Return of Organization Exempt From Income Tax

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

Department of the Treasury

► Do not enter Social Security numbers on this form as it may be made public.

20**19** Open to Public

OMB No. 1545-0047

Inter	nal Reve	nue Service Information about Form 990 and its instructions	15 at www.115.	y0%/0/	111990.		inspect	ION		
AF	or th	e 2019 calendar year, or tax year beginning 10/01, 2019,	and ending				/30, 20 20			
в.		C Name of organization		D	Employer id	entific	cation number			
вс	heck if ap	HEBREW SENIORLIFE INC.								
	Addre chang				90-0183119					
	Name	change Number and street (or P.O. box if mail is not delivered to street address)	E	E Telephone number						
	Initial	return 1200 CENTRE STREET		((617) 363-8000					
	Termi	City or town, state or province, country, and ZIP or foreign postal code								
	Amen			G	Gross receip	ts \$	157,758	,195.		
	Applic	ation F Name and address of principal officer: I.OUITS, J. WOOLF PREST	DENT & CE	<u>ΞΟ</u> Η(;	 a) Is this a gro subordinates 		rn for Yes	XNC		
		1200 CENTRE STREET, ROSLINDALE, MA 02131		н	b) Are all subord		ncluded? Yes	No		
I	Tax-ex	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) c	or 527		If "No," attac	ch a list	t. (see instructions)			
J	Websi	he: ▶ WWW.HEBREWSENIORLIFE.ORG/	i	H(c) Group exem	ption n	umber			
к	Form o	of organization: X Corporation Trust Association Other ►	L Year of fo	ormation	: 2003 M	State	of legal domicile	: MA		
	art I	Summary	l				-			
		Briefly describe the organization's mission or most significant activities: THE MI	SSION OF	HEBR	EW SENI	ORL	IFE IS TO)		
ė		HONOR OUR ELDERS BY RESPECTING AND PROMOTING THEI								
anc		SPIRITUAL VIGOR, DIGNITY AND CHOICE, AND BY (SEE	SCHEDULE	0)						
'ern	2	Check this box	d of more than	25% of	its net asset	s.				
Governance						3		19.		
		Number of independent voting members of the governing body (Part VI, line 1b)				4		19.		
Activities &		Total number of individuals employed in calendar year 2019 (Part V, line 2a)				5		76.		
tivi		Total number of volunteers (estimate if necessary)				6		350.		
Ac		Total unrelated business revenue from Part VIII, column (C), line 12				7a	-1	0,477		
		Net unrelated business taxable income from Form 990-T, line 34				7b	-1	2,902		
					Prior Year	1	Current \			
	8	Contributions and grants (Part VIII, line 1h)	[=	13	3,004,10	2.	9,08	9,087		
Revenue	9	Program service revenue (Part \/III line 2g)			9,419,27		10,37			
eve	10	PUBLIC IN Investment income (Part VIII, column (A), lines 3, 4, and 7d)			4,709,74			9,439		
Å	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	/		-469,21			8,104		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		26	5,663,90		21,51			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			90,16			9,542		
		Benefits paid to or for members (Part IX, column (A), line 4)			1	0.		0		
	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		(9,756,63	39.	9,25	8,254		
see	162	Professional fundraising fees (Part IX, column (A), line 11e)			,,	0.	- ,	0		
Expenses	h	Total fundraising expenses (Part IX, column (D), line 25) ► 4,009,284.						-		
ы	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			7,814,39	2.	6.77	5,832		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	•••••		7,661,19		16,13	-		
	-	Revenue less expenses. Subtract line 18 from line 12	•••••		9,002,71			3,251		
es					g of Current `		End of Ye			
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		-	5,029,88		277,98			
Ass Bal	21	Total liabilities (Part X, line 26)	•••••		7,425,27			7,648		
und	22	Net assets or fund balances. Subtract line 21 from line 20	•••••		3,604,60		269,69			
	rt II	Signature Block			-,,			- ,		
		alties of perjury, I declare that I have examined this return, including accompanying schedul	les and statemer	nts. and	to the best o	fmvk	knowledge and b	elief. it is		
true	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of whic	ch preparer has a	iny know	/ledge.	,				
Sig	n	Signature of officer			Date					
He	re	JAMES D. HART CFO								
		Type or print name and title								
		Print/Type preparer's name Preparer's signature	Date		Chook	;e F	PTIN			
Paic	k	MIKE A CINCOTTA	08/10/20)21	Check self-employ		P01595811	1		
Pre	parer						6565596			
Use	Only		5072				266-2000			
Max	/ the !!	Firm's address ► 200 CLARENDON STREET BOSTON, MA 02116- RS discuss this return with the preparer shown above? (see instructions)	5012	Ph	none no.	0 T /				
			<u></u>	<u></u>			<u>. X</u> Yes Form 99			
гor	rapel	work Reduction Act Notice, see the separate instructions.					Form 33			

For	m 990 (2019) Pr	age 2
Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
	Briefly describe the organization's mission:	
	THE MISSION OF HEBREW SENIORLIFE, INC. IS TO HONOR OUR ELDERS, BY	
	RESPECTING AND PROMOTING THEIR INDEPENDENCE, SPIRITUAL VIGOR, DIGNITY AND CHOICE AND BY RECOGNIZING THAT THEY ARE A (SEE SCHEDULE O)	
	AND CROICE AND BI RECOGNIZING THAT THET ARE A (SEE SCREDOLE O)	
<u> </u>	Did the organization undertake any significant program services during the year which were not listed on the	
2	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	,
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
-		No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot	hers,
	the total expenses, and revenue, if any, for each program service reported.	
	(Code:) (Expenses \$11,359,183. including grants of \$99,542.) (Revenue \$10,376,457.)	
	HEBREW SENIORLIFE, INC. (HSL) IS AN UNPARALLELED PROVIDER OF	
	SENIOR LIVING COMMUