d relat	ted
	below	Individual trustee or director	In stit utio nal 1	er	Key employee	lest c	ner				orga	anizati	ions
	line)	Indiv	Insti	Officer	Key (	Highest compensated employee	Former						
(18) C. JACKSON BAIN	0.26												
DIRECTOR	11.89	х						0.	80,0	000.			Ο.
(19) CHRIS RATHMANN	0.50												
ASSISTANT TREASURER	7.50			x				0.		٥.			Ο.
										$\rightarrow$			
										-+			
										$\rightarrow$			
1b Subtotal	•							1,048,468.	1,330,0	000.		87,	488.
c Total from continuation sheets to Part VI								0.	· ·	0.			0.
d Total (add lines 1b and 1c)								1,048,468.	1,330,0	000.		87	488.
2 Total number of individuals (including but n								, ,					
· · ·		use	iiste	ual	JOVE	<i>y</i> with	JIE	eceived more than \$100,	000 of reportable	;			10
compensation from the organization													1
										г		Yes	No
<b>3</b> Did the organization list any <b>former</b> officer,	director, trust	ee, k	key e	empl	oye	e, or	hig	phest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	0,000? If "Yes	" co	mole	ete S	Sche	edule	.J f	for such individual			4	х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," com	-				-			-		- 1	5		x
Section B. Independent Contractors		; ] [	or st		Jers	011 .					<u> </u>		
								h - t	100.000 . (				
1 Complete this table for your five highest con										ensat	ion tro	om	
the organization. Report compensation for t	the calendar ye	ear e	endir	ng w	ith c	or wit	hin	<u>n the organization's tax y</u>	ear.				
(A)								(B)			(0		
Name and business	address							Description of s	ervices	C	ompe	nsatio	'n
ERICKSON SENIOR LIVING, LLC													
701 MAIDEN CHOICE LANE, BALTIMORE, MI	21228							MANAGEMENT - SEE S	сн. о		7	,312,	837.
CARBONATED SOLUTIONS LLC													
1725 COOL SPRINGS DR, MESQUITE, TX 7	5181							CONTRACTOR			2	894	,003.
BRIGHTVIEW LANDSCAPE SERVICES, INC												, ,	
	h							IANDGCADINC				858	596
PO BOX 31001-2463, PASADENA, CA 91110							-	LANDSCAPING				000,	,596.
PIC RITE MANAGEMENT & CONSULTING, INC												<b>.</b>	
234 W BROAD ST, #C, HATFIELD, PA 194	10							CONSULTING				316,	,928.
CITY WIDE MECHANICAL, INC.													
2520 MARSH LN, CARROLTON, TX 75006								PLUMBING				271,	,600.
2 Total number of independent contractors (ir	ncluding but no	ot lin	nited	d to	thos	se list	ed	above) who received mo	ore than				
\$100 000 of compensation from the organiz				-	1			,					

		Check if Schedule O	conta	ains a respor	ise	or note to anv line	in this Part VIII			Γ
				·			<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue exclu from tax und sections 512 -
ş	1 a	Federated campaigns		1a						
and Other Similar Amounts	b	Membership dues								
m	с	Fundraising events								
ar⊿				1d						
milå	е	Government grants (contr				388,497.				
ŝ	f	All other contributions, gifts,	gran	ts, and						
the		similar amounts not included	l abov	/e <b>1</b> f		994,595.				
0 P	g	Noncash contributions included in	lines <sup>·</sup>	1a-1f <b>1g</b> \$						
an	h	Total. Add lines 1a-1f				►	1,383,092.			
						Business Code				
	2 a	RESIDENT FEES				623000	42,997,751.	42,997,751.		
đ	b	ANCILLARY FEES			_	623000	6,320,823.	6,320,823.		
nue	с	RESIDENT DEPOSITS			_	623000	2,657,300.	2,657,300.		
eve	d	PROCESSING FEES			_	623000	28,600.	28,600.		
Revenue	е				_					
	f	All other program service	reve	nue						
	g	Total. Add lines 2a-2f				►	52,004,474.			
	3	Investment income (inclue	ding	dividends, in	tere	st, and				
		other similar amounts)				►	12,154,869.			12,154,8
	4	Income from investment of	of tax	-exempt bor	id p	roceeds 🕨 🕨				
	5	Royalties				<b>&gt;</b>				
				(i) Real		(ii) Personal				
	6 a	Gross rents	6a	199,2	56.					
	b	Less: rental expenses $\dots$	6b		Ο.					
	С	Rental income or (loss)	6c	199,2	56.					
	d	Net rental income or (loss	) <u></u>			►	199,256.			199,2
	7 a	Gross amount from sales of		(i) Securitie	es	(ii) Other				
		assets other than inventory	7a	59	93.	7,934.				
	b	Less: cost or other basis								
		and sales expenses	7b		0.	0.				
	с	Gain or (loss)	7c	5	93.	7,934.				
2		Net gain or (loss)				<b>&gt;</b>	8,527.			8,5
	8 a	Gross income from fundraisi								
5		including \$								
		contributions reported on								
		Part IV, line 18			8a	31,620.				
	b	Less: direct expenses			8b	7,135.				
		Net income or (loss) from		-	s	····· ►	24,485.			24,4
	9 a	Gross income from gamin	-							
		Part IV, line 19			9a	ļ]				
		Less: direct expenses			9b					
		Net income or (loss) from		-		▶				
	10 a	Gross sales of inventory,								
		and allowances			10a					
		Less: cost of goods sold			10b					
	с	Net income or (loss) from	sale	s of inventory	/	<b>&gt;</b> [				
						Business Code				
Revenue	11 a	PANDEMIC RELATED RE	SID		_	900099	3,627.			3,6
Revenue	b				_	ļļ				
3ev	С				_	ļļ				
щ	d	All other revenue								
							3,627.			

Form 990 (2021) HIGHLAND SPRINGS, INC.
Part IX Statement of Functional Expenses

51-0536892

Page 10

<b>D</b> -	Check if Schedule O contains a respons	(A)	(B)	(C)	 (D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	14,000.	14,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	92,950.	92,950.		
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	410,722.		410,722.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	15,264,240.	11,581,673.	3,658,141.	24,42
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	356,504.	271,674.	84,830.	
9	Other employee benefits	2,676,168.	2,085,797.	585,458.	4,91
10	Payroll taxes	1,324,410.	1,015,327.	307,260.	1,82
11	Fees for services (nonemployees):				
а	Management	2,189,058.	2,189,058.		
b	Legal	23,880.		23,880.	
С	Accounting	37,610.	1,082.	36,528.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	7,477,796.	3,430,848.	4,046,948.	
12	Advertising and promotion	2,646,604.	2,646,604.		
13	Office expenses	4,682,107.	4,142,156.	539,551.	40
14	Information technology				
15	Royalties				
16	Occupancy	4,295,034.	4,295,034.		
17	Travel	92,245.	69,834.	22,411.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	20,639,918.	20,639,918.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,961,241.	7,961,241.		
23	Insurance	750,538.	750,538.		
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.)				
а	EQUIPMENT RENTAL	1,707,125.	1,549,132.	157,993.	
b	CHARITY CARE	277,151.	277,151.		
с	RESIDENT RELATIONS	220,270.	95,571.	124,699.	
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	73,139,571.	63,109,588.	9,998,421.	31,56
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Check here

if following SOP 98-2 (ASC 958-720)

Form	1990 (	(2021) HIGHLAND SPRINGS, INC.									
Par	rt X	Balance Sheet									
		Check if Schedule O contains a response or note to any line in this Part X	<u></u>								
	1	Cash - non-interest-bearing	$\vdash$								
	2	Savings and temporary cash investments									
	3	Pledges and grants receivable, net									
	4	Accounts receivable, net									
	5	Loans and other receivables from any current or former officer, director,									
		trustee, key employee, creator or founder, substantial contributor, or 35%									
		controlled entity or family member of any of these persons									
	6	Loans and other receivables from other disqualified persons (as defined									
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)									
s	7	Notes and loans receivable, net									
sets	8	Inventories for sale or use									

	1	Cash - non-interest-bearing			2,000.	1	2,000.	
	2	Savings and temporary cash investments			14,766,347.	2	20,120,623.	
	3	Pledges and grants receivable, net				3		
	4	Accounts receivable, net			2,966,152.	4	992,932.	
	5	Loans and other receivables from any current or						
		trustee, key employee, creator or founder, subst	ontributor, or 35%					
		controlled entity or family member of any of thes			5			
	6	Loans and other receivables from other disqualif						
		under section 4958(f)(1)), and persons described				6		
s	7	Notes and loans receivable, net			223,114,730.	7	269,304,065.	
Assets	8	Inventories for sale or use			390,657.	8	171,372.	
As	9				334,336.	9	185,990.	
	10a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D	10a	259,609,931.				
	b	Less: accumulated depreciation		43,277,015.	171,173,821.	10c	216,332,916.	
	11	Investments - publicly traded securities			2,185,120.	11	2,149,014.	
	12	Investments - other securities. See Part IV, line 1			1,188,814.	12	1,860,955.	
	13	Investments - program-related. See Part IV, line			· · ·	13		
	14	Intangible assets				14		
	15	Other assets. See Part IV, line 11		1,663.	15	0.		
	16	Total assets. Add lines 1 through 15 (must equa		416,123,640.	16	511,119,867.		
	17	Accounts payable and accrued expenses			5,937,344.	17	12,860,317.	
	18	Grants payable		· · ·	18			
	19	Deferred revenue			19			
	20	Tax-exempt bond liabilities			20			
	21	Escrow or custodial account liability. Complete F		1,243,400.	21	1,519,950.		
<u></u>	22	Loans and other payables to any current or form			· ·			
tië		trustee, key employee, creator or founder, subst						
Liabilities		controlled entity or family member of any of thes				22		
	23	Secured mortgages and notes payable to unrela	-			23		
	24	Unsecured notes and loans payable to unrelated		24				
	25	Other liabilities (including federal income tax, par						
		parties, and other liabilities not included on lines						
		of Schedule D		432,472,045.	25	527,743,745.		
	26	Total liabilities. Add lines 17 through 25			439,652,789.		542,124,012.	
		Organizations that follow FASB ASC 958, che	ck her		· ·			
es		and complete lines 27, 28, 32, and 33.						
ances	27	Net assets without donor restrictions			-26,085,124.	27	-33,696,905.	
3al	28	Net assets with donor restrictions		2,555,975.	28	2,692,760.		
p 2		Organizations that do not follow FASB ASC 9						
D L		and complete lines 29 through 33.						
P	29	Capital stock or trust principal, or current funds			29			
ers	30	Paid-in or capital surplus, or land, building, or eq			30			
Ass	31	Retained earnings, endowment, accumulated inc				31		
Net Assets or Fund Bal	32				-23,529,149.	32	-31,004,145.	
<b>~</b>	33	Total liabilities and net assets/fund balances	Total net assets or fund balances					

**(A)** Beginning of year

2,000.

1

**(B)** End of year

2,000.

Part XI       Reconciliation of Net Assets       X         Check If Schedule O contains a response or note to any line in this Part XI       X         1       Total revenue (must equal Part VIII, column (A), line 12)       1       65, 778, 330, 271, 241, 273, 123, 571, 241, 273, 123, 572, 241, 273, 123, 572, 241, 273, 123, 572, 241, 273, 123, 572, 241, 274, 273, 529, 149, 574, 241, 273, 529, 149, 574, 241, 273, 529, 149, 574, 241, 273, 529, 149, 574, 241, 273, 529, 149, 574, 241, 273, 529, 149, 574, 273, 576, 274, 144, 144, 273, 529, 149, 574, 273, 574, 274, 274, 273, 529, 149, 574, 274, 273, 574, 274, 274, 274, 574, 274, 274, 574, 274, 274, 274, 574, 274, 274, 274, 274, 274, 274, 274, 2	Form	1990 (2021) HIGHLAND SPRINGS, INC.	51-053689	2	Pag	<sub>ge</sub> 12
1       Total revenue (must equal Part VIII, column (A), line 12)       1       65,778,330.         2       Total expenses (must equal Part X, column (A), line 25)       2       73,139,571.         3       Revenue less expenses. Subtract line 2 from line 1       3       -7,361,241.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       -23,529,149.         5       Donated services and use of facilities       6       -         7	Pa	rt XI Reconciliation of Net Assets				-
1       Total evenue (must equal Part VIII, column (A), line 12)       1       65,778,330.         2       Total expenses (must equal Part IX, column (A), line 25)       2       73,139,571.         3       Revenue less expenses. Subtract line 2 from line 1       3       -7,361,241.         4       423,529,149.       5       -2,396.         6       6       -7       -7         7       7       -7       -7         8       Prior period adjustments       6       -7         9       Other changes in net assets or fund balances (explain on Schedule O)       9       -111,359.         10       Net assets or fund balances (explain on Schedule O)       9       -111,359.         10       Net assets or fund balances (explain on Schedule O)       9       -111,359.         10       Net assets or fund balances (explain on Schedule O)       9       -111,359.         10       Net assets or fund balances (explain on Schedule O)       9       -111,359.         11       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         11       the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         12       Accounting method used to pre		Check if Schedule O contains a response or note to any line in this Part XI				X
2       Total expenses (must equal Part IX, column (A), line 25)       2       73,139,571.         3       Revenue less expenses. Subtract line 2 from line 1       3       -7,361,241.         4       Het assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       -23,529,149.         5       Net unrealized gain (losses) on investments       5       -2,396.         6       Donated services and use of facilities       7         7				-		
2       Total expenses (must equal Part IX, column (A), line 25)       2       73, 139, 571.         3       Revenue less expenses. Subtract line 2 from line 1       3       -7, 361, 241.         4       Het assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       -23, 529, 149.         5       Net unrealized gains (losses) on investments       5       -2, 396.         6       0bnated 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       -111, 359.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       -31, 004, 145.         Part XII       Financial Statements and Reporting       -       -         Check if Schedule O contains a response or note to any line in this Part XII       -       Yes No         1       Accounting method used to prepare the Form 990:       Cash X Accrual       Other       -         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       -       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled	1	Total revenue (must equal Part VIII, column (A), line 12)	1	65,	778,	330.
3       -7, 361, 241.         4       Het assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       -23, 522, 149.         5       Net unrealized gains (losses) on investments       5       -2, 396.         6       0       6         7       8       6         7       8       7         8       9       0       9         9       0.111, 359.       10         10       -31, 004, 145.         Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       10         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         1       ft "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       0       2a       X         1       Yes to inclate work is or oboth:       Explant XII       Explant XII       2a       X         1       Yes to basis, or both:       Explant abasis       Both consolidated and separate basis       2b       X         1       Yes to basis, or both:       Explant abasis       Explant basis       Explant basis       2b       X	2		2	73,	139,	571.
4       -23,529,149.         5       Net unrealized gains (losses) on investments       5         6       -2,396.         6       -2,396.         7       -2,396.         8       -20         9       Other changes in net assets or fund balances (explain on Schedule O)       9         9       Other changes in net assets or fund balances (explain on Schedule O)       9         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       -31, 004, 145.         Part XII       Financial Statements and Reporting       -31, 004, 145.         Column (B)       -31, 004, 145.       -31, 004, 145.         10       -31, 004, 145.       -31, 004, 145.         14       Cosolumn (B)       -31, 004, 145.         2a       X       Yes         15       Check if Schedule O contains a response or note to any line in this Part XII       Yes         14       Cosolumn (B)       -31, 004, 145.         2a       X       Yes         14       Terceix and the organization's financial statements compiled or reviewed Dy an independent accountant?       2a       X         16       Yes, check a box below to indicate whether the financial statements for the year were audited on a separate basis, consoli	3		3	-7,	361,	241.
5 Net unrealized gains (losses) on investments   6   7   6   7   8   9   9   10   10   1   Accounting method used to prepare the Form 990:   1   1   1   1   1   1   1   1    1    1    1    2    1    1    2    1    2    1    2    1    2    2    2    3    3    4    2   2    4    3    4    5    5   2    3   4    4   5   5   4    5   5   6   2    4    5   5   5   6   2    5    5   5   5   5   5   5   6   7    5   6   7    7    6   7    7    7	4		4	-23,	529,	149.
6       Donated services and use of facilities       6         7       investment expenses       7         8       Prior period adjustments       9         9       Other changes in net assets or fund balances (explain on Schedule O)       9       -111,359.         10       -31,004,145.       9       -31,004,145.         Part XII       Financial Statements and Reporting       10       -31,004,145.         Check if Schedule O contains a response or note to any line in this Part XII       1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       1         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       2a       X         If 'Yee,' check a box below to indicate whether the financial statements accountant?       2a       X       2a       X         If 'Yee,'' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis.       Donosolidated basis       Both consolidated and separate basis.       2b       X         If 'Yee,'' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis or both:       2b       X       2b       X         If 'Yee,'' check a box below to indicate whether the financial statements for t	5		5		-2,	396.
7       Investment expenses       7         8       Prior period adjustments       9         9       Other changes in net assets or fund balances (explain on Schedule O)       9       -111, 359.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       -31, 004, 145.         Part XII       Financial Statements and Reporting       10       -31, 004, 145.         Part XII       Financial Statements and Reporting       10       -31, 004, 145.         Part XII       Financial Statements and Reporting       10       -31, 004, 145.         Part XII       Financial Statements and Reporting       10       -31, 004, 145.         Part XII       Financial Statements and Reporting       10       -31, 004, 145.         Part XII       Financial Statements and Reporting       10       -31, 004, 145.         2a       X       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 O.       2a       X         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: <t< th=""><td>6</td><td></td><td>6</td><td></td><td></td><td></td></t<>	6		6			
8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       -111, 359.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       -31, 004, 145.         Part XII       Financial Statements and Reporting       -31, 004, 145.         Check if Schedule O contains a response or note to any line in this Part XII       -31, 004, 145.         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 O.       2a       X         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       Both consolidated and separate basis       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:       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:       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:       2b       X       2b       X <td>7</td> <td></td> <td>7</td> <td></td> <td></td> <td></td>	7		7			
9 Other changes in net assets or fund balances (explain on Schedule O) 9 -111, 359.   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 -31,004,145.   Part XII Financial Statements and Reporting -31,004,14531,004,145.   Check if Schedule O contains a response or note to any line in this Part XII -31,004,145.   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 O. 2a X   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: 2b X   Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: 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: 2b X   If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X   If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a X   If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedu	8		8			
column (B))       10       -31,004,145.         Part XII       Financial Statements and Reporting	9		9	-	111,	359.
Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       Image: Check if Schedule O contains a response or note to any line in this Part XII         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 O.       2a       X         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X         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:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X         consolidated basis, or both:       Image: Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         I	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       Image: Check if Schedule O contains a response or note to any line in this Part XII         1       Accounting method used to prepare the Form 990:       Cash X Accrual       Other       Vere       Vere       Vere       Vere the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         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:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       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       Doth consolidated and separate basis       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:       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:       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:       2b       X         If "Yes," o line 2a or 2b, does the organ		column (B))	10	-31,	004,	145.
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other	Pa	rt XII Financial Statements and Reporting				
1       Accounting method used to prepare the Form 990: □ Cash X Accrual □ Other       Other       Image: the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         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:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       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:       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:       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:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a       X         3a		Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         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:       2a       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       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:       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:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       4       4         3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit					Yes	No
2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         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:       5       5       Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X       16 <td>1</td> <td>Accounting method used to prepare the Form 990: Cash X Accrual Other</td> <td></td> <td></td> <td></td> <td></td>	1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
Image: Separate basis       Consolidated basis       Both consolidated and separate basis       Image: Separate basis       Image		If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.			
separate basis, consolidated basis, or both:       Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         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:       Z       X         If "Yes," check a box below to indicate basis       Both consolidated and separate basis       Z       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       Za       Za         3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3b       X	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
<ul> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>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:</li> <li>X Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>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?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.</li> <li>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</li> <li>If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits</li> </ul>		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
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       Image: Consolidated basis		separate basis, consolidated basis, or both:				
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:       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:       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:       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:       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:       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:       If "Yes," check a box below to indicate whether the financial statements and separate basis       If "Yes," check a box below to indicate basis       If the organization of its financial statements and selection of an independent accountant?       If "Zec X"         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       If "Yes," did the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       If "Yes," "If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       If "Yes," "If the organization		Separate basis Consolidated basis Both consolidated and separate basis				
consolidated basis, or both:       X         X       Separate basis       Consolidated basis       Both consolidated and separate basis         c       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       Image: Comparize the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3b       X	b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
X       Separate basis       Consolidated basis       Both consolidated and separate basis       Image: Consolidated basis       Image: Consolidated basis       Consolidated basis <t< th=""><td></td><td>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate</td><td>basis,</td><td></td><td></td><td> </td></t<>		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
c       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       2c       X         3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3b       X		consolidated basis, or both:				
review, or compilation of its financial statements and selection of an independent accountant?          If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       Image: Compilation of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       Image: Compilation of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       Image: Compilation of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       Image: Compilation of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       Image: Compilation of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       Image: Compilation of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       Image: Compilation of a federal award, was the organization required audit or audits?       Image: Compilation of a federal award, was the organization of a federal award, was the organization undergo the required audit or audits?       Image: Compilation of a federal award, was the organization of a federal award, was the organization undergo the required audit or audits?       Image: Compilation of a federal award, was the organization of a federal award, was the organization of a federal award, was the organization undergo the required audit or audits?       Image: Compilation of a federal award, was the organization of a federal award, was the orga		X Separate basis Consolidated basis Both consolidated and separate basis				
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       3a       X         Act and OMB Circular A-133?       3a       X         b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3b       X		review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	L
Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3b       X		If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3b       X	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		Act and OMB Circular A-133?		3a	Х	
	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			
		or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

# 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
2021
Open to Public Inspection

Name	of the	organization
------	--------	--------------

Nam	ame of the organization Employer identification num													
	HIGHLAND SPRINGS, INC.								51-0536892					
Pa	rt I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.						
The o	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, cl	heck only	one box.)								
1		A church, convention of ch	urches, or associatio	on of churches described	l in <b>sectio</b>	on 170(b)(1	l)(A)(i).							
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)												
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).												
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,												
		city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in												
5		An organization operated for	or the benefit of a co	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in					
		section 170(b)(1)(A)(iv). (Complete Part II.)												
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in												
		section 170(b)(1)(A)(vi). (C	omplete Part II.)											
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)									
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college					
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or					
		university:												
10	X	An organization that norma	• • • •					-	•					
		activities related to its exem		•	. ,									
		income and unrelated busir		(less section 511 tax) fro	om busines	sses acqui	red by the org	anization a	after June 30, 1975.					
		See section 509(a)(2). (Con												
11		An organization organized a												
12		An organization organized a	-	-	-			•						
		more publicly supported or	-						Sheck the box on					
-		lines 12a through 12d that <b>Type I.</b> A supporting orga	• •			-		-	aivina					
а		the supported organization	-	-	• • •	-								
		organization. You must o			majonty c				pporting					
b		<b>Type II.</b> A supporting org	-		tion with it	s sunnorte	d organizatio	n(s) hy hay	vina					
	L	control or management o	-				•		-					
		organization(s). You mus												
с		Type III functionally inte	-		in connect	tion with, a	and functional	lv integrate	ed with					
-		its supported organization						.,						
d		Type III non-functionally		•		-	-	ted organiz	zation(s)					
		that is not functionally int						-						
		requirement (see instructi			•		-							
е		Check this box if the orga	-	-				II, Type III						
		functionally integrated, or												
f	Ente	er the number of supported o	organizations											
g	Prov	vide the following informatior	about the supporte	d organization(s).										
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the organized (iv) is the organized (iv) (iv) (iv) (iv) (iv) (iv) (iv) (iv)	anization listed ing document?	(v) Amount of	,	(vi) Amount of other					
		organization		above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)					
<u>Tota</u>														

Schedule	A (Form 990) 202 <sup>-</sup>
Part II	Support Sc

e 2

\_\_\_\_

Schedule A (Form 990) 2021 HIC	GHLAND SPRING	S, INC.			51-05368	92 Page
Part II Support Schedule for O		1	Sections 170(	b)(1)(A)(iv) and	170(b)(1)(A)(vi	
(Complete only if you checked fails to qualify under the tests l			•	n failed to qualify ι	under Part III. If the	organization
Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	<b>(f)</b> Total
<ol> <li>Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")</li> </ol>						
2 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
<b>5</b> The portion of total contributions						

6	Dublic cumment Cubication Efrem line 4		
	column (f)		
	amount shown on line 11,		
	on line 1 that exceeds 2% of the		
	supported organization) included		
	governmental unit or publicly		
	by each person (other than a		
5	The portion of total contributions		

### 6 Public support. Subtract line 5 from line 4. Section B. Total Support

Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4			, , ,			
8							
	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	<b>Total support.</b> Add lines 7 through 10						
12		etc. (see instructio	ons)			12	
13			,			01(c)(3)	
	organization, check this box and <b>stop</b>	here		· · · · · · · · · · · · · · · · · · ·			
Se	ction C. Computation of Public						
14	Public support percentage for 2021 (li	ne 6, column (f), d	ivided by line 11, o	column (f))		14	%
	Public support percentage from 2020					15	%
	<b>33 1/3% support test - 2021.</b> If the o					ore, check this bo	k and
	stop here. The organization qualifies a	as a publicly supp	orted organization				
k	33 1/3% support test - 2020. If the o	rganization did no	t check a box on				
	and stop here. The organization quali	fies as a publicly s	supported organization	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances tes	st. The organizatio	n qualifies as a pu	blicly supported o	rganization	-	
k	0 10% -facts-and-circumstances test	- 2020. If the org	anization did not o	check a box on line			
	more, and if the organization meets th	e facts-and-circum	nstances test, che	ck this box and <b>st</b>	t <b>op here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circu	mstances test. Th	e organization qu	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	, check this box a		

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ...

Schedule A (Form 990) 2021

## Schedule A (Form 990) 2021 HIGHLAND SPRINGS, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	507,096.	305,254.	661,444.	1,360,871.	1,383,092.	4,217,757.
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	35,104,793.	40,308,429.	44,603,436.	46,901,937.	52,036,094.	218,954,689.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	35,611,889.	40,613,683.	45,264,880.	48,262,808.	53,419,186.	223,172,446.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	125,000.	150,000.	150,000.	150,000.	326,000.	901,000.
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.
	Add lines 7a and 7b	125,000.	150,000.	150,000.	150,000.	326,000.	901,000.
	Public support. (Subtract line 7c from line 6.)	, -	, -	, -	, -		222,271,446.
Sec	ction B. Total Support	L		1		L	<u> </u>
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	35,611,889.	40,613,683.	45,264,880.	48,262,808.	53,419,186.	223,172,446.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	8,036,873.	8,822,179.	10,231,625.	10,856,753.	12,354,125.	50,301,555.
b	Unrelated business taxable income		-,,	,,	,	,,	
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	9 036 973	0 000 170	10 221 625	10 956 753	10 254 105	E0 201 EEE
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	8,036,873.	8,822,179.	10,231,625.	10,856,753.	12,354,125.	50,301,555.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					3,627.	3,627.
13	Total support. (Add lines 9, 10c, 11, and 12.)	43,648,762.	49,435,862.	55,496,505.	59,119,561.	65,776,938.	273,477,628.
	First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	on,
	check this box and <b>stop here</b>	<u></u>			·····	-	
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2021 (li	ine 8, column (f), d	ivided by line 13, c	olumn (f))		15	81.28 %
16	Public support percentage from 2020					16	81.47 %
Sec	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	<b>)21</b> (line 10c, colun	nn (f), divided by lir	ne 13, column (f))		17	18.39 %
18	Investment income percentage from 2	2020 Schedule A,	Part III, line 17			18	18.24 %
19a	33 1/3% support tests - 2021. If the	-					
	more than 33 1/3%, check this box ar						<b>X</b>
b	<b>33 1/3% support tests - 2020.</b> If the	•					
~~	line 18 is not more than 33 1/3%, che			•		•	
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19a	i, or 19b, check thi	s box and see ins		
13202	23 01-04-22					Schedule A	(Form 990) 2021

1

2

Yes

No

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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.)

3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

Part IV Supporting Organizations (continued)	
Schedule A (Form 990) 2021 HIGHLAND SPRINGS	INC

Yes

1

2

No

No

	<u> </u>			<u>, , , , , , , , , , , , , , , , , , , </u>	/								Yes	No
													res	INO
11 Has the or	anization a	ccepted a gi	ft or con	tribution fro	om any of	of the fo	ollowing p	ersons?						
a A person v	no directly	or indirectly	controls,	either alor	ne or toge	gether w	ith perso	ns descril	bed on	lines 11b	and			
11c below	he govern:	ng body of a	support	ted organiz	zation?							11a		
<b>b</b> A family m	mber of a p	erson descr	ibed on I	line 11a ab	oove?							11b		
<b>c</b> A 35% con	olled entit	/ of a person	describ	ed on line 1	11a or 11	1b abov	ve? If "Ye	s" to line	11a, 11	b, or 11c	provide			
detail in Pa	t VI.											11c		
Section B. Ty		porting O	rganiza	ations										

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? <i>If "No," describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> 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.
2	Did the organization operate for the benefit of any supported organization other than the supported

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

#### supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

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

	Joillea oigai	112011011137.	
Section D.	All Type	III Supporting	Organizations

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

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

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

с		The organization supported a g	governmental entity.	Describe in Part VI how	vou supported a governmenta	l entitv (see instructions).
---	--	--------------------------------	----------------------	-------------------------	-----------------------------	------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described 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 these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

Yes No

Sche	edule A (Form 990) 2021 HIGHLAND SPRINGS, INC.			51-0536892 Page <b>6</b>
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on N	Nov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.	
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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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-functional	lly integrate	d Type III supporting orga	anization (see

Schedule A (Form 990) 2021

instructions).

 8
 Breakdown of line 7:

 a
 Excess from 2017

 b
 Excess from 2018

 c
 Excess from 2019

 d
 Excess from 2020

 e
 Excess from 2021

	HIGHLAND         SPRINGS, IN           t V         Type III Non-Functionally Integrated 509(		nizations		51-0536892 F	Page
_	on D - Distributions	a)(5) Supporting Orga	nizations (continu	<u>.ed)</u>	Current Year	
	Amounts paid to supported organizations to accomplish exer	mot purposes		1	Ourient Teal	
	Amounts paid to supported organizations to accomption exert Amounts paid to perform activity that directly furthers exemp			-		
-	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations		3		
	Amounts paid to acquire exempt-use assets	o or supported organizatione	,	4		
	Qualified set-aside amounts (prior IRS approval required - pro	wide details in <b>Part VI</b> )		5		
	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			6		
	Total annual distributions. Add lines 1 through 6.			7		
	Distributions to attentive supported organizations to which th	e organization is responsive				
	(provide details in <b>Part VI</b> ). See instructions.	e erganzater ie reepeneive		8		
9	Distributable amount for 2021 from Section C, line 6			9		
	Line 8 amount divided by line 9 amount			10		
	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021		(iii) Distributable Amount for 202	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
а	From 2016					
b	From 2017					
с	From 2018					
d	From 2019					
е	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
	Applied to 2021 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	HIGHLAND	SPRINGS,	INC.	51-0536892	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D,	2, 3b, 3c, 4t lines 2 and 3;	o, 4c, 5a, 6, 9 Part IV, Sec	planations required by Part II, line 10; Part II, line 17a of 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 ction E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V lines 2, 5, and 6. Also complete this part for any additio	1 and 2; Part IV, Section V, Section B, line 1e; Pa	C,

#### \*\* PUBLIC DISCLOSURE COPY \*\*

### Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

# 2021

Employer identification number

51-0536892

Name of the	organization

Organization type (check one):

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

HIGHLAND	SPRINGS.	INC

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

**X** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year  $\dots$   $\blacktriangleright$  \$

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Schedule I	B (Form 990) (2021)		Page <b>2</b>
Name of o	rganization	En	ployer identification number
HIGHLAND	) SPRINGS, INC.		51-0536892
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$326,000	Person     X       Payroll     Noncash       (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$299,167	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$89,330	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 10,041	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$5,000	Person X     Payroll     Noncash     (Complete Part II for     noncash contributions.)

Schedule I	B (Form 990) (2021)		Page <b>2</b>
Name of o	rganization		Employer identification number
HIGHLAND	SPRINGS, INC.		51-0536892
Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) s Type of contribution
7		\$8, <u>5</u>	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution:	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

	B (Form 990) (2021)		Page <b>3</b>
Name of o	rganization		Employer identification number
HIGHLAND	SPRINGS, INC.		51-0536892
Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed	1.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	

Schedule B (Form 990) (2021)

Schedule B	(Form	990)	(202	1)
				_

lame of or	rganization		Employer identification number
IGHLAND	SPRINGS, INC.		51-0536892
Part III		hthrough (e) and the following line e charitable, etc., contributions of <b>\$1,000 c</b>	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year entry. For organizations or less for the year. (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of g	jift
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
-		(e) Transfer of g	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of g	pift Relationship of transferor to transferee
-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of g	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee

SC	HEDULE D	Supplementa	al Financial Statements		OMB No. 1545-0047
	n 990)		2021		
Doport	mont of the Treesury		Open to Public		
	tment of the Treasury I Revenue Service		Inspection		
Nam	e of the organizati	on		Em	ployer identification number
		HIGHLAND SPRINGS, INC.			51-0536892
Pa		-	d Funds or Other Similar Funds or A	ccou	nts. Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, line		<u> </u>	
			(a) Donor advised funds	(b) Fur	nds and other accounts
1		nd of year			
2		f contributions to (during year)			
3		f grants from (during year)			
4		t end of year			
5	-		vriting that the assets held in donor advised fun		
•			exclusive legal control?		Yes No
6	•	<b>c</b>	dvisors in writing that grant funds can be used o		
			r donor advisor, or for any other purpose confer	0	
Pa			janization answered "Yes" on Form 990, Part IV		
1		servation easements held by the organization		, 1110 /	•
•		of land for public use (for example, recreat		orically	important land area
		f natural habitat	Preservation of a cert		•
		n of open space		inca m	
2		• •	ied conservation contribution in the form of a co	nserva	ation easement on the last
-	day of the tax year	<b>o o i</b>			Held at the End of the Tax Year
а				2a	
b				2b	
с	•		ucture included in (a)	2c	
d			fter 7/25/06, and not on a historic structure		
	listed in the Natior	nal Register	·	2d	
3			eased, extinguished, or terminated by the organ	ization	during the tax
	year 🕨				
4	Number of states	where property subject to conservation eas	ement is located		
5	Does the organiza	tion have a written policy regarding the peri	iodic monitoring, inspection, handling of		
	violations, and enf	orcement of the conservation easements it	holds?		Yes 🗌 No
6	Staff and voluntee	r hours devoted to monitoring, inspecting, I	handling of violations, and enforcing conservation	on ease	ements during the year
	▶				
7	Amount of expens	es incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation ea	semen	ts during the year
	►\$				
8	Does each conser	vation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B	)(i)	
	and section 170(h)				Yes
9		•	on easements in its revenue and expense staten		
			ote to the organization's financial statements th	at des	cribes the
Pa		ounting for conservation easements.	Art Historical Treasures or Other 9	imila	ur Accate
-d		f the organization answered "Yes" on Form	Art, Historical Treasures, or Other S	milla	II 733513.
10				ancolo	heet works
19			8, not to report in its revenue statement and bal		
			lic exhibition, education, or research in furthera	ILE UI	իսութ
h	service, provide in	Part XIII the text of the footnote to its finan			humania af

D	in the organization elected, as permitted under FASB ASC 956, to report in its revenue statement and balance	Sheel works of	
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	of public service,	
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1	▶ \$	
		• •	

	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X 📃 🕨 💲	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1 🕨 \$	
b	Assets included in Form 990, Part X	

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

Schedule D (Form 990) 2021

#### 132051 10-28-21

Sche	dule D (Form 990) 2021 HIGHLAND SP	1					51-053		Page <b>2</b>
Pa	t III Organizations Maintaining Co	ollections of Ar	rt, Historical Tr	easures, or	Other S	imilar	Assets	(continu	ied)
3	Using the organization's acquisition, accessio	n, and other record	ls, check any of the	e following that	make signi	ficant u	se of its		
	collection items (check all that apply):								
а	Public exhibition	c	d 📃 Loan or ex	change program	m				
b	Scholarly research	e	e 🗌 Other						
с	Preservation for future generations								
4	Provide a description of the organization's col	lections and explain	n how they further	the organizatior	n's exempt	purpos	e in Part	XIII.	
5	During the year, did the organization solicit or	receive donations	of art, historical tre	asures, or other	<sup>-</sup> similar as	sets		_	
	to be sold to raise funds rather than to be mai							Yes	No
Pa	t IV Escrow and Custodial Arrang		ete if the organizat	ion answered "	Yes" on Fo	rm 990,	Part IV, I	ine 9, or	
	reported an amount on Form 990, Part	X, line 21.							
1a	Is the organization an agent, trustee, custodia	n or other intermed	liary for contributio	ns or other asse	ets not incl	uded		_	
	on Form 990, Part X?						L	Yes	X No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the fo	llowing table:						
								Amount	
С	Beginning balance					1c			
	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f		7	
	Did the organization include an amount on Fo					·····	X	Yes	No
	If "Yes," explain the arrangement in Part XIII.								X
Pa	t V Endowment Funds. Complete if							( ) =	
	-	(a) Current year	(b) Prior year	(c) Two years	s back (d)	Inree ye	ears dack	<b>(e)</b> Four y	ears back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
_	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curre		e (line 1g, column (	a)) held as:					
a	Board designated or quasi-endowment		%						
b	Permanent endowment								
с	Term endowment	-							
0-	The percentages on lines 2a, 2b, and 2c shou								
Ja	Are there endowment funds not in the posses	sion of the organiza	ation that are held a	and administere	ed for the c	organiza	tion		res No
	by: (i) Unrelated organizations								
	· · · · · · · · · · · · · · · · · · ·							3a(i)	<u> </u>
h	(ii) Related organizations							3a(ii) 3b	<u> </u>
4	Describe in Part XIII the intended uses of the			۰				30	
<u> </u>	t VI Land, Buildings, and Equipme	<u>u</u>	wittent futus.						
	Complete if the organization answered		0. Part IV. line 11a.	See Form 990.	Part X. line	e 10.			
	Description of property	(a) Cost or c		st or other	(c) Accu		н	(d) Book	value
	Description of property	basis (investr	. ,	s (other)	• •	ciation		(U) BOOK	value
19	Land		,	,					
	Buildings		25	0,430,532.	38	,417,0	)54.	212 0	13,478.
	Leasehold improvements			, , ,		, _ , , , , , , , , , , , , , , , , , ,		,•	,
	Equipment			4,009,570.	2	,625,8	373.	1.3	83,697.
	Other			5,169,829.		,234,0			35,741.
	. Add lines 1a through 1e. (Column (d) must eq			, , ,		, ,	•		32,916.
1010	r, aa midd ra throagir ro. (Columni ja) must ee	uai Forni 990, Part		106,1				/-	,

Schedule D (Form 990) 2021

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-c	of-year market value
1) Financial derivatives			
?) Closely held equity interests			
) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of the complete if the organization answered "Yes" of the complete states of the complete sta			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-c	n-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX Other Assets.			
Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	(h) D
• •	Description		(b) Book value
(1)			
(2)			
(3)			
(3) (4)			
(4) (5) (6)			
(4) (5)			
(4) (5) (6) (7) (8)			
(4) (5) (6) (7) (8) (9)			
(4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
(4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			
(4) (5) (6) (7) (8) (9) ptal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of			
(4) (5) (6) (7) (8) (9) Detal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability			(b) Book value
(4) (5) (6) (7) (8) (9) Detal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes			• •
(4)         (5)         (6)         (7)         (8)         (9)         part X       Other Liabilities.         Complete if the organization answered "Yes" or         (a) Description of liability         (1) Federal income taxes         (2) CLAIMS RESERVE			696,92
(4) (5) (6) (7) (8) (9) Dtal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes			696,93 82,00
(4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) CLAIMS RESERVE			696,93 82,0
(4) (5) (6) (7) (8) (9) Detal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) CLAIMS RESERVE (3) FUNDS HELD FOR RESIDENTS			696,9 82,0 277,210,9
(4) (5) (6) (7) (8) (9) Dtal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) CLAIMS RESERVE (3) FUNDS HELD FOR RESIDENTS (4) RESIDENT DEPOSITS (NET)			696,9: 82,00 277,210,9 16,10
(4)         (5)         (6)         (7)         (8)         (9)         Datal. (Column (b) must equal Form 990, Part X, col. (B) line         Part X         Other Liabilities.         Complete if the organization answered "Yes" of         (a) Description of liability         (1) Federal income taxes         (2) CLAIMS RESERVE         (3) FUNDS HELD FOR RESIDENTS         (4) RESIDENT DEPOSITS (NET)         (5) UNCLAIMED PROPERTY			696,9: 82,00 277,210,9 16,10 9,883,55
(4) (5) (6) (7) (8) (9) Datal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) CLAIMS RESERVE (3) FUNDS HELD FOR RESIDENTS (4) RESIDENT DEPOSITS (NET) (5) UNCLAIMED PROPERTY (6) RESIDENTS REFUNDS			696,92 82,00 277,210,9 <sup>2</sup> 16,10 9,883,58 35,90
(4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of . (a) Description of liability (1) Federal income taxes (2) CLAIMS RESERVE (3) FUNDS HELD FOR RESIDENTS (4) RESIDENT DEPOSITS (NET) (5) UNCLAIMED PROPERTY (6) RESIDENTS REFUNDS (7) MARKETING FEE DEFERRED			(b) Book value 696,92 82,00 277,210,97 16,16 9,883,58 35,90 109,45 234,858,23

- счан (социни (р) низа едиаг гони зэр, Ран А, сон. (р) III:е 23.)

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

Sche	dule D (Form 990) 2021 HIGHLAND SPRINGS, INC.			51-053	6892 Page <b>4</b>
Pa	t XI Reconciliation of Revenue per Audited Financial Stater	ments With Re	evenue per Re	turn.	
	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	65,784,018.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-2,396.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants				
d			949.		
е	Add lines 2a through 2d			2e	-1,447.
3	Subtract line 2e from line 1			3	65,785,465.
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			
b	Other (Describe in Part XIII.)	4b	-7,135.		
с				4c	-7,135.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	65,778,330.
Pa	t XII Reconciliation of Expenses per Audited Financial State	ements With E	Expenses per R	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line "	12a.			
1	Total expenses and losses per audited financial statements			1	73,209,566.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments				
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	69,995.		
е	Add lines 2a through 2d			2e	69,995.
3	Subtract line 2e from line 1			3	73,139,571.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	73,139,571.
Pa	rt XIII Supplemental Information.				

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

PART IV, LINE 2B:

PROSPECTIVE RESIDENTS ARE REQUIRED TO MAKE CERTAIN INSTALLMENT PAYMENTS

PRIOR TO THE FINAL SETTLEMENT OF THE GIVEN UNIT. THOSE ADVANCE DEPOSITS

ARE REPORTED ON FORM 990, PART X, LINE 21.

PART X, LINE 2:

HIGHLAND SPRINGS, INC. ("HSD") IS EXEMPT FROM FEDERAL INCOME TAXES UNDER

SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND THE APPLICABLE STATE

INCOME TAX REGULATIONS. HIGHLAND SPRINGS HOME CARE, LLC ("HSHC") AND

CHISHOLMS TRAIL, LLC ("CT") ARE SINGLE MEMBER COMPANIES AND HAVE ELECTED

TO BE DISREGARDED FOR FEDERAL AND STATE INCOME TAX PURPOSES. THE FINANCIAL

STATEMENT ACTIVITY OF BOTH HSHC AND CT ARE REFLECTED ON HSD'S BOOKS AND

HIGHLAND SPRINGS, INC.

 Schedule D (Form 990)
 HIGHLAND
 SPRINGS,
 II

 Part XIII
 Supplemental Information
 (continued)

Part X	Other Liabilities. See Form 990, Part X, line 25.	
	(a) Description of liability	(b) Amount
PARKING 1	DEPOSITS	4,850,500.
		(

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047		
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19,	or if the	2021		
Department of the Treasury		Attach to Form 990						Open to Public		
Internal Revenue Service Name of the organizatior		to www.irs.gov/Form990 for instr	uction	s and	the latest informati	on.	Employer id	Inspection		
Name of the organization		PRINGS, INC.					51-05368	entification number		
Part I Fundrais		Complete if the organization answe	ered "Y	es" or	Form 990 Part IV I	ine 1				
required to	complete this part	t.		00	i i oni 550, i art iv, i					
1 Indicate whether th	e organization rais	ed funds through any of the followir	ng activ	vities. (	Check all that apply.					
a 📃 Mail solicitat	a Mail solicitations e Solicitation of non-government grants									
	email solicitations				nment grants					
c Phone solici		g Specia	l fundra	aising e	events					
d In-person so		r oral agreement with any individual	(inclue	ling of	ficare diractore true	toos	or			
•		art VII) or entity in connection with p	•	•		ices,		s No		
• • •		viduals or entities (fundraisers) pursu			-	ne fui				
compensated at le				0						
			(iii)	Did		(v)	Amount paid			
(i) Name and addres		(ii) Activity	(iii) fundi have c	aiser ustody	(iv) Gross receipts	tò (	or retained by	(vi) Amount paid to (or retained by)		
or entity (fund	draiser)		or control of contributions?		from activity	fundraiser listed in col. (i)		organization		
			Yes	No						
Total										
	ich the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is	exempt from r	egistration		
or licensing.								<b></b>		

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

Schedule G (Form 990) 2021

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

			(a) Event #1	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	31,620.			31,620.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	31,620.			31,620.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect Ex	7	Food and beverages	5,220.			5,220.
_	8	Entertainment				
		Other direct expenses				1,915.
.		Direct expense summary. Add lines 4 through	<b>a</b>	•	▶	7,135.
	11	Net income summary. Subtract line 10 from li	ine 3, column (d)		►	24,485.
Par	t II	<b>Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or r	reported more than	
anne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	4	Gross revenue				

Rev	1	Gross revenue								
ses	2	Cash prizes								
xpen	3	Noncash prizes								
Direct Expenses	4	Rent/facility costs								
	5	Other direct expenses								
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No					
	7	Direct expense summary. Add lines 2 through	15 in column (d)		►					
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)							
<ul> <li>9 Enter the state(s) in which the organization conducts gaming activities:</li> <li>a Is the organization licensed to conduct gaming activities in each of these states?</li> </ul>										
a Is the organization licensed to conduct gaming activities in each of these states? Yes No b If "No," explain:										
	10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No									
u		Yes," explain:								

Schedule G (Form 990) 2021

Sch	nedule G (Form 990) 2021	HIGHLAND SPRINGS,	, INC.	51-053	3689	2	Pa	ge <b>3</b>
			members?	[		Yes		No
	Is the organization a grantor, ber	neficiary or trustee of a tru	ust, or a member of a partnership or other entity formed			Yes		No
13	Indicate the percentage of gamir							
á	a The organization's facility				13a			%
					13b			%
14	Enter the name and address of the	he person who prepares tl	the organization's gaming/special events books and record	ls:				
	Name							
	Address 🕨							
15a	a Does the organization have a co	ntract with a third party fro	om whom the organization receives gaming revenue?	[		Yes		No
ł	If "Yes," enter the amount of gar	ning revenue received by t	the organization <b>&gt;</b> \$ and the amo	ount				
	of gaming revenue retained by th	ne third party 🕨 \$						
¢	If "Yes," enter name and address	s of the third party:						
	Name 🕨							
	Address 🕨							
16	Gaming manager information:							
	Name 🕨							
	Gaming manager compensation	▶ \$	_					
	Description of services provided							
		-						
	Director/officer	Employee	Independent contractor					
17	Mandatory distributions:							
a		er state law to make charit	table distributions from the gaming proceeds to	г				
	retain the state gaming license?					Yes		No
k		•	to be distributed to other exempt organizations or spent in	n the				
Pa	organization's own exempt activ		► 5 xplanations required by Part I, line 2b, columns (iii) and (v);	and Part I	II lin	0 201	96 1C	)h
			e any additional information. See instructions.		,			<i>.</i> ,

HIGHLAND SPRINGS, INC.

chedule G (Form 990) Intendado Strando, inc.	JI 0550052	Pag
Part IV Supplemental Information (continued)		
Continued)		

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								
Department of the Treasury       Attach to Form 990.         Internal Revenue Service       Go to www.irs.gov/Form990 for the latest information.									
Name of the organization	ON HIGHLAND SPRII	NGS, INC.						Employer identification number 51-0536892	
Part I General In	formation on Grants a	nd Assistance							
criteria used to av	ation maintain records t ward the grants or assis V the organization's pro	stance?	-			-			
Part II Grants and	d Other Assistance to I at received more than \$	Domestic Organiz	ations and Domestic	Governments. C	complete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any	
.,	dress of organization ernment	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
ALZHEIMER'S ASSOC 3001 KNOX STREET, DALLAS, TX 75208		13-3039601	501(C)(3)	14,000.	0.			GENERAL SUPPORT	
2 Enter total number	er of section 501(c)(3) a	nd government or <u>c</u>	anizations listed in the	e line 1 table	· · · · · · · · · · · · · · · · · · ·	I	I		
	er of other organizations							0.	
LHA For Paperwork	Reduction Act Notice,	, see the Instruction	ons for Form 990.					Schedule I (Form 990) 2021	

Schedule I (Form 990) 2021

HIGHLAND SPRINGS, INC.

51-0536892

Page 2

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

EDUCATIONAL SCHOLARSHIPS - SEE PART IV 37 92,950. 0.	ant or assistance (b) Number of recipients	(a) ⊤
DUCATIONAL SCHOLARSHIPS - SEE PART IV 37 92,950. 0.		
	- SEE PART IV 37	DUCATIONAL SCHOL

SCHEDULE I, PART 1, LINE 2

SCHOLAR CANDIDATES MUST BE CURRENTLY EMPLOYED YEAR-ROUND AT HIGHLAND

SPRINGS. ONLY MEDICAL LEAVES OF ABSENCE ARE ALLOWABLE DURING THE TWO

YEARS. OTHER REQUESTS FOR A LEAVE OF ABSENCE WILL BE REVIEWED AND

DETERMINED CASE BY CASE. A SCHOLAR CANDIDATE MUST HAVE BEEN EMPLOYED BY

HIGHLAND SPRINGS ON OR BEFORE SEPTEMBER 30, OF THE START OF THEIR

JUNIOR YEAR IN HIGH SCHOOL. THE CANDIDATE MUST ALSO ACHIEVE 700 HOURS

OF WORK DURING A TIME SPAN THAT BEGINS NO EARLIER THAN JUNE 1, OF THEIR

JUNIOR YEAR OF HIGH SCHOOL (300 OF 700 HOURS MUST BE COMPLETED BY THE

HIGHLAND SPRINGS, INC.

### Part IV Supplemental Information

END OF THEIR JUNIOR YEAR OF HIGH SCHOOL TO QUALIFY).

ANY HOURS WORKED PRIOR TO JUNE 1, OF THE START OF THEIR JUNIOR YEAR DO NOT COUNT TOWARDS THE 700 HOURS REQUIREMENT. CANDIDATES MUST ACHIEVE THE 700 HOUR REQUIREMENT AS WELL AS FULFILL THE TWO-YEAR MINIMUM EMPLOYMENT REQUIREMENT. CANDIDATES MUST BE IN "GOOD STANDING" FROM THEIR ORIGINAL DATE OF HIRE THROUGH THEIR LAST DAY OF WORK. TO MAINTAIN "GOOD STANDING," SCHOLAR CANDIDATES, AS EMPLOYEES, MUST ABIDE BY ALL EMPLOYMENT POLICIES AND PROCEDURES, TO INCLUDE GIVING TWO WEEKS NOTICE TO THEIR SUPERVISOR WHEN TERMINATING EMPLOYMENT. SCHOLAR CANDIDATES MUST COMPLETE EACH STEP AS OUTLINED IN THE PROGRAM DESCRIPTION BY THE RESPECTIVE DUE DATE. FURTHERMORE, CANDIDATES MUST TURN IN PROOF OF FULL-TIME STATUS WITHIN THE DATES SPECIFIED IN THE PROGRAM DESCRIPTION FOR EACH SPRING AND FALL SEMESTER THEY ATTEND SCHOOL. FAILURE TO DO SO WILL DISQUALIFY THE SCHOLAR THAT SEMESTER AND WILL COUNT TOWARDS ONE OF THE TWO ALLOWABLE SEMESTER LAPSES. CANDIDATES SHOULD INTEND TO GO TO COLLEGE OR TRADE SCHOOL AFTER HIGH SCHOOL. SCHOLAR CANDIDATES MUST ATTEND SCHOOL FULL-TIME (12 CREDIT HOURS EACH SEMESTER) AFTER HIGH SCHOOL. SCHOLAR CANDIDATES MUST BE ACCEPTED AND/OR REGISTERED IN THE FALL OF 2021 AT A TRADE SCHOOL, COLLEGE, OR UNIVERSITY TO BENEFIT. (IN EXCEPTIONAL CASES, A SCHOLAR CANDIDATE MAY ARRANGE TO START SCHOOL UP TO TWO SEMESTERS AFTER BEING INDUCTED INTO THE PROGRAM, BUT THEY MUST MAKE ARRANGEMENTS WITH THE RESIDENT LIFE DEPARTMENT. THESE TWO SEMESTERS WILL COUNT AS THE TWO ALLOCABLE SEMESTER LAPSES.) SCHOLARS WHO LAPSE FROM THE PROGRAM FOR MORE THAN A TOTAL OF TWO SEMESTERS AFTER BEING INDUCTED INTO THE PROGRAM ARE NO LONGER ELIGIBLE TO RECEIVE THE

AWARD.

Part IV Supplemental Information THE ORGANIZATION MAKES GRANTS TO PUBLIC CHARITIES FROM TIME TO TIME IN SUPPORT OF ITS MISSION. THE GRANTS ARE DOCUMENTED BY THE SENIOR MANAGER, RESIDENT SERVICES.

SCHE	OULE J Compensation Information	0	MB No. 1	545-004	17	
(Form	990) For certain Officers, Directors, Trustees, Key Employees, and Highest		2021			
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.			2021		
	of the Treasury Attach to Form 990.	C	pen to Inspe		ic	
Internal Rev		Employer ident	•		mhor	
Name or	the organization HIGHLAND SPRINGS, INC.	51-0536		minui	nper	
Part I	Questions Regarding Compensation	51-0550	092			
rarri				Yes	No	
<b>1a</b> Che	ck the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 99	90		165		
	VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	50,				
	First-class or charter travel Housing allowance or residence for personal	aluse				
	Travel for companions Payments for business use of personal resid					
	Tax indemnification and gross-up payments Health or social club dues or initiation fees					
	Discretionary spending account Personal services (such as maid, chauffeur,	chef)				
		,				
<b>b</b> Ifar	y of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or					
	bursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b			
	the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	tees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
3 Indi	cate which, if any, of the following the organization used to establish the compensation of the organization's					
CEC	/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization	n to				
esta	blish compensation of the CEO/Executive Director, but explain in Part III.					
Compensation committee Written employment contract						
X     Independent compensation consultant     X     Compensation survey or study						
Form 990 of other organizations						
4 Dur	ng the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
orga	inization or a related organization:					
a Rec	a Receive a severance payment or change-of-control payment?					
<b>b</b> Par	b Participate in or receive payment from a supplemental nonqualified retirement plan?				x	
<b>c</b> Par	c Participate in or receive payment from an equity-based compensation arrangement?				x	
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
Onl	/ section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5 For	persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	ingent on the revenues of:		5a			
	a The organization?				X	
	related organization?		5b		X	
	es" on line 5a or 5b, describe in Part III.					
	persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	ingent on the net earnings of:		6a			
	a The organization?				X	
	related organization?		6b		X	
	es" on line 6a or 6b, describe in Part III.					
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes." describe in Part III				х		
	not described on lines 5 and 6? If "Yes," describe in Part III					
	e any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				v	
	· · · · · · · · · · · · · · · · · · ·		8		X	
	es" on line 8, did the organization also follow the rebuttable presumption procedure described in					
	ulations section 53.4958-6(c)?		9	- 000	2004	
LHA FO	Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule .	rorn) ו	1 990)	2021	

51-0536892

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MATTHEW NEVILLE	(i)	194,158.	47,500.	3,503.	750.	13,203.	259,114.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) E. MICHELLE BOHREER	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT (THRU 7/31/21)	(ii)	105,000.	0.	75,000.	0.	0.	180,000.	0.
(3) ZINA JACQUE	(i)	0.	0.	0.	0.	0.	0.	0.
VICE CHAIR & VICE PRESIDENT	(ii)	156,667.	0.	0.	0.	0.	156,667.	0.
(4) EKATERINA MOLINA	(i)	120,111.	19,758.	448.	3,277.	11,757.	155,351.	0.
DIRECTOR, HEALTHCARE SALES	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) OPAL SULLEN	(i)	122,079.	17,800.	946.	750.	10,033.	151,608.	0.
DIRECTOR OF FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SABRINA REIDLAND	(i)	115,147.	18,506.	1,005.	4,209.	11,145.	150,012.	0.
DIRECTOR, NURSING	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

#### Part III Supplemental Information

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

PART I, LINE 4A:

SEVERANCE PAYMENT, MICHELLE BOHREER - \$75,000.

PART I, LINE 7:

THE EMPLOYEES LISTED ON FORM 990, PART VII, SECTION A, LINE 1A RECEIVED A

DISCRETIONARY BONUS DURING THE YEAR.

SCHEDULE J:

MATTHEW NEVILLE AND OPAL SULLEN ARE LISTED IN SCHEDULE J. PART II AND

ARE EMPLOYEES OF ERICKSON SENIOR LIVING, LLC ("ESL"), AN UNRELATED

ORGANIZATION TO HIGHLAND SPRINGS, INC., IN ACCORDANCE WITH THE

MANAGEMENT AGREEMENT BETWEEN HIGHLAND SPRINGS, INC. AND ESL. SEE

SCHEDULE O EXPLANATION FOR FORM 990, PART VI, SECTION A, LINE 3.

THEREFORE, FOR IRS MATCHING PURPOSES, ESL IS THE ISSUER OF THESE FORMS

W-2. UNDER THE MANAGEMENT AGREEMENT, HIGHLAND SPRINGS, INC. REIMBURSES

ESL FOR THE COST OF SERVICES PERFORMED FOR HIGHLAND SPRINGS, INC.

SCHEDULE O (Form 990)

### Fc Fc

Department of the Treasury Internal Revenue Service Name of the organization

## 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. OMB No. 1545-0047

Employer identification number 51-0536892

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

HIGHLAND SPRINGS, INC.

MISSION STATEMENT - HOME IS BELONGING, PEACE OF MIND, LOVE AND

ACCEPTANCE. WELCOME HOME!

VISION STATEMENT - HIGHLAND SPRINGS, INC. CELEBRATES AGING! GROUNDED IN

INCLUSION, INNOVATION AND ADVOCACY, WE CREATE UNPARALLELED VALUE AND

OPPORTUNITIES FOR EVERY LIFE WE TOUCH. AS PART OF THE NATIONAL SENIOR

COMMUNITIES ENTERPRISE, WE LEVERAGE OUR STRONG FINANCIAL FOUNDATION AND

GOVERNANCE FOR THE BENEFIT OF SENIORS AND THOSE WHO SUPPORT THEM.

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

IF THERE ARE MATERIAL DIFFERENCES IN VOTING RIGHTS AMONG MEMBERS OF THE

GOVERNING BODY, OR IF THE GOVERNING BODY DELEGATED BROAD AUTHORITY TO AN

EXECUTIVE COMMITTEE OR SIMILAR COMMITTEE, EXPLAIN IN SCHEDULE O.

UNDER THE BYLAWS OF THE ORGANIZATION, THE BOARD HAS DELEGATED AUTHORITY TO

AN EXECUTIVE COMMITTEE COMPRISED OF THE ORGANIZATION'S CHAIR, VICE CHAIR,

PRESIDENT, SECRETARY AND TREASURER. THE EXECUTIVE COMMITTEE HAS AND MAY

EXERCISE ALL OF THE POWERS AND AUTHORITY OF THE BOARD IN THE MANAGEMENT OF

THE BUSINESS AND AFFAIRS OF THE ORGANIZATION EXCEPT FOR THOSE ACTIONS

RESERVED SOLELY TO THE MEMBER OR THE DIRECTORS UNDER THE GENERAL LAWS OF

THE STATE OF MARYLAND.

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

ENTER THE NUMBER OF VOTING MEMBERS INCLUDED ON LINE 1A, ABOVE, WHO ARE

INDEPENDENT.

Name of the organization

HIGHLAND SPRINGS, INC.

Employer identification number 51-0536892

THE BOARD MEMBERS THAT ARE DEEMED NOT INDEPENDENT ON THE FORM 990 ARE THOSE

INDIVIDUALS WHO RECEIVE COMPENSATION AS AN OFFICER OR OTHER EMPLOYEE FROM

THE ORGANIZATION OR FROM A RELATED ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 3:

DID THE ORGANIZATION DELEGATE CONTROL OVER MANAGEMENT DUTIES CUSTOMARILY

PERFORMED BY OR UNDER THE DIRECT SUPERVISION OF OFFICERS, DIRECTORS, OR

TRUSTEES, OR KEY EMPLOYEES TO A MANAGEMENT COMPANY OR OTHER PERSON?

HIGHLAND SPRINGS, INC. ENTERED INTO A NEW MANAGEMENT AND MARKETING

AGREEMENT TO REPLACE THE EXISTING AMENDED & RESTATED MANAGEMENT AND

MARKETING AGREEMENT ALREADY IN EFFECT WITH ERICKSON SENIOR LIVING, LLC

("ESL"). THE AGREEMENT WAS EFFECTIVE AS OF APRIL 30, 2020. WHILE BASED IN

LARGE PART ON THE PRIOR AGREEMENT, AMONG OTHER THINGS, THE NEW MANAGEMENT

AND MARKETING AGREEMENT EXTENDS THE TERM BEYOND THE PRIOR EXPIRATION,

INCLUDES VARIOUS OBJECTIVE PERFORMANCE REQUIREMENTS ON THE PART OF THE

MANAGER AS WELL AS CERTAIN NON-COMPETITION PROVISIONS BENEFITTING THE

COMMUNITY. ESL IS A MARYLAND LIMITED LIABILITY COMPANY WHICH MANAGES LARGE

SCALE CONTINUING CARE RETIREMENT COMMUNITIES.

CHRIS RATHMANN IS AN OFFICER LISTED IN PART VII, AND IS A NON-COMPENSATED

OFFICER OF THE FILING ORGANIZATION. HIS DUTIES ARE CONSIDERED PERFORMED PRO

BONO. MATTHEW NEVILLE, EXECUTIVE DIRECTOR AND OPAL SULLEN, DIRECTOR OF

FINANCE, ARE LEASED EMPLOYEES FROM THE MANAGEMENT COMPANY. THE FILING

ORGANIZATION REIMBURSES THE MANAGEMENT COMPANY FOR THEIR COMPENSATION WHICH

IS REPORTED ON FORM 990, PART VII, SECTION A.

Schedule O (Form 990) 2021 Name of the organization	Page 2 Employer identification number
HIGHLAND SPRINGS, INC.	51-0536892
FORM 990, PART VI, SECTION A, LINE 4:	
DID THE ORGANIZATION MAKE ANY SIGNIFICANT CHANGES TO ITS GOVERNING	
DOCUMENTS SINCE THE PRIOR FORM 990 WAS FILED?	
THE COMMUNITY AMENDED ITS CHARTER IN 2021 TO INCLUDE THE FOLLOWING:	
1. THE PROMOTION OF THE HEALTH OF THE ELDERLY THROUGH THE PROVISION OF ONE	
OR MORE RESIDENTIAL COMMUNITIES OFFERING VARIOUS LEVELS OF CARE SERVICES	
FOR ELDERLY PERSONS;	
2. PROVIDING FINANCIAL AND OTHER ASSISTANCE TO SENIORS WHO LIVE IN ANY	
COMMUNITY WHERE THE MEMBER IS, DIRECTLY OR INDIRECTLY, A MEMBER, WHEN THEY	
HAVE EXHAUSTED ALL OF THEIR ASSETS AND OTHER FINANCIAL ASSISTANCE AVAILABLE	
TO THEM;	
3. PROMOTION OF AND CARRYING ON EDUCATIONAL ACTIVITIES RELATED TO THE	
PROMOTION OF HEALTH OF SENIORS, INCLUDING THE PROVISION OF SCHOLARSHIPS TO	
STUDENTS TO PROMOTE THEIR INTEREST IN OR EMPLOYMENT WITH RESPECT TO	
SERVICES FOR SENIORS;	
4. PROMOTION OF AND CARRYING ON SCIENTIFIC RESEARCH RELATED TO THE HEALTH	
OF SENIORS INSOFAR AS, IN THE OPINION OF THE BOARD OF DIRECTORS, SUCH	
RESEARCH MAY BE CARRIED ON OR IN CONNECTION WITH THE FACILITIES AVAILABLE.	
THE COMMUNITY AMENDED ITS BYLAWS IN 2021 TO DELETE THE REQUIREMENT THAT THE	
VICE CHAIR SERVE AS THE PRESIDENT OF THE CORPORATION.	
FORM 990, PART VI, SECTION A, LINE 6:	
DID THE ORGANIZATION HAVE MEMBERS OR STOCKHOLDERS?	

