\*\* 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)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

ΑI	For the	e 2023 calendar year, or tax year beginning	and	ending					
	Check if applicable	C Name of organization			D Employer ider	ntifica	ition number		
	Addres								
	Name change	Doing business as			51-0536892				
	Initial return Final return/	Number and street (or P.O. box if mail is not del 8000 FRANKFORD RD	ivered to street address)	Room/suite	E Telephone nun 972-232-80				
	termin ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$		66,317,152.		
	Ameno return				H(a) Is this a grou	ıp retu	ırn		
	Applic tion	F Name and address of principal officer. TAREL	A PAULK		for subordina	ates?	Yes X No		
	pendir	SAME AS C ABOVE			H(b) Are all subordinate	tes inclu	uded? Yes No		
<u>1</u>	Гах-ехе	empt status: X 501(c)(3) 501(c) ( )	(insert no.) 4947(a)(1)	or 527	If "No," attac	h a lis	st. See instructions		
	Websit				H(c) Group exemp	$\overline{}$	number		
		organization: X Corporation Trust As Summary	sociation Other	<b>L</b> Year	of formation: 2005	М	State of legal domicile: MD		
_	1	Briefly describe the organization's mission or most	significant activities: PROVID	E A HOME	FOR SENIORS TH	IAT			
Governance		SATISFIES THEIR THREE PRIMARY NEEDS.							
rna	2	Check this box if the organization discor	ntinued its operations or dispos	sed of more	than 25% of its net	asse	ts.		
ove	3	Number of voting members of the governing body	Part VI, line 1a)			3	11		
	4	Number of independent voting members of the gov	rerning body (Part VI, line 1b)			4	7		
es &	5	Total number of individuals employed in calendar y	ear 2023 (Part V, line 2a)			5	979		
ξ		Total number of volunteers (estimate if necessary)				6	1212		
Activities &		Total unrelated business revenue from Part VIII, col				7a	0.		
_	b	Net unrelated business taxable income from Form 9	990-T, Part I, line 11	<u></u>		7b	0.		
e					Prior Year		Current Year		
	8				1,268,52	_	1,290,514.		
Revenue	9				59,493,18	_	64,734,905.		
Ŗ	10	Investment income (Part VIII, column (A), lines 3, 4,			13,893,771.		50,565.		
_	יין	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	243,176. 74,898,649.		241,168.				
		Total revenue - add lines 8 through 11 (must equal	180,59		66,317,152.				
	1	Grants and similar amounts paid (Part IX, column (A	0.	222,584.					
	1	Benefits paid to or for members (Part IX, column (A			23 001 66		26,702,477.		
ses	15	Salaries, other compensation, employee benefits (F		23,001,668.		20,702,477.			
Expenses	10a	Professional fundraising fees (Part IX, column (A), li			0.		<u> </u>		
Ř	170	Total fundraising expenses (Part IX, column (D), line Other expenses (Part IX, column (A), lines 11a-11d,			63,810,58	3	46,218,383.		
	''	Total expenses. Add lines 13-17 (must equal Part I)			86,992,84	_	73,143,444.		
	1	Revenue less expenses. Subtract line 18 from line			-12,094,19	_	-6,826,292.		
	19	nevertue less experises. Subtract line 16 from line	12	Be	ginning of Current Ye		End of Year		
Net Assets or	20	Total assets (Part X, line 16)			543,369,66	_	313,956,608.		
ASS	21	Total liabilities (Part X, line 76)			586,769,90	_	359,396,502.		
Net.	22	Net assets or fund balances. Subtract line 21 from	line 20		-43,400,24		-45,439,894.		
Pá	art II	Signature Block			, , ,		, ,		
Und	er pena	Ities of perjury, I declare that I have examined this return,	including accompanying schedule	s and statem	ents, and to the best o	f my k	nowledge and belief, it is		
		t, and complete. Declaration of preparer (other than office					,		
			,						
Sig	n	Signature of officer			Date				
Her		EILEEN ERSTAD, TREASURER							
		Type or print name and title							
		Print/Type preparer's name	Preparer's signature		Date Check		PTIN		
Paid	i	JULIA FLANNERY	JULIA FLANNERY	0	9/27/24 self-el	mployed	P00928918		
Pre	parer	Firm's name RSM US LLP			Firm's EIN	42	2-0714325		
Use	Only	Firm's address 100 INTERNATIONAL DRIVE, S	GUITE 1400						
		BALTIMORE, MD 21202			Phone no.	110-2	246-9300		
May	y the IF	RS discuss this return with the preparer shown above	ve? See instructions				X Yes No		

Form	990 (2023) HIGHLAND	SPRINGS, INC.		51-0536892	Page 2
	rt III Statement of Program S	Service Accomplishments			
	Check if Schedule O contains a	response or note to any line in this Pa	art III		Х
1	Briefly describe the organization's mis				
	SEE SCHEDULE O				
2	Did the organization undertake any significant				· ·
		an Cabadala O		Ye	es X No
2	If "Yes," describe these new services  Did the organization cease conducting		it conducts one program conjugat?	□v	es X No
3	If "Yes," describe these changes on S		it conducts, any program services?		S LA NO
4	Describe the organization's program s		ts three largest program services as	measured by expense	·S
·	Section 501(c)(3) and 501(c)(4) organia				
	revenue, if any, for each program serv				
4a	(Code: ) (Expenses \$		222,584. ) (Reven	ue\$64,7	134,905.
	HIGHLAND SPRINGS PROVIDES SE		<u>'</u>		
	RESIDE IN 1,104 INDEPENDENT	-	-		
	SKILLED NURSING BEDS, AND 36				
	TO OUR RESIDENTS INCLUDE, BU				
	MEDICAL, SECURITY AND MAINTE	NANCE SERVICES, RECREATIONA	L AND PASTORAL		
	ACTIVITIES.				
4b	(Code:) (Expenses \$	to about a superior of the	\ /p	ф	
40	(Code:) (Expenses \$	including grants of \$		lue \$	
	-				
	-				
4c	(Code:) (Expenses \$	including grants of \$	) (Reven	ue \$	,
			, , (		
4d	Other program services (Describe on	Schedule O.)			
	(Expenses \$	including grants of \$	) (Revenue \$	)	
4e	Total program service expenses	61,792,569.			

51-0536892

Form 990 (2023) HIGHLAND SPRINGS, INC.

Part IV Checklist of Required Schedules

1 Is the organization described in section 501 (x/5) or 4947(x/1) (other than a private foundation)?  1				Yes	No
2 Is the organization required to complete Schedule 5, Schedule of Contributors? See Instructions 3 Did the organization required to complete Schedule 6, Part 8 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(c) election in effect during the tax specifies Schedule 6, Part 8 5 Is the organization as election 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Report Price; Complete Schedule 6, Part 8 6 Did the organization as election 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Report Price; Complete Schedule C, Part 8 7 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 70 (**Nes, "complete Schedule P, Part 8) 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? 8 *Nes, "complete Schedule P, Part 81 8 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit courseling, debt management, cord trepair, or debt negotiation services? 11 *Nes, "complete Schedule P, Part 10 9 Did the organization report an amount for investments or provide countries or in quasi-endowments? 11 *Nes, "complete Schedule P, Part 10 10 Did the organization in part X, line 16? 11 *Nes, "complete Schedule P, Part V8 11 If the organization in part X, line 16? 11 *Nes, "complete Schedule P, Part V8 12 Did the organization in Part X, line 16? 11 *Nes, "complete Schedule P, Part V8 13 Did the organization in Part X, line 16? 11 *Nes, "complete Schedule P, Part V8 14 Did the organization in Part X, line 16? 11 *Nes, "complete Schedule P, Part X Nes, "complete Schedule P, Part X Nes, "complete Schedule P, Part X N	1				
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 **  **Section 501(6)* organization. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax yea? If **Yes**, "complete Schedule C, Part II **  **A Section 501(6)* organization. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax yea? If **Yes**, "complete Schedule C, Part II **  **Did the organization assection 501(h)**, 501(h		•			
public office? If *Yes,* complete Schedule C, Part I  Section 501(R)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 is the organization section 501(R)4, 501(R)5, or 501(R)6, organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98 197; *Yes,* complete Schedule C, Part II II is the organization amount and in an amount and an analysis of the organization maintain any donor advised funds or any similar funds or accounts? If *Yes,* complete Schedule D, Part II Is the organization conserve or hold a conservation easement, including easements to preserve open space, the environment, historical treasures, or historical treasures, or other similar assets? If *Yes,* complete Schedule D, Part II Is the organization maintain collections of works of art, historical treasures, or other similar assets? If *Yes,* complete Schedule D, Part II Is the organization maintain collections of works of art, historical treasures, or other similar assets? If *Yes,* complete Schedule D, Part IV II If the organization in election of the organization amounts for length and the organization in election of the organization report an amount for land, buildings, and equipment in Part X, line 10? If *Yes,* complete Schedule D, Part VI Is It the organization report an amount for other assets 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 VIII Is It the organization report an amount for investments organized in Part X, line 15% If *Yes,* complete Schedule D, Part VIII Is It the organization report an amount for investments organized in Part X, line 15% or part X, line 15% or more of			2	Х	
Section 501(x)8) 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 is the organization a section 501(k)4, 501(e)8). or 501(e)8) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III is 10 bit the organization maintain any donor advised funds or any similar mands or accounts? If "Yes," complete Schedule D, Part I is 10 bit the organization received not accounterable massement, including assements to preserve open space, the environment, historic land areas, or historic atructurea? If "Yes," complete Schedule D, Part II is 10 bit the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II is 10 bit the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV is 10 bit the organization freepor or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part IV if the organization is services? If "Yes," complete Schedule D, Part V is 10 bit the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V is 2 bit the organization report an amount for investments or the recurities 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 V iii 11 bit 2 is 10 bit the organization report an amount for other assets 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 V iii 11 bit 2 is 10 bit the organization report an amount for other assets in Part X, line 15; If Yes, "complete Schedule D, Part X iii 11 bit 2 is 10 bit the organization report an amount for other assets in Part X, li	3				
during the tax year? If "Yes," complete Schedule C, Part II set to regardation a section 50 (10(8)), 50 (10(8)) or 501(c)(8) or 501(c)(			3		X
5 Is the organization a section S(Incl)(S), 501(S)(S), or 501(S)(S) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Price. \$819? (*)*Yes, "complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts?" (*)*Yes, "complete Schedule D, Part I Did the organization receives no hold a conservation assement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Pid Did the organization receive no hold a conservation assement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Pid Part II	4				
similar amounts as defined in Rev. Proc. 08-19? If "Yes," complete Schedule C, Part III by 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 by the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III by Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV by the organization (inectly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part IV by the organization, electly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part IV by the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V, by Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII by 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 VIII by Did the organization report an amount for investments - program related 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 X iii d X by Did the organization report an amount for other sasets in Part X, line 15? If "Yes," complete Schedule D, Part X iii d X by Did the organization is slability for uncertain tax positions under III like III by X is a by Did the organization shall be	_		4		_ X
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8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 y X   10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V 9 y X   11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable.  10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII   11	′		7		l <sub>x</sub>
Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability: serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "ves," complete Schedule D, Part IV  Did the organization is answer to any of the following questions is "ves," then complete Schedule P, Parts VI, III, 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, Part VIII II the organization report an amount for investments - other securities in Part X, line 10? If "yes," complete Schedule D, Part VIII II the organization report an amount for investments - other securities in Part X, line 10? If "yes," complete Schedule D, Part VIII II 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 II to II	0				
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part V  10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V  11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part S, II and IV III III III III III III III III III	8	, ,			l <sub>x</sub>
amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV  10 Did the organization of in quasi-endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, IV, IV, IV, IV, IV, IV, IV, IV, IV,	^		8		
## **Yes," complete Schedule D, Part IV  10 Did the organization, directly or through a related organization, hold assets in donorrestricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V  11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI, VII, VIII, IX, or X, as applicable.  2 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  2 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII  3 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  4 Did the organization report an amount for other assets 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  5 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 VIII  10 Did the organization report an amount for other labilities in Part X, line 15; If "Yes," complete Schedule D, Part X  11 Did the organization is separate or consolidated financial statements for the tax year include a footnote that addresses the organization is lability for uncertain tax positions under Fin 48 (ASC 740)? If "Yes," complete Schedule D, Part X  11 Did the organization asked on the schedule D, Part X in the ask year?  12 Did the organization included in consolidated, independent audited financial statements for the tax year?  13 If "Yes," and If the organization maintain an office, employees, or agerts outside of the United States?  14 Did the organization asked excited by the part II and IV  15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	9				
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V 10 X 11 Hb organization as answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 X 11 X 11 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 11 X 11 Did the organization report an amount for investments - other securities 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 11 X 11 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 X III 11 X 11 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 X III 11 X 11 X 11 Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X III X 11 Did the organization obtain separate, independent audited financial statements for the tax year included a donotone that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III X 11 X 12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," and if the organization maintain an office, employees, or agents outside of the United States? 12 X 13 X 14 Did the organization maintain an office, employees, or agents outside of the United States? 14 Did the organization maintain an office, employees, or a			۵	x	
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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  14a Did the organization maintain an office, employees, or agents outside of the United States?  14b 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  15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV  15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions  17 X  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 c and 8a? If "Yes," complete Schedule G, Part II  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"  19 X  20a X  20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	12a				
If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Is the organization maintain an office, employees, or agents outside of the United States?  Is 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  Is 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  Is Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  In Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions  Is Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines  It and 8a? If "Yes," complete Schedule G, Part II  Is Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"  complete Schedule G, Part III  In Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  Is Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  In Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Schedule D, Parts XI and XII	12a	X	
It is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E  It is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E  It is the organization and school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E  It is bid the organization maintain an office, employees, or agents outside of the United States?  It is bid 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  It is complete Schedule F, Parts II and IV  It is complete Schedule F, Parts II and IV  It is complete It is complete Schedule F, Parts II and IV  It is complete It is complete Schedule F, Parts III and IV  It is column (A), lines 6 and 11e? If "Yes," complete Schedule F, Parts III and IV  It is column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions  It cand 8a? If "Yes," complete Schedule G, Part II  It is and 8a? If "Yes," complete Schedule G, Part II  It is and 8a? If "Yes," complete Schedule G, Part II  It is and 8a? If "Yes," complete Schedule G, Part II  It is and 8a? If "Yes," complete Schedule G, Part II  It is and 8a? If "Yes," complete Schedule G, Part II  It is and 8a? If "Yes," complete Schedule G, Part II  It is and 8a? If "Yes," complete Schedule G, Part II  It is and 8a? If "Yes," complete Schedule G, Part II  It is and 8a? If "Yes," complete Schedule G, Part II  It is and 8a? If "Yes," complete Schedule G, Part II  It is and 8a? If "Yes," complete Schedule G, Part II  It is and 8a? If "Yes," complete Schedule G, Part II  It is and 8a? If "Yes," complete Schedule G, Part II  It is and 8a? If "Yes," complete Schedule G, Part II  It is and 8a? If "Yes," complete Schedule G, Part II  It is and 8a? If "Yes," complete Schedule G, Part II  It is and 8a? If "Yes," complete S	b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
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21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or					<del></del>
			200		
			21	х	

51-0536892

Part IV	Checklist of Required Schedules	(continued)
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			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			
	, , ,	23	х	
240	Schedule J	23		
<b>24</b> a	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		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		00		x
	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			l
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	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		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
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		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<del></del>		
32		20		x
20	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		v	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
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	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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		Х
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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	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			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 78			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
ŭ	(gambling) winnings to prize winners?	1c	Х	

Form 990 (2023) HIGHLAND SPRINGS, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 51-0536892

			_		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		0.50			
	filed for the calendar year ending with or within the year covered by this return	2a	979			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?		2b	Х	
3а				3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line $3b$ , provide an explanation on Schedule	O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority	over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?		4a		Х
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 Ad	ccounts (	(FBAR).			
5a				5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		Г	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		I	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		I			
	any contributions that were not tax deductible as charitable contributions?		I	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	•				
	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 ser		· · · · ·	7a		X
b				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	-	I			
	to file Form 8282?	1 1		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		Г	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		1 Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the				
_	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			0-		
a				9a		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:			9b		
10		10a				
a h	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a				
11	Section 501(c)(12) organizations. Enter:	_ IOD				
	Gross income from members or shareholders	11a				
	Gross income from other sources. (Do not net amounts due or paid to other sources against	114				
D	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
	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.					
	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	13b				
С	Enter the amount of reserves on hand	13c				
				14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		Х
	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		Х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Ves " complete Form 6069					

51-0536892

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

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

Sec	tion A. Governing Body and Management				
000	Alon A. Governing Body and Management			Vaa	Na
4.	Enter the number of voting members of the governing heady at the and of the tay year	11		Yes	No
ıa	Enter the number of voting members of the governing body at the end of the tax year				
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	_			
b	, , , , ,				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
	officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision				
	of officers, directors, trustees, or key employees to a management company or other person?	L	3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	L	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	L	5		Х
6	Did the organization have members or stockholders?	L	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or				
	more members of the governing body?	L	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:	···			
а		Г	8a	Х	
b		- 1	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	···· ├	0.0		
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		9		
	(This Section B requests mormation about policies not required by the internal Revenue Code.)		Π	Yes	No
100	Did the organization have local chapters, branches, or affiliates?	Г	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	··· ⊢	IUa		
b	and because the second their constitutes are consistent with the consistent in the constant of	- 1.	10b		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?			Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	' H	11a	Λ	
b			40	v	
12a	, , , , , , , , , , , , , , , , , , ,	⊢	12a	X	
b	, , , , , , , , , , , , , , , , , , , ,	F	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			37	
	on Schedule O how this was done		12c	Х	
13	Did the organization have a written whistleblower policy?	-	13	X	
14	Did the organization have a written document retention and destruction policy?	📙	14	Х	
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?				
	The organization's CEO, Executive Director, or top management official		15a	Х	
b	Other officers or key employees of the organization	📙	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
	taxable entity during the year?	<u>L</u>	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filedNONE				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(or 501))	c)(3)s c	only) a	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website X Another's website X Upon request Other (explain on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy.	, and f	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				
	IBI KHAN - (410) 242-2880				
	701 MAIDEN CHOICE LANE, BALTIMORE, MD 21228				

#### Form 990 (2023) 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

- 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.

332007 12-21-23

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

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

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

Name and title	(A)	(B)	J			C)	.,,,		(D)	(E)	(F)
Note			(do		Pos	ition		nne			
Very Nour For related organizations   Figure 1   Figure 2   Figure 3   Figu		hours per	box	, unle	ss per	rson is	s both	an	compensation	compensation	amount of
(1) MATTHEW NEVILLE				cer an	la a a	irecto	r/trus	iee)			
(1) MATTHEW NEVILLE		1 '	lirecto							•	•
(1) MATTHEW NEVILLE			e or c	stee			sated		_	,	
(1) MATTHEW NEVILLE		1	truste	al trus		yee	mper		,	1000 (120)	•
(1) MATTHEW NEVILLE		below	idual	tution	la la	oldme	est co loyee	Jer.	,		organizations
X		line)	Indiv	Insti	Offic	Key	High emp	Form			
C  REV. DR. ZINA JACQUE	(1) MATTHEW NEVILLE	40.00									
DIRECTOR	EXECUTIVE DIRECTOR				Х				272,652.	0.	24,023.
Caregory   Caregory	(2) REV. DR. ZINA JACQUE	0.10									
TREASURER	DIRECTOR	9.30	Х						0.	215,000.	0.
(4) SABRINA REIDLAND	(3) EILEEN G. ERSTAD	0.10									
DIRECTOR, NURSING	TREASURER	14.50	Х		Х				0.	167,500.	0.
SOURT   COUNTY   CO	(4) SABRINA REIDLAND	40.00									
Name	DIRECTOR, NURSING						Х		146,752.	0.	19,759.
Colon	(5) CINDY GAY	40.00									
SECRETARY	PERSONAL MOVING CONSULTANT						Х		136,541.	0.	15,821.
Color	(6) MARY D. COLINS	0.10									
DIRECTOR   9.90   X   0. 150,000.   0.	SECRETARY	10.30	Х		Х				0.	150,000.	0.
Residence   Resi	(7) STEPHANIE L. REEL	0.10									
SALES COUNSELOR		9.90	Х						0.	150,000.	0.
SECTION   COLOR   CO	(8) JERRI LAMSON	40.00									
DIRECTOR, FINANCE	SALES COUNSELOR						Х		132,116.	0.	14,080.
Terese shiels	(9) KEVIN ADAMIC	40.00									
X	DIRECTOR, FINANCE				Х				129,542.	0.	14,471.
MANAGER	(10) TERESE SHIELS	40.00									
MANAGER, HOME SUPPORT  (12) BARBARA C. BISGAIER  DIRECTOR  7.90 X  0. 110,000. 0.  (13) MICHAEL W. ROSKIEWICZ  VICE CHAIR & VICE PRESIDENT  0.10  DIRECTOR  8.40 X  0. 87,500. 0.  (14) MONTY C. LEONARD  DIRECTOR  (15) PAMELA D. PAULK  CHAIR & PRESIDENT  7.90 X X  0. 87,500. 0.  (16) PATRICIA M. BROWN  DIRECTOR  7.60 X  DIRECTOR  0. 87,500. 0.  87,500. 0.  0. 87,500. 0.  0. 87,500. 0. 0. 87,500. 0.							Х		129,560.	0.	12,419.
Column	(11) ROSE ANDERSON	40.00									
DIRECTOR   7.90   X   0.   110,000.   0.	MANAGER, HOME SUPPORT						Х		119,971.	0.	7,754.
Column		0.10									
VICE CHAIR & VICE PRESIDENT         9.50 X         X         X         0.         110,000.         0.           (14) MONTY C. LEONARD         0.10         0.10         0.         87,500.         0.           DIRECTOR         8.40 X         0.40         0.         87,500.         0.           CHAIR & PRESIDENT         7.90 X         X         0.         87,500.         0.           (16) PATRICIA M. BROWN         0.10         0.         87,500.         0.           DIRECTOR         7.60 X         0.10         0.         87,500.         0.           0.10 IAN BROWN         0.10         0.         65,000.         0.           DIRECTOR (BEG 4/1/23)         7.80 X         0.         65,000.         0.	DIRECTOR	7.90	Х						0.	110,000.	0.
O.10	(13) MICHAEL W. ROSKIEWICZ	0.10									
DIRECTOR       8.40 X       0. 87,500.       0.         (15) PAMELA D. PAULK       0.40       0. 87,500.       0.         CHAIR & PRESIDENT       7.90 X X       X       0. 87,500.       0.         (16) PATRICIA M. BROWN       0.10       0. 87,500.       0.         DIRECTOR       7.60 X       0. 87,500.       0.         (17) IAN BROWN       0.10       0.       0. 65,000.       0.         DIRECTOR (BEG 4/1/23)       7.80 X       0. 65,000.       0.	VICE CHAIR & VICE PRESIDENT	9.50	Х		Х				0.	110,000.	0.
(15) PAMELA D. PAULK CHAIR & PRESIDENT 7.90 X X 0. 87,500. 0.  (16) PATRICIA M. BROWN DIRECTOR 7.60 X 0. 87,500. 0.  (17) IAN BROWN DIRECTOR (BEG 4/1/23) 7.80 X 0. 65,000. 0.	(14) MONTY C. LEONARD	0.10									
CHAIR & PRESIDENT 7.90 X X 0. 87,500. 0. (16) PATRICIA M. BROWN 0.10			Х						0.	87,500.	0.
(16) PATRICIA M. BROWN     0.10       DIRECTOR     7.60 X       (17) IAN BROWN     0.10       DIRECTOR (BEG 4/1/23)     7.80 X       0. 87,500.     0.       0. 65,000.     0.											
DIRECTOR     7.60 X     0. 87,500.     0.       (17) IAN BROWN     0.10     0.10     0. 65,000.     0.       DIRECTOR (BEG 4/1/23)     7.80 X     0. 65,000.     0.		7.90	Х		Х				0.	87,500.	0.
(17) IAN BROWN DIRECTOR (BEG 4/1/23)  7.80 X  0.10 0. 65,000. 0.			1								
DIRECTOR (BEG 4/1/23) 7.80 X 0. 65,000. 0.		7.60	Х						0.	87,500.	0.
			-								
	DIRECTOR (BEG 4/1/23)	7.80	Х						0.	65,000.	

Form 990 (2023)

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

13

Yes No

				140
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3_		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes." complete Schedule J for such person	5		X
_				

### **Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
ERICKSON SENIOR LIVING, LLC		
701 MAIDEN CHOICE LANE, BALTIMORE, MD 21228	MANAGEMENT - SEE SCH. O	8,714,943.
CARBONATED SOLUTIONS LLC		
711 ROSEWOOD ST, ARDMORE, OK 73401	CONTRACTOR	3,655,182.
BRIGHTVIEW LANDSCAPE SERVICES, INC		
1403 PRECISION DR, PLANO, TX 75220	LANDSCAPING	852,722.
DYNAMIC SYSTEMS, INC.		
2683 LOMBARDY LN, DALLAS, TX 75220	PLUMBING/MECHANICAL CONTRACTOR	654,310.
PIC RITE MANAGEMENT & CONSULTING, INC.		
234 W BROAD ST, #C, HATFIELD, PA 19440	CONSULTING	459,208.
2 Total number of independent contractors (including but not limited to those lister \$100,000 of compensation from the organization 26	d above) who received more than	

51-0536892

Form 990 (2023) HIGHLAND ST Part VIII Statement of Revenue

			Check if Schedule O	conta	ins a ı	response	or note to any lin	e in this Part VIII			
								(A)	(B)	(C)	<b>(D)</b> Revenue excluded
								Total revenue	Related or exempt function revenue	Unrelated business revenue	from tax under
									10.110.110.1110.110.110.1	240111000101140	sections 512 - 514
ts ts	1	а	Federated campaigns			1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues			1b					
Ĕ,		С	Fundraising events			1c					
ij k		d	Related organizations			1d					
s, ( mil		е	Government grants (contri	ibutic	ons)	1e	314,928.				
r Si		f	All other contributions, gifts,	grants	s, and						
the the			similar amounts not included	above	е	1f	975,586.				
달		g	Noncash contributions included in	lines 1a	a-1f	1g \$	8,673.				
g S		h	Total. Add lines 1a-1f					1,290,514.			
							Business Code				
e e	2	а	RESIDENT FEES				623000	55,497,033.	55,497,033.		
ē Ķ		b	ANCILLARY FEES				623000	5,681,291.	5,681,291.		
S Ž		С	RESIDENT DEPOSITS				623000	3,543,381.	3,543,381.		
am		d	PROCESSING FEES				623000	13,200.	13,200.		
Program Service Revenue		е									
<u> </u>		f	All other program service	reven	nue						
		g	Total. Add lines 2a-2f					64,734,905.			
	3		Investment income (include	ling d	divider	nds, intere	est, and				
			other similar amounts)					47,721.			47,721.
	4		Income from investment of	of tax-	-exem	pt bond p	roceeds				
	5		Royalties								
					(i)	Real	(ii) Personal				
	6	а	Gross rents	6a	2	32,431.					
		b	Less: rental expenses	6b		0.					
		С	Rental income or (loss)	6с	2	32,431.					
		d	Net rental income or (loss)	) <u></u>				232,431.			232,431.
	7	а	Gross amount from sales of		(i) Se	ecurities	(ii) Other				
			assets other than inventory	7a		2,844.					
		b	Less: cost or other basis								
e			and sales expenses	7b		0.					
ther Revenue		С	Gain or (loss)	7с		2,844.					
æ		d	Net gain or (loss)					2,844.			2,844.
her	8		Gross income from fundraising	ng eve	ents (n	ot					
ð			including \$			of					
			contributions reported on								
			Part IV, line 18				· ·				
			Less: direct expenses				0.				-
			Net income or (loss) from		-			6,440.			6,440.
	9	а	Gross income from gamin								
			Part IV, line 19								
			Less: direct expenses								
			Net income or (loss) from								
	10	а	Gross sales of inventory, I			I .					
			and allowances								
			Less: cost of goods sold				p				
_		С	Net income or (loss) from	sales	of inv	entory	D				
<u>s</u>			DANDENTA DELL'ERO	a T T			Business Code	2 225			2 225
Miscellaneous Revenue	11		PANDEMIC RELATED RE	อบบ			900099	2,297.			2,297.
lan		b									
Sce		С									
Ξ̈́			All other revenue					2 207			
			Total. Add lines 11a-11d					2,297.	64 724 005	0	201 722
	12		Total revenue. See instruction	ins .				66,317,152.	64,734,905.	0.	291,733.

## Part IX Statement of Functional Expenses

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

0001	on 501(c)(3) and 501(c)(4) organizations must complete Check if Schedule O contains a respons				X
Do i	not include amounts reported on lines 6b,	(A) Total expenses	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	lotal 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	24,674.	24,674.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	197,910.	197,910.		
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	440,688.		440,688.	
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	21,191,462.	17,461,822.	3,702,821.	26,819.
8	Pension plan accruals and contributions (include	244 600	262 500	01 000	
_	section 401(k) and 403(b) employer contributions)	344,682. 2,991,245.	263,599. 2,314,026.	81,083.	E E20
9	Other employee benefits			671,689.	5,530. 2,066.
10	Payroll taxes	1,734,400.	1,440,831.	291,503.	2,000.
11	Fees for services (nonemployees):	2,533,665.	2,533,665.		
	Management	37,313.	2,333,003.	37,313.	
	Legal	64,840.	1,342.	63,498.	
	Accounting	01,010.	1,312.	00,150.	
	Lobbying  Professional fundraising services. See Part IV, line 17				
f	Investment management fees	207.		207.	
	Other. (If line 11g amount exceeds 10% of line 25,	-		-	
9	column (A), amount, list line 11g expenses on Sch O.)	7,446,480.	2,383,420.	5,063,060.	
12	Advertising and promotion	2,878,815.	2,878,815.	, ,	
13	Office expenses	5,763,936.	5,230,730.	531,636.	1,570.
14	Information technology				
15	Royalties				
16	Occupancy	14,568,175.	14,567,029.	1,146.	
17	Travel	109,107.	47,232.	61,875.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	9,570,472.	9,570,472.		
23	Insurance	867,573.	867,573.		
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.) EOUIPMENT RENTAL	1 604 621	1 551 000	122 022	
a	RESIDENT RELATIONS	1,684,631. 384,036.	1,551,809. 148,487.	132,822. 235,549.	
b				235,549.	
C	CHARITY CARE	309,133.	309,133.		
d	All other expenses				
e 25	All other expenses Add lines 1 through 2/a	73,143,444.	61,792,569.	11,314,890.	35,985.
<u>25</u> 26	Joint costs. Complete this line only if the organization	, 5 , 115 , 111.	01,752,505.	11,311,000.	33,303.
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
				l de la companya de	F 000 (2222)

51-0536892

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 2,700. 1 2,700. Cash - non-interest-bearing 13,388,159. 22,891,694. Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 1,049,914. 1,285,729. Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 283,632,342. 3,655,700. Notes and loans receivable, net 7 90,214. 94,122. Inventories for sale or use 8 9 Prepaid expenses and deferred charges 984,854. 9 224,671. 10a Land, buildings, and equipment: cost or other 27,730,080. basis. Complete Part VI of Schedule D \_\_\_\_\_\_ 10a 12,741,708. 240,642,391. 14,988,372. b Less: accumulated depreciation \_\_\_\_\_\_\_ 10b 10c 1,819,798. 2,471,737. 11 Investments - publicly traded securities 11 108,686. 114,886. 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 268,226,997. 1,650,602. 15 15 Other assets. See Part IV, line 11 543,369,660. 313,956,608. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 7,135,779. 10,849,438. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 1,172,050. Escrow or custodial account liability. Complete Part IV of Schedule D 3,288,450. 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 578,462,073. 25 345,258,614. of Schedule D 586,769,902. 359,396,502. 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. -45,990,139. -48,144,053. 27 Net assets without donor restrictions 27 Net assets with donor restrictions 2,589,897. 2,704,159. 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances -43,400,242. 32 -45,439,894. 32 543,369,660. 313,956,608. 33 Total liabilities and net assets/fund balances 33

Form 990 (2023)

Form **990** (2023)

Ра	rt XI Reconciliation of Net Assets				
	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	6.6	,317	,152.
2	Total expenses (must equal Part IX, column (A), line 25)	2	73	,143	,444.
3 Revenue less expenses. Subtract line 2 from line 1 3				,826	,292.
4					
5	Net unrealized gains (losses) on investments	5			955.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	4	,533	,747.
9	Other changes in net assets or fund balances (explain on Schedule O)	9		251	,938.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	- 45	,439	,894.
Pa	rt 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	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?					Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or guidte, explain why on Schedule O and describe any steps taken to undergo such audits		3h		

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **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.

Attach to Form 990 or Form 990-EZ.

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

**2023** 

OMB No. 1545-0047

Open to Public

**Employer identification number** 

HIGHLAND SPRINGS, INC. 51-0536892 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 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 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) Total

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	· ·				12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3)	
0	organization, check this box and stop						
	tion C. Computation of Publi			. (6)		T., I	
	Public support percentage for 2023 (I					14	%
	Public support percentage from 2022					15	<u>%</u>
16a	16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and						
	stop here. The organization qualifies as a publicly supported organization						
D	b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
47~	-	· · · · · · · · · · · · · · · · · · ·	• • •			and line 14 is 10%	
17a	a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	· ·		•	-	•	vi now the organiz	au011
<b>L</b>	meets the facts-and-circumstances test	_	•	*	-	17a, and line 15 is :	L
a	10% -facts-and-circumstances test	-					1070 UI
	more, and if the organization meets the				-		
10	organization meets the facts-and-circle						
10	Private foundation. If the organization	ni did fiot check a	DUX UIT IIITE TO, TO	a, 100, 1/a, 01 1/1	b, check this box a	ina see instructions	

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

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

Se	ction A. Public Support	slow, picase comp	icto i art ii.j				
Cale	endar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not	,	. ,	,	,	,	.,
	include any "unusual grants.")	661,444.	1,360,871.	1,383,092.	1,268,522.	1,290,514.	5,964,443.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	44,603,436.	46,901,937.	52,036,094.	59,502,117.	64,741,345.	267,784,929.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	45,264,880.	48,262,808.	53,419,186.	60,770,639.	66,031,859.	273,749,372.
7	Amounts included on lines 1, 2, and 3 received from disqualified persons	150,000.	150,000.	326,000.	242,091.	358,010.	1,226,101.
ŀ	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	150,000.	150,000.	326,000.	242,091.	358,010.	1,226,101.
	Public support. (Subtract line 7c from line 6.)	·	,	ŕ	,	,	272,523,271.
	ction B. Total Support	•					
Cale	endar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	45,264,880.	48,262,808.	53,419,186.	60,770,639.	66,031,859.	273,749,372.
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	10,231,625.	10,856,753.	12,354,125.	14,123,493.	280,152.	47,846,148.
ł	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	10,231,625.	10,856,753.	12,354,125.	14,123,493.	280,152.	47,846,148.
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on			· · ·		·	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			3,627.	4,040.	2,297.	9,964.
13	Total support. (Add lines 9, 10c, 11, and 12.)	55,496,505.	59,119,561.	65,776,938.	74,898,172.	66,314,308.	321,605,484.
14	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	rear as a section 5	01(c)(3) organizatio	on,
<u>Se</u>	ction C. Computation of Publi	c Support Per	centage				
	15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 84.74 %						
	Public support percentage from 2022		•			16	81.16 %
	ction D. Computation of Inves						11.00
	Investment income percentage for 20			ne 13, column (f))		17	14.88 %
	Investment income percentage from 2	•				18	18.50 %
19	a 33 1/3% support tests - 2023. If the						v
ı	more than 33 1/3%, check this box ar 33 1/3% support tests - 2022. If the	=	-				
	line 18 is not more than 33 1/3%, check	ck this box and sto	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	
20	Private foundation. If the organizatio	n did not check a b	oox on line 14, 19a	i, or 19b, check thi	is box and see inst	ructions	

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	FI.		
	5b 5c		
	- 50		
	6		
	7		
	8		
	9a		
	9b		
	อม		
	9с		
	10a		
	10b		
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1 Has the organization accepted a gift or contribution from any of the following persons?  a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c blook, the governing body of a supported organization?  b A family member of a person described on line 11a above?  c A 39% controlled entity of a person described on line 11a above?  1 Did the governing Dody, 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 ect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If \( \text{in the III} \) is trusteed at a limes during the tax year? If \( \text{in the III} \) is trusteed at a limes during the tax year? If \( \text{in the III} \) is trusteed at a limes during the tax year? If \( \text{in the III} \) is trusteed at a majority of the organization's officers, directors, or frustees are all times during the tax year? If \( \text{in the III} \) is trusteed at a majority of the organization have the power to regularly appoint or ect at least a majority of the organization's officers, directors, or frustees several subcrated arong the organization cycle than the supported organization several properties of the supported organization and the family department of the supported organization of the supported organization and the family organization and the family organization and the family organization and the family organization and the supported organization and the supported organization and the family organization and the supported organization and the organ	Par	t IV   Supporting Organizations <sub>(continued)</sub>			
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11b alone, the governing body of a supported organization?  b A Amily member of a person described on line 11a above?  c A 59% controlled writty of a person described on line 11a above?  c A 59% controlled writty of a person described on line 11a above?  1 Dot 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 organizations officers, effectively operated supervised, and organization and what conditions or restrictions, if any applied to such powers during the fax year.  2 Did the organization operated or controlled the arganization statistics, if the organization have from the more than one supported organization operated organization other than the supported organization and what conditions or restrictions, if any, applied to such powers during the fax year.  2 Did the organization operated is one benefit or any supported organizations? If "Yes," explain in Part VI how describe the supporting organizations.  2 Did the organization operated prefer carried out the purposes of the supported organizations? If "Yes," explain in Part VI how control or management of the supporting Organizations.  1 Were a majority of the organization's directors or trustess during the tax year also a majority of the directors or trustees of each of the supporting Organizations.  1 Were any of the organization or supported organizations, by the last day of the fifth month of the organization by a written notice describing the type and amount of support provided during the prior tax year, (i) a copy of the Form 980 that was most recently filed as of the date of notification, on the earth of previously provided?  1 Did the organization by a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 980				Yes	No
1 Le blow, the governing body of a supported organization? b A family member of a person described on line 11 a on 11b above? If "Yes" to line 11a, 11b, or 11c, provide  c A 35% controlled entity of a person described on line 11 a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide  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 require yapoint or eded at least a majority of the organizations of one or more supported organizations have the power to require yapoint or eded at least a majority of the organizations of one or more supported organizations have the power to require the provisions of the supported organizations of the control of the supported organizations of the supported organization organizations of the supported organization or under than the supported organization organizations of the supported organization organizations of the supported organization or such organizations organizations organizations organizations organizations organizations organizations	11	Has the organization accepted a gift or contribution from any of the following persons?			
b A Amily member of a person described on line 11 a above?  A AS% contilled entity of a person described on line 11 a of 110 above?  A AS% contilled entity of a person described on line 111 a of 110 above?  Bestion B. Type I Supporting Organizations  Did the growning body, members of the governing body, officers acting in their official capacity, or membership of one or not supported organization that the property of the organization that the organization of the organizations of the organizations.  1 Were a majority of the organizations of erectors of trustees during the tax year also a majority of the directors or trustees of each of the organizations of very organizations.  1 Were an anjority of the organizations of erectors or frustees during the tax year also a majority of the directors or trustees of each of the organization was vested in the same persons that controlled or munaged that according organization or supported organizations or the organization organization organizati	а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
b A Amily member of a person described on line 11 a above?  A AS% contilled entity of a person described on line 11 a of 110 above?  A AS% contilled entity of a person described on line 111 a of 110 above?  Bestion B. Type I Supporting Organizations  Did the growning body, members of the governing body, officers acting in their official capacity, or membership of one or not supported organization that the property of the organization that the organization of the organizations of the organizations.  1 Were a majority of the organizations of erectors of trustees during the tax year also a majority of the directors or trustees of each of the organizations of very organizations.  1 Were an anjority of the organizations of erectors or frustees during the tax year also a majority of the directors or trustees of each of the organization was vested in the same persons that controlled or munaged that according organization or supported organizations or the organization organization organizati		11c below, the governing body of a supported organization?	11a		
c A SS% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide statial in Part VI.  Section B. Type I Supporting Organizations  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 is officers, effectively operated supervised or controlled the organizations are part of comparizations of the organization is officers, officers, or frustees were allocated among the supported organization what conditions or restrictions, if any applied to such powers during the super.  2 Did the organization operate for the benefit of any supported organization of the the supported organization what conditions or restrictions, if any applied to such powers during the super.  2 Did the organization operate for the benefit of any supported organization of the thin the supported organization of the purposes of the supported organization (s) that operated, supervised, or controlled the supporting organization or the purposes of the supported organization (s) that operated, supervised, or controlled the supporting organization or the supported organization (s) that operated, supervised, or controlled the supporting organization or the supported organization (s) that operated, supervised, or controlled the supporting organization or the supported organization (s) that operated organizations (s) that operated organizations (s) that operated organizations (s) the organization or the organizations of the organizations of the organizations of the organizations of the supported organizations (s) the supported organizations or the supported organizations or the organization or the organization or the organization or the organization or soft organizations or the organization or supported organizations or t	b		11b		
Section B. Type I Supporting Organizations  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 of officers, directors, or trustases at all times during the tax year? (**No.**conscible **P*N**U nover the supported organization of discrete during that say server. (**No.**conscible **P*N**U nover the supported organization discrete than the supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organization officers than the supported organization of the than the supported organization. (**P*KS**, **explain in Part VI now providing such benefit carried out the purposes of the supported organization (**) if **No.** describe in Part VI how control or management of the supporting organizations.  1 Were a majority of the organization's supported organizations (**) if **No.** describe in Part VI how control or management of the supporting organizations.  2 Vers No.**  1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization is tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a conty of the Form 99 that was most recently field as of the date of notification, and (iii) copies of the organization markinate a close and continuous working relationship with the supported organizationship.  2 Were any of the organization's offices, directors, or trustees either (ii) appointed organizationship with the supported organizationship.  3 By reason of the relationship described on line 2, above, offices in part VI the organization's supported organization's supported organization		·			
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 sofficers, effectively operated, supervised or commoder the power to regularly appoint or elect at least a majority of the organization sofficers, effectively operated, supervised, or commoder the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organization, disorible how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organization operate for the benefit of any supported organization? If "Yes," expaint in Part VI how providing such benefit camed out the purposes of the supported organization (s) that operated, supported organizations or trustees the supported organization organization (s) that operated, supported organizations or trustees of each of the organization directors or trustees of each of the organization directors or trustees of each of the organization as supported organizations, by the last day of the fifth month of the organization stay year, (i) 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 obcuments in effect on the date of notification, and (iii) copies of the organization's powering documents in effect on the date of notification, to the extent not previously provided organization's powering documents in effect on the date of notification, to the organization in Part VI how the organization's powering documents in effect on the date of notification, to the organization's powering documents in effect on the date of notification, to the organization in Part VI how the organization's powering documents in effect on the date of notification, to the organization in a supported organization's supported organization's supported organization's supported organization's suppor	_		11c		
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b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	-		3a		
	b	,			
	-	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	izations		
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations must	st 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			
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
_6	Multiply line 5 by 0.035.	6			
_7_	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	nization (see	
	instructions).				