HIGHLAND SPRINGS, INC.'S SOLE MEMBER IS NATIONAL SENIOR COMMUNITIES, INC.

("NSC"). NSC IS A MARYLAND NON-STOCK CORPORATION. NSC IS A "SUPPORTING

Schedule O (Form 990) 2021 Name of the organization	Page 2 Employer identification number
HIGHLAND SPRINGS, INC.	51-0536892
ORGANIZATION" WITH RESPECT TO HIGHLAND SPRINGS, AS WELL AS CERTAIN OTHER	
ORGANIZATIONS SPECIFIED IN ITS GOVERNING DOCUMENTS. AS REQUIRED BY THE	
REGULATIONS RELATING TO "SUPPORTING ORGANIZATIONS," CERTAIN MEMBERS OF THE	
BOARD OF DIRECTORS OF NSC WILL ALSO BE MEMBERS OF THE BOARD OF DIRECTORS OF	
THE ORGANIZATION.	
FORM 990, PART VI, SECTION A, LINE 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?	
THE BOARD OF DIRECTORS MAY NOMINATE A SLATE OF CANDIDATES FOR CONSIDERATION	
BY THE MEMBER, BUT THE MEMBER HAS SOLE DISCRETION TO ELECT DIRECTORS	
WHETHER OR NOT NOMINATED BY THE BOARD OF DIRECTORS.	
FORM 990, PART VI, SECTION A, LINE 7B:	
ARE ANY GOVERNANCE DECISIONS OF THE ORGANIZATION RESERVED TO (OR SUBJECT TO	
APPROVAL BY) MEMBERS, STOCKHOLDERS, OR PERSONS OTHER THAN THE GOVERNING	
BODY?	
CERTAIN EXTRAORDINARY ACTIONS OF THE CORPORATION REQUIRE THE APPROVAL OF	
THE MEMBER UNDER APPLICABLE STATE LAW. UNDER THE ORGANIZATION'S BYLAWS,	
CERTAIN GOVERNANCE DECISIONS ARE MADE BY THE BOARD WITH THE CONSENT OF THE	
MEMBER AS SHARED POWERS AND CERTAIN GOVERNANCE DECISIONS ARE RESERVED TO	
THE MEMBER. SHARED POWERS INCLUDE AMENDMENTS TO ANY OF THE COMMUNITY	
DOCUMENTS (EXCEPT WHERE IT INVOLVES A RESERVED POWER), APPROVAL OF ALL	
CONTRACTS WITH OR PAYMENTS TO THE MEMBER OR OTHER RELATED ENTITIES (OTHER	
THAN GOVERNANCE COSTS OF THE MEMBER), AUTHORIZING THE FILING OF ANY	
BANKRUPTCY, CHANGES TO SHARED POWERS, A SIGNIFICANT EXPANSION OR NEW LINE	Saladula O (Farm 000) 202

Name of the organization	Employer identification number 51-0536892
HIGHLAND SPRINGS, INC.	51-0536892
OF BUSINESS JUST INVOLVING THE ORGANIZATION, AND SELECTION OF THE	
MANAGEMENT COMPANY. RESERVED POWERS OF THE MEMBER INCLUDE: APPROVAL OF	
POLICIES AFFECTING MORE THAN ONE COMMUNITY; SPONSORSHIP OF A NEW COMMUNITY;	
PAYMENT OF REASONABLE AMOUNTS TO COVER THE MEMBER'S OPERATING COSTS; THE	
EXECUTION OF JOINT PURCHASE CONTRACTS OR SIMILAR AGREEMENTS ALONG WITH	
AFFILIATE(S); THE DISPOSITION OR PLEDGE OF ALL OR SUBSTANTIALLY ALL OF THE	
ORGANIZATION'S ASSETS (OTHER THAN A PLEDGE IN CONNECTION WITH AN ASSET OR	
FINANCING TRANSACTION); COMPENSATION OF OFFICERS, DIRECTORS AND ADVISORY	
COMMITTEE MEMBERS; AND APPROVAL OF CONTRACTS, AMENDMENTS, ETC. AFFECTING	
THE ORGANIZATION AND ONE OR MORE RELATED ENTITIES OR THE RESIDENTS OF THEIR	
COMMUNITIES.	
FORM 990, PART VI, SECTION B, LINE 11B:	
HAS THE ORGANIZATION PROVIDED A COMPLETE COPY OF THIS FORM 990 TO ALL	
MEMBERS OF ITS GOVERNING BODY BEFORE FILING THE FORM?	
THE CHAIR OF THE AUDIT, INVESTMENT, AND TREASURY COMMITTEE APPOINTS THE	
REVIEWER OF THE FORM 990. ONCE THAT REVIEW IS COMPLETE, THE FULL BOARD IS	
GIVEN THE OPPORTUNITY TO REVIEW THE FINAL VERSION OF FORM 990 BEFORE IT IS	
FILED AND ASK QUESTIONS OF THE REVIEWER REGARDING THE FORM.	
FORM 990, PART VI, SECTION B, LINE 12C:	
DID THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITOR AND ENFORCE	
COMPLIANCE WITH THE POLICY?	
ALL DIRECTORS, OFFICERS, KEY EMPLOYEES, EMPLOYEES AND VOLUNTEERS IN A	

POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER HIGHLAND SPRINGS, INC.'S

AFFAIRS, COMMITTEE MEMBERS, PROSPECTIVE DIRECTORS, AND SENIOR STAFF

Schedule O (Form 990) 2021 Name of the organization	Page 2 Employer identification number
HIGHLAND SPRINGS, INC.	51-0536892
PROVIDING SERVICES TO THE ORGANIZATION UNDER A MANAGEMENT AGREEMENT	
COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT ANNUALLY AND AS	
POTENTIAL CONFLICTS ARISE DURING THE YEAR. THE DIRECTOR CONFLICT OF	
INTEREST STATEMENTS ARE REVIEWED BY THE BOARD CHAIR. IF THE CONFLICT	
INVOLVES A COVERED EMPLOYEE, THE CHAIR DETERMINES WHETHER A CONFLICT EXISTS	
AND, IF SO, HOW IT IS TO BE HANDLED, OR THE CHAIR MAY REFER THE MATTER TO	
THE BOARD OF DIRECTORS FOR CONSIDERATION. FOR ALL OTHER CONFLICTS, THE	
BOARD OF DIRECTORS OR A COMMITTEE OF DISINTERESTED DIRECTORS WILL DETERMINE	
WHETHER A CONFLICT ACTUALLY EXISTS. A COVERED PERSON MAY NOT PARTICIPATE IN	
ANY DISCUSSION OR DEBATE BY THE BOARD BUT MAY ANSWER QUESTIONS OR PROVIDE	
CLARIFYING INFORMATION UNLESS ANY BOARD MEMBER OBJECTS.	
FORM 990, PART VI, SECTION B, LINE 15:	
DID THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S CEO,	
EXECUTIVE DIRECTOR, OR TOP MANAGEMENT OFFICIAL, OR OTHER OFFICERS OR KEY	
EMPLOYEES, INCLUDE A REVIEW AND APPROVAL BY INDEPENDENT PERSONS,	
COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION	
AND DECISION?	
THE BOARD HAS APPROVED A DIRECTORS' COMPENSATION POLICY WHICH ESTABLISHES	
THE PROCESS BY WHICH ALL DIRECTOR COMPENSATION IS DETERMINED. A REVIEW OF	
THE DIRECTORS' COMPENSATION IS CONDUCTED EACH FISCAL YEAR. AN INDEPENDENT	
COMPENSATION CONSULTANT IS PERIODICALLY RETAINED TO PERFORM AN ANALYSIS OF	
HIGHLAND SPRINGS, INC.'S COMPENSATION USING COMPARABLES OF BOTH FOR-PROFIT	
AND NON-PROFIT PEERS. A COMMITTEE OF THE NSC BOARD REVIEWS THE CONSULTANT'S	
REPORT AND MAKES A RECOMMENDATION TO THE ORGANIZATION AS TO APPROPRIATE	
COMPENSATION OF DIRECTORS. THE COMMITTEE OF THE NSC BOARD HAS ACCESS TO THE	
CONSULTANT'S REPORT AND AN OPPORTUNITY TO QUESTION THE CONSULTANT ABOUT THE	
132212 11-11-21	Schedule O (Form 990) 2021

Name of the organization	Page Employer identification number
HIGHLAND SPRINGS, INC.	51-0536892
PROCESS, METRICS, AND COMPARABLES THAT WERE USED IN DETERMINING THE	
RECOMMENDED COMPENSATION. THE BOARD THEN VOTES ON THE COMPENSATION	
RECOMMENDATIONS AND A CONTEMPORANEOUS RECORD IS MADE OF THE MEETING AND THE	
TOTE. A NEW COMPENSATION STUDY WAS UNDERTAKEN IN THE FALL OF 2021 WHICH DID	
NOT RECOMMEND ANY CHANGE TO THE CURRENT STRUCTURE. COMPENSATION IS	
APPROACHED ON AN OVERALL BASIS AND THE TOTAL VALUE OF ALL FORMS OF	
COMPENSATION IS ESTABLISHED AND MONITORED. THERE IS A COMPREHENSIVE	
COMPENSATION REVIEW PERFORMED ANNUALLY FOR THE EXECUTIVE DIRECTOR AND OTHER	
KEY MANAGEMENT PERSONNEL. THE COMPENSATION IS REVIEWED, DOCUMENTED, AND	
APPROVED BY THE BOARD DURING THE BUDGET PROCESS.	
FORM 990, PART VI, SECTION C, LINE 19:	
DESCRIBE WHETHER (AND IF SO, HOW) THE ORGANIZATION MADE ITS GOVERNING	
DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE	
ACCOMENTS, CONFLICT OF INTEREDITIONICI, AND FINANCIAL DIALEMENTS AVAILABLE	
TO THE PUBLIC DURING THE TAX YEAR.	
TO THE PUBLIC DURING THE TAX YEAR.	
TO THE PUBLIC DURING THE TAX YEAR.	
TO THE PUBLIC DURING THE TAX YEAR. THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND THE FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST TO REVIEW AT THE EXECUTIVE DIRECTOR'S	
TO THE PUBLIC DURING THE TAX YEAR. THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND THE FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST TO REVIEW AT THE EXECUTIVE DIRECTOR'S	
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND THE FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST TO REVIEW AT THE EXECUTIVE DIRECTOR'S DEFICE FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).	
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND THE FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST TO REVIEW AT THE EXECUTIVE DIRECTOR'S DEFFICE FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D). FORM 990, PART VII, SECTION A:	
TO THE PUBLIC DURING THE TAX YEAR. THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND THE FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST TO REVIEW AT THE EXECUTIVE DIRECTOR'S DEFICE FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D). FORM 990, PART VII, SECTION A: REPORTABLE COMPENSATION FROM THE ORGANIZATION AND FROM RELATED	
TO THE PUBLIC DURING THE TAX YEAR. THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND THE FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST TO REVIEW AT THE EXECUTIVE DIRECTOR'S DEFICE FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D). FORM 990, PART VII, SECTION A: REPORTABLE COMPENSATION FROM THE ORGANIZATION AND FROM RELATED	

ORGANIZATIONS INCLUDED ON SCHEDULE R, PART II.