Schedule A (Form 990) 2023

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Secti	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	s	3	
4	Amounts paid to acquire exempt-use assets			4	
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
_6_	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	:		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023		Distributable Amount for 2023
_1_	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
_3_	Excess distributions carryover, if any, to 2023				
a	a From 2018				
b	b From 2019				
c	From 2020				
d	From 2021				
е	From 2022				
f	f Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years			_	
<u>h</u>	Applied to 2023 distributable amount				
<u>_i</u>	Carryover from 2018 not applied (see instructions)				
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years			_	
b	Applied to 2023 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
_8_	Breakdown of line 7:				
<u>a</u>	Excess from 2019				
<u>b</u>	Excess from 2020				
<u>c</u>	Excess from 2021				
<u>d</u>	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Employer identification number

	51-0536892				
Organization type (check	cone):				
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				
	n is covered by the <b>General Rule</b> or a <b>Special Rule.</b> (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.			
-	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling ny one contributor. Complete Parts I and II. See instructions for determining a contributor	•			
Special Rules					
sections 509(a)( contributor, duri	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, an ng the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) EZ, line 1. Complete Parts I and II.	d that received from any one			
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 <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year\$					
answer "No" on Part IV, li	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF ling requirements of Schedule B (Form 990).	•			
For Paperwork Reduction A	act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2023)			

Name of organization

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) Type of contribution
1		\$358,010.	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		\$8,673.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$314,928.	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
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		\$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
6		\$10,374.	Person X Payroll

Name of organization

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) Type of contribution
7		\$10,000.	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
8		\$5,084.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

HIGHLAND SPRINGS, INC.

51-0536892

Partii	Noticasti Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	SIGNAGE		
2			
		\$8,673.	12/31/23
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of or	rganization		Employer identification number				
HIGHLAND	SPRINGS, INC.		51-0536892				
Part III		through (e) and the following line enti- haritable, etc., contributions of \$1,000 or I	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year ry. For organizations  ess 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				
Ī		(e) Transfer of gif	t				
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
(a) No.	(b) Purpose of gift (c) Use of gift		(d) Description of how gift is held				
Part I							
		-					
	(e) Transfer of gift						
-	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				
_		(e) Transfer of gif	t				
	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				
}	(e) Transfer of gift						
-	Transferee's name, address, ar		Relationship of transferor to transferee				

# **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

HIGHLAND SPRINGS, INC.

**Employer identification number** 

51 - 0536892

Pai	TI Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
_	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	`	
	Preservation of land for public use (for example, recreat	ion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualification of the Association	ed conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
_	Total number of conservation easements		
b			
	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included on line 2c acquire	• • •	
_	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year	annount in Innoted	
4	Number of states where property subject to conservation easi		
5	Does the organization have a written policy regarding the peri		
6	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, h		
U	otali and volunteer flours devoted to morntoning, inspecting, i	landing of violations, and emorcing con-	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforcing conserva	ation easements during the year
	3,		
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(r	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Of	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its finan-	cial statements that describes these iten	ns.
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public $% \left( 1\right) =\left( 1\right) \left( 1\right) $	exhibition, education, or research in furth	herance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		
			\$
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under FASB AS	_	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		

	dule D (Form 990) 2023 HIGHLAND SPI						536892		age 2
Par	t III   Organizations Maintaining Co	ollections of Art,	Historica	ıl Treasures, o	r Other S	imilar Asse	ets (contin	ued)	
3	Using the organization's acquisition, accessio	n, and other records,	, check any	of the following that	make signi	ficant use of it	S		
	collection items (check all that apply).								
а	Public exhibition	d		or exchange progra					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's col	· ·	-	-	-		art XIII.		
5	During the year, did the organization solicit or		•	•			_		_
ъ.	to be sold to raise funds rather than to be mai						Yes		No
Par	t IV Escrow and Custodial Arrang		e if the orgar	ization answered "	Yes" on Fori	m 990, Part IV	, line 9, or		
	reported an amount on Form 990, Part								
1a	Is the organization an agent, trustee, custodia	*	•				_		7
	on Form 990, Part X?					L	Yes	X	No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the folio	owing table:						
							Amoun	[	
	Beginning balance					1c			
	Additions during the year					1d			
	Distributions during the year					1e			
	Ending balance								7
	Did the organization include an amount on Fo				-	L	X Yes	77	∐ No
	If "Yes," explain the arrangement in Part XIII. ( TV Endowment Funds Complete if t							Х	
Fai	t V Endowment Funds Complete if t					Three years bac	ck (e) Four	voore	hack
	, , ,	(a) Current year	<b>(b)</b> Prior y	ear (c) Two year	is back (u)	Tillee years bac	K (e) Four	years	Dack
	Beginning of year balance								
	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
	Administrative expenses								
g	End of year balance	ent year and balance	/line 1 a colu	uma (a)) hald aar					
2	Board designated or quasi-endowment	•	(iiiie rg, coit %	imm (a)) neid as.					
a b	Permanent endowment	%	_70						
0	Term endowment 9								
C									
22	The percentages on lines 2a, 2b, and 2c shou Are there endowment funds not in the posses	•	ion that are l	old and administor	od for the				
Ja	organization by:	Sion of the organizati	ion mai are i	ieiu ariu auriiriistei	ed for the		ſ	Yes	No
	•						3a(i)		
	<ul><li>(i) Unrelated organizations?</li><li>(ii) Related organizations?</li></ul>								
h	If "Yes" on line 3a(ii), are the related organizations	iona listad on require							
4	Describe in Part XIII the intended uses of the			ile n ?			<u>SD</u>		
	t VI Land, Buildings, and Equipme		ment iunus.						
	Complete if the organization answered		Part IV line	11a See Form 990	Part X line	10			
	Description of property	(a) Cost or oth		) Cost or other	(c) Accu		(d) Bool	k valu	
	Description of property	basis (investme		basis (other)		ciation	(u) B00	valut	_
10	Land	<del>-                                     </del>	7		25,5,0				
	Land Buildings			14,525,195.	6	284,401.	8.	240,	794.

6,271,631.

6,933,254.

 3,409,134.
 2,862,497.

 3,048,173.
 3,885,081.

Schedule D (Form 990) 2023

14,988,372.

e Other

c Leasehold improvements .....

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

Part VII	Investments -	Other	Securities

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

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

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

# Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets

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

(a) Description	(b) Book value
(1) OTHER ASSETS	723,763.
(2) FINANCE LEASE RIGHT OF USE ASSETS, NET	267,503,234.
(3)	
(4)	
(5)	
(6)	
<u>(7)</u>	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	268,226,997.