Name of the organization

HIGHLAND SPRINGS, INC.

Page 2 Employer identification number 51-0536892

FORM 990, PART VII, SECTION B:

INDEPENDENT CONTRACTORS COMPENSATION.

THE AMOUNT INCLUDED IN COLUMN (C) FOR ERICKSON SENIOR LIVING IS FOR

PAYMENTS MADE FOR MANAGEMENT SERVICES AND THE DIRECT AND SHARED COSTS

ALLOCATED TO THE COMMUNITY. DIRECT AND SHARED COSTS INCLUDE SALARIES

AND BENEFITS FOR MANAGEMENT PERSONNEL, AND THE USE OF SERVICES SUCH AS

FINANCE, LEGAL, HUMAN RESOURCES, INFORMATION SERVICES, AND OPERATIONS.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONTRACT PROFESSIONAL SERVICES:

PROGRAM SERVICE EXPENSES	3,430,848.	
MANAGEMENT AND GENERAL EXPENSES	4,046,948.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	7,477,796.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	7,477,796.	

-111,359.

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

REVERSAL OF PRIOR AMORTIZATION -61,911.

CAPITAL CONTRIBUTION TO RELATED ORGANIZATION -49,448.

TOTAL TO FORM 990, PART XI, LINE 9

FORM 990, PAGE 11, PART X, LINE 23:

MORTGAGES AND OTHER NOTES PAYABLE - PART X, LINE 23

AN AMENDED AND RESTATED WORKING CAPITAL LOAN AGREEMENT (THE "LOAN

AGREEMENT") WAS MADE AS OF JANUARY 1, 2014 BETWEEN HIGHLAND SPRINGS,

INC. AND REDWOOD TO INCREASE THE MAXIMUM PRINCIPAL AMOUNT AVAILABLE TO

Name of the organization	Employer identification numbe
HIGHLAND SPRINGS, INC.	51-0536892
HIGHLAND SPRINGS, INC. FROM \$2,134,000 TO \$2,430,000.	
11GHLAND SFRINGS, INC. FROM \$2,134,000 10 \$2,430,000.	
A GEONE MENDER IND REGENEER MORTING CARTERY PROVIDENT NOTE MAG NARE	
A SECOND AMENDED AND RESTATED WORKING CAPITAL PROMISSORY NOTE WAS MADE	
AS OF JANUARY 1, 2014 TO CORRESPOND TO THE CHANGES MADE IN THE LOAN	
AGREEMENT.	
THE NEW WORKING CAPITAL LOAN AGREEMENT PROVIDES THAT THE ORGANIZATION'S	
PAYMENT OBLIGATION MAY BE DEFERRED WITHOUT PENALTY TO ALLOW THE	
DRGANIZATION TO MAINTAIN CERTAIN REQUIRED CASH ON HAND UNTIL SUCH TIME	
AS IT IS ABLE TO RESUME MAKING PAYMENTS ON THE LOAN AND MEET THE	
REQUIREMENTS FOR CASH RESERVES (IF PAYMENT WOULD CAUSE THE ORGANIZATION	
TO FALL BELOW REGULATORY REQUIREMENTS FOR CASH RESERVES). AS OF	
DECEMBER 31, 2021 AND 2020, THERE WAS NO OUTSTANDING BALANCE ON THE	
VCLA.	
·•	

SCH	EDUL	.E R

(Form 990)

#### **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

OMB No. 1545-0047 21 **Open to Public** 

Inspection

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

Name of the organization

Department of the Treasury Internal Revenue Service

HIGHLAND SPRINGS, INC.

Employer identification number 51-0536892

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

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity
HIGHLAND SPRINGS HOME CARE, LLC - 06-1781543	TO PROVIDE HOME SUPPORT AND				
701 MAIDEN CHOICE LANE	HEALTH CARE TO RESIDENTS OF				
BALTIMORE, MD 21228	HIGHLAND SPRINGS	MARYLAND	1,852,496.	0.	HIGHLAND SPRINGS, INC.
CHISHOLM'S TRAIL, LLC - 45-2042852					
701 MAIDEN CHOICE LANE					
BALTIMORE, MD 21228	TO HOLD LIQUOR LICENSE	MARYLAND	74,416.	0.	HIGHLAND SPRINGS, INC.
	-				

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	(f) Direct controlling entity		<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
ANN'S CHOICE, INC - 52-2095427							
10000 ANN'S CHOICE WAY	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
WARMINSTER, PA 18974	COMMUNITY	PENNSYLVANIA	501(C)(3)	LINE 10	COMMUNITIES, INC		х
ASHBY PONDS, INC - 20-5609803							
21170 ASHBY PONDS BLVD.	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
ASHBURN, VA 20147	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х
BROOKSBY VILLAGE, INC - 52-2126755							
100 BROOKSBY VILLAGE DRIVE	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
PEABODY, MA 01960	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х
CEDAR CREST VILLAGE, INC - 52-2184915							
1 CEDAR CREST VILLAGE DRIVE	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		1
POMPTON PLAINS, NJ 07444	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х

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

Schedule R (Form 990) 2021

Part II Continuation of Identification of Related Tax-Exempt Organizations

<b>(a)</b> 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	cont	<b>g)</b> 512(b)(13) trolled ization?
				501(c)(3))		Yes	No
EAGLE'S TRACE, INC - 03-0498683							
14703 EAGLE VISTA DRIVE	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
HOUSTON, TX 77077	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х
FOX RUN VILLAGE, INC - 52-2291271							
41000 13 MILE ROAD	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
NOVI, MI 48377	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		Х
GREENSPRING VILLAGE, INC 52-2095427							
7440 SPRING VILLAGE DRIVE	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
SPRINGFIELD, VA 22150	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х
LANTERN HILL, INC 37-1742780							
535 MOUNTAIN AVENUE	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
NEW PROVIDENCE, NJ 07974	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х
LINDEN PONDS, INC - 14-1849849							
300 LINDEN PONDS WAY	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
HINGHAM, MA 02043	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х
MARIS GROVE, INC - 55-0878964							1
100 MARIS GROVE WAY	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
GLEN MILLS, PA 19342	COMMUNITY	PENNSYLVANIA	501(C)(3)	LINE 10	COMMUNITIES, INC		х
NATIONAL SENIOR COMMUNITIES, INC -							1
20-4356247, 816 CONNECTICUT AVE NW, 7TH				LINE 12C,			
FLOOR, WASHINGTON, DC 20006	SUPPORTING ORGANIZATION	MARYLAND	501(C)(3)	III-FI	N/A		х
OAK CREST VILLAGE, INC - 52-1874053							
8800 WALTHER BOULEVARD	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
PARKVILLE, MD 21234	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х
RIDERWOOD VILLAGE, INC - 52-2126753					,		
3110 GRACEFIELD ROAD	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
SILVER SPRING, MD 20904	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х
SEABROOK VILLAGE, INC - 52-2126751			1		,	1	1
3000 ESSEX ROAD	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
TINTON FALLS, NJ 07753	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		x
TALLGRASS CREEK, INC - 87-0765641					,		1
13800 METCALF AVENUE	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
OVERLAND PARK, KS 66223	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х
WIND CREST, INC - 51-0549976			, ,				<u> </u>
3235 MILL VISTA ROAD	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
HIGHLANDS RANCH, CO 80129	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		x

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(	i)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disproportionate Code V-UBI amount in box		Share of Disproportionate Code V-UBI amount in box		Gene	ral or	Percentage ownership
		country)		sections 512-514)		400010	Yes	No		Yes	No		
NATIONAL CCRC BUSINESS TRUST													
I - 26-6455718, 701 MAIDEN													
CHOICE LANE, BALTIMORE, MD	CHARITABLE												
21228	BUSINESS TRUST	MD	N/A	N/A	N/A	N/A		x	N/A		x	N/A	
NATIONAL CCRC STATUTORY TIER													
IV TRUST - 85-3943847, 701													
MAIDEN CHOICE LANE,	CHARITABLE												
BALTIMORE, MD 21228	BUSINESS TRUST	MD	N/A	N/A	N/A	N/A		х	N/A		x	N/A	
	]												
	]												

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>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	cont	i) tion b)(13) rolled ity?
		country)		or trusty		233613		Yes	No
THE TALON BAR COMPANY - 56-2520131									
701 MAIDEN CHOICE LANE	LIQUOR LICENSE HOLDER								
BALTIMORE, MD 21228	FOR EAGLE'S TRACE	TX	N/A	C CORP	N/A	N/A	N/A		х
	-								
	-								
	-								

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

lote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
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	1a		2
<b>b</b> Gift, grant, or capital contribution to related organization(s)	1b	X	
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)	<b>1</b> h		
i Exchange of assets with related organization(s)	1i		
j Lease of facilities, equipment, or other assets to related organization(s)			
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)	11		
m Performance of services or membership or fundraising solicitations by related organization(s)		X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			
Sharing of paid employees with related organization(s)			Ŧ
Reimbursement paid to related organization(s) for expenses	<b>1</b> p	x	
Reimbursement paid by related organization(s) for expenses			Ŧ
Other transfer of cash or property to related organization(s)	<u>1r</u>		
s Other transfer of cash or property from related organization(s)	1s		

	<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
<u>(1)</u>				
(2)				
<u>(3)</u>				
<u>(4)</u>				
(5)				
(6)				

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>(b)</b> Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are partner 501(c org	e) all rs sec. c)(3) s.?	<b>(f)</b> Share of total	<b>(g)</b> Share of end-of-year	<b>h)</b> ropor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner?	(k) Percentage ownership	
		country)	sections 512-514)	Yes		income	assets	No	(Form 1065)	Yes No	)	

Schedule R (Form 990) 2021

# Schedule R (Form 990) 2021 HIGHLA Part VII Supplemental Information

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