#### Other Liabilities Part X

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	CLAIMS RESERVE	703,136.
(3)	FUNDS HELD FOR RESIDENTS	117,847.
(4)	RESIDENT DEPOSITS (NET)	330,313,017.
(5)	RESIDENTS REFUNDS	7,839,530.
(6)	MARKETING FEE DEFERRED	35,901.
(7)	DEFERRED MANAGEMENT FEE	126,683.
(8)	PARKING DEPOSITS	6,122,500.
(9)		
Total.	(Column (b) must equal Form 990, Part X, line 25, col. (B))	345,258,614.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X 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

51-0536892

Par	rt XI Reconciliation of Revenue per Audited Financial State	ments With R	evenue per Ret	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	66,573,252.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	955.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	255,352.		
е	J			2e	256,307.
3	Subtract line 2e from line 1			3	66,316,945.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b		207.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	207.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	66,317,152.
Pai	rt XII Reconciliation of Expenses per Audited Financial Stat		xpenses per H	eturn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1				1	73,146,651.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1.1			
а	Donated services and use of facilities				
b	Prior year adjustments				
С	Other losses		2 44 4		
d	, , , , , , , , , , , , , , , , , , , ,	2d	3,414.		2 414
	Add lines 2a through 2d			2e	3,414.
3	Subtract line 2e from line 1			3	73,143,237.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	227		
а	Investment expenses not included on Form 990, Part VIII, line 7b		207.		
b	7	4b			0.0.5
	Add lines 4a and 4b			4c	207.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18,	)		5	73,143,444.
	rt XIII Supplemental Information				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	·		Part X, li	ne 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional informa	tion.		
חמגם	TIV TIME 2D.				
PARI	T IV, LINE 2B:				
DDOG	SPECTIVE RESIDENTS ARE REQUIRED TO MAKE CERTAIN INSTALLMENT	DAVMENTE			
FROS	FECTIVE RESIDENTS ARE REQUIRED TO MAKE CERTAIN INSTAUDMENT	FAIMENIS			
DDTC	OR TO THE FINAL SETTLEMENT OF THE GIVEN UNIT. THOSE ADVANCE	DEDOGIMG			
INIC	N TO THE FINAL DETILIBRENT OF THE GIVEN UNIT. THOSE ADVANCE	DEFORTS			
ARE	REPORTED ON FORM 990, PART X, LINE 21.				
	RESCRIES ON TORM 550, TIME N, BINE 21.				
PART	TX, LINE 2:				
нтсн	HLAND SPRINGS, INC. ("HSD") IS EXEMPT FROM FEDERAL INCOME T	AXES UNDER			
SECT	FION 501(C)(3) OF THE INTERNAL REVENUE CODE AND THE APPLICA	BLE STATE			
INCC	OME TAX REGULATIONS. HIGHLAND SPRINGS HOME CARE, LLC ("HSHO	") AND			
CHIS	SHOLMS TRAIL, LLC ("CT") ARE SINGLE MEMBER COMPANIES AND HA	VE ELECTED			
	,				
TO E	BE DISREGARDED FOR FEDERAL AND STATE INCOME TAX PURPOSES. T	HE FINANCIAL			
STAT	TEMENT ACTIVITY OF BOTH HSHC AND CT ARE REFLECTED ON HSD'S	BOOKS AND			

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization							Employer identification number		
HIGHLAND SPRII							51-0536892		
Part I General Information on Grants a									
1 Does the organization maintain records t									
criteria used to award the grants or assis	stance?						Yes No		
2 Describe in Part IV the organization's pro							W. F. Od. 6		
	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.								
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
ALZHEIMER'S ASSOCIATION									
3001 KNOX STREET, #200									
DALLAS, TX 75208	13-3039601	501(C)(3)	18,000.	0.			GENERAL SUPPORT		
			,						
ALLEN KIWANIS CLUB FOUNDATION KIDS AGAINST HUNGER - PO BOX 962 -									
ALLEN, TX 75013	75-2830853	501(C)(3)	6,674.	0.			GENERAL SUPPORT		
<ul> <li>2 Enter total number of section 501(c)(3) ar</li> <li>3 Enter total number of other organizations</li> </ul>									

51-0536892 Page **2** 

Schedule I (Form 990) 2023 HIGHLAND SPRINGS, INC.

Part III Grants and Other Assistance to Domestic Individuals.  Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	990, Part IV, line 22.			
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance		
EDUCATIONAL SCHOLARSHIPS - SEE PART IV	22	197,910.	0.				
	22	137,310.	· ·				
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.			
SCHEDULE I, PART 1, LINE 2							
SCHOLAR CANDIDATES MUST BE CURRENTLY EMPLOYED YEAR-	-ROUND AT HIG	HLAND					
SPRINGS. ONLY MEDICAL LEAVES OF ABSENCE ARE ALLOWAR	BLE DURING TH	IE TWO					
YEARS. OTHER REQUESTS FOR A LEAVE OF ABSENCE WILL I	BE REVIEWED A	ND					
DETERMINED CASE BY CASE. A SCHOLAR CANDIDATE MUST H	HAVE BEEN EMP	LOYED BY					
HIGHLAND SPRINGS ON OR BEFORE SEPTEMBER 30, OF THE	START OF THE	IR					
JUNIOR YEAR IN HIGH SCHOOL. THE CANDIDATE MUST ALSO	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

# 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 2023 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.

### SCHEDULE J (Form 990)

**Compensation Information** 

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

HIGHLAND SPRINGS, INC.

Employer identification number 51-0536892

Pá	art I Questions Regarding Compensation	<u>.</u>			
				Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided an	ny of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any re	elevant information regarding these items.			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization	on follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described a	above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing	ng or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, r	regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used t	to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check a	any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but ex	xplain in Part III.			
	Compensation committee	Written employment contract			
	X Independent compensation consultant	X Compensation survey or study			
	Form 990 of other organizations	X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, S	Section A, line 1a, with respect to the filing			
	organization or a related organization:				
а	Receive a severance payment or change-of-control payment?	)	4a		Х
b	Participate in or receive payment from a supplemental nonque	alified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compe	ensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the a	applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organization	ons must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, d	lid the organization pay or accrue any compensation			
	contingent on the revenues of:				
а	The organization?		. 5a		Х
b	Any related organization?		. 5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, d	lid the organization pay or accrue any compensation			
	contingent on the net earnings of:				
а	The organization?		. 6a		Х
			. 6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a, d				
			. 7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or account of the second of the	crued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53	3.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttak	ble presumption procedure described in			
	Regulations section 53.4958-6(c)?		. 9		

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

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023 HIGHLAND SPRINGS, INC. 51-0536892 Page 2

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

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

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

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-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)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MATTHEW NEVILLE	(i)	220,365.	48,000.	4,287.	9,150.	14,873.	296,675.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) REV. DR. ZINA JACQUE	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	215,000.	0.	0.	0.	0.	215,000.	0.
(3) EILEEN G. ERSTAD	(i)	0.	0.	0.	0.	0.	0.	0.
TREASURER	(ii)	167,500.	0.	0.	0.	0.	167,500.	0.
(4) SABRINA REIDLAND	(i)	128,070.	17,612.	1,070.	4,279.	15,480.	166,511.	0.
DIRECTOR, NURSING	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) CINDY GAY	(i)	128,038.	8,293.	210.	4,153.	11,668.	152,362.	0.
PERSONAL MOVING CONSULTANT	(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)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023 HIGHLAND SPRINGS, INC.	51-0536892	Page 3
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	e this part for any additional information.	
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, PART II:		
MATTHEW NEVILLE IS LISTED IN SCHEDULE J, PART II AND IS AN EMPLOYEE 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)

## 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.

**Employer identification number** 

51-0536892

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

HIGHLAND SPRINGS, INC.

FORM 990 PART III LINE 1, DESCRIPTION OF ORGANIZATION MISSION: 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 JANUARY 1, 2023. THE NEW	
MANAGEMENT AND MARKETING AGREEMENT MADE SEVERAL CHANGES, INCLUDING THE	
MODIFICATION OF THE MANAGEMENT FEE TO 4.5% THROUGH "STABILIZATION" AS	
DEFINED IN THE NEW AGREEMENT (TO OCCUR NO LATER THAN DECEMBER 31, 2030),	
AND TO CHANGE THE EXPIRATION DATE OF THE AGREEMENT TO THE EARLIER OF	
DECEMBER 31, 2050 OR ACQUISITION. 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 KEVIN ADAMIC, DIRECTOR,	
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.	

332212 11-14-23

Name of the organization **Employer identification number** HIGHLAND SPRINGS, INC. 51-0536892 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 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

Schedule O (Form 990) 2023	Page 2
Name of the organization HIGHLAND SPRINGS, INC.	Employer identification number 51-0536892
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	
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	

**Employer identification number** Name of the organization HIGHLAND SPRINGS, INC. 51-0536892 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 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

Name of the organization  HIGHLAND SPRINGS, INC.	Employer identification number 51-0536892
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	
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	
VOTE. A NEW COMPENSATION STUDY WAS UNDERTAKEN IN THE FALL OF 2023 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	
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	
OFFICE 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.	

Name of the organization  HIGHLAND SPRINGS, INC.		Employer identification number 51-0536892
THE COMPENSATION INCLUDED IN COLUMNS D AND E FOR THE BOARD	DIRECTORS IS	
FOR SERVICES PERFORMED FOR THE FILING ORGANIZATION AND ALL	RELATED	
ORGANIZATIONS INCLUDED ON SCHEDULE R, PART II.		
FORM 990, PART VII, SECTION B:		
INDEPENDENT CONTRACTORS COMPENSATION.		
THE AMOUNT INCLUDED IN COLUMN (C) FOR ERICKSON SENIOR LIVIN	G IS FOR	
PAYMENTS MADE FOR MANAGEMENT SERVICES AND THE DIRECT AND SH.	ARED COSTS	
ALLOCATED TO THE COMMUNITY. DIRECT AND SHARED COSTS INCLUDE	SALARIES	
AND BENEFITS FOR MANAGEMENT PERSONNEL, AND THE USE OF SERVI	CES SUCH AS	
FINANCE, LEGAL, HUMAN RESOURCES, INFORMATION SERVICES, AND	OPERATIONS.	
FORM 990, PART IX, LINE 11G, OTHER FEES:		
CONTRACT PROFESSIONAL SERVICES:		
PROGRAM SERVICE EXPENSES	2,383,420.	
MANAGEMENT AND GENERAL EXPENSES	5,063,060.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	7,446,480.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	7,446,480.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
CHANGE IN RESTRICTED NET INVESTMENT RETURN	251,938.	
FORM 990, PAGE 11, PART X, LINE 23:		
MORTGAGES AND OTHER NOTES PAYABLE - PART X, LINE 23		

Name of the organization HIGHLAND SPRINGS, INC.	Employer identification number 51-0536892
HIGHLAND SPRINGS, INC.	31-0330092
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	
HIGHLAND SPRINGS, INC. FROM \$2,134,000 TO \$2,430,000.	
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	
ORGANIZATION 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, 2023 AND 2022, THERE WAS NO OUTSTANDING BALANCE ON THE	
WCLA.	

#### SCHEDULE 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.

Department of the Treasury Internal Revenue Service

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

2023

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

HIGHLAND SPRINGS, INC.

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

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	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	1,391,732.	0.	HIGHLAND SPRINGS, INC.
CHISHOLM'S TRAIL, LLC - 45-2042852					
701 MAIDEN CHOICE LANE					
BALTIMORE, MD 21228	TO HOLD LIQUOR LICENSE	MARYLAND	197,209.	15,000.	HIGHLAND SPRINGS, INC.
	1				

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity	Section 5 contr enti	olled
				501(c)(3))		Yes	No
ANN'S CHOICE, INC - 52-2095427							I
10000 ANN'S CHOICE WAY	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		İ
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		I
ASHBURN, VA 20147	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		Х
AVERY POINT, INC - 92-2254866							
1000 AVERY POINT WAY	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		I
RICHMOND, VA 23233	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		Х
BETHESDA NSC RETIREMENT COMMUNITY, INC -							
92-2205771, 816 CONNECTICUT AVE, NW, 7TH FL,	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		İ
WASHINGTON, DC 20006	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) 2023

Schedule R (Form 990) HIGHLAND SPRINGS, INC. 51-0536892

## Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	activity Legal domicile (state or Exempt Code Public charity Direct controlling		Direct controlling	contr organiz	zation?
BROOKSBY VILLAGE, INC - 52-2126755				(7( ))		Yes	No
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		
POMPTON PLAINS, NJ 07444	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х
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							
100 MARIS GROVE WAY	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
GLEN MILLS, PA 19342	COMMUNITY	PENNSYLVANIA	501(C)(3)	LINE 10	COMMUNITIES, INC		Х
MATTHEWS NSC RETIREMENT COMMUNITY, INC -							
92-2269292, 816 CONNECTICUT AVE, NW, 7TH FL,	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
WASHINGTON, DC 20006	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		Х
NATIONAL SENIOR COMMUNITIES, INC -							
20-4356247, 816 CONNECTICUT AVE NW, 7TH				LINE 12C,			l
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		l
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		ĺ
SILVER SPRING, MD 20904	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		X

Schedule R (Form 990) HIGHLAND SPRINGS, INC. 51-0536892

## Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	<b>g)</b> 512(b)(13) rolled zation?
				501(c)(3))		Yes	No
SEABROOK VILLAGE, INC - 52-2126751							
3000 ESSEX ROAD	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
TINTON FALLS, NJ 07753	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		Х
TALLGRASS CREEK, INC - 87-0765641							
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							
3235 MILL VISTA ROAD	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
HIGHLANDS RANCH, CO 80129	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		Х
WOODLEIGH CHASE, INC 92-2217836							
816 CONNECTICUT AVE, NW, 7TH FL	CONTINUING CARE RETIREMENT				NATIONAL SENIOR		
WASHINGTON, DC 20006	COMMUNITY	MARYLAND	501(C)(3)	LINE 10	COMMUNITIES, INC		х
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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. Part III

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j	)	(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	allocations?		allocations?		allocations?		allocations?		J 20 of Schedule	mana	iging ner?	Percentage ownership
WINTOWN GODG DUGTNING MINIST		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	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		x	N/A		х	N/A						
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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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Section 512(b)(13) controlled	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	ent	tity?
		Courti y)						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
	]								
									<u> </u>

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

Yes No

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

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

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
	Gift, grant, or capital contribution to related organization(s)				1b		Х
С	c Gift, grant, or capital contribution from related organization(s)						
					1d		Х
е	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		Х
					1g		Х
h	Purchase of assets from related organization(s)				1h		Х
i Exchange of assets with related organization(s)							Х
j	j Lease of facilities, equipment, or other assets to related organization(s)  k Lease of facilities, equipment, or other assets from related organization(s)  l Performance of services or membership or fundraising solicitations for related organization(s)  m Performance of services or membership or fundraising solicitations by related organization(s)  n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  o Sharing of paid employees with related organization(s)  p Reimbursement paid to related organization(s) for expenses  Reimbursement paid by related organization(s) for expenses  r Other transfer of cash or property to related organization(s)  s Other transfer of cash or property from related organization(s)  lf the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (a)  (b)  (c)  (d)						Х
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
e Loans or loan guarantees by related organization(s)  f Dividends from related organization(s)  g Sale of assets to related organization(s)  h Purchase of assets from related organization(s)  i Exchange of assets with related organization(s)  j Lease of facilities, equipment, or other assets from related organization(s)  k Lease of facilities, equipment, or other assets from related organization(s)  n Performance of services or membership or fundraising solicitations for related organization(s)  n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  n Sharing of paid employees with related organization(s)  p Reimbursement paid to related organization(s) for expenses  q Reimbursement paid to related organization(s) for expenses  r Other transfer of cash or property to related organization(s)  s Other transfer of cash or property from related organization(s)  1 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (a)  Name of related organization  Transaction  type (a-s)  1)  Method of determining amount in type (a-s)							
					1m	Х	
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)						
	Sale of assets to related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) Lease of facilities, equipment, or other assets to related organization(s)  Lease of facilities, equipment, or other assets from related organization(s)  Performance of services or membership or fundraising solicitations for related organization(s)  Performance of services or membership or fundraising solicitations by related organization(s)  Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  Sharing of paid employees with related organization(s)  Reimbursement paid to related organization(s) for expenses  Reimbursement paid by related organization(s) for expenses  Other transfer of cash or property to related organization(s)  Other transfer of cash or property from related organization(s)  If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (a)  Name of related organization  (b)  Transaction  Amount involved  Method of determining amount invo			10		Х	
р	Reimbursement paid to related organization(s) for expenses				1p	Х	
q	Reimbursement paid by related organization(s) for expenses				1q		Х
r	Other transfer of cash or property to related organization(s)				1r		Х
s					1s		Х
2							
	(a)	(b)	(c)	(d)			
	Name of related organization				olved		
		type (a-s)					
1)							
2)							
3)							
4)							
5)							
6)							
3216	3 09-28-23			Schedule F	R (Forn	n 990)	2023

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.?  Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner?  Yes No	(k) r Percentage ownership
	-									
	]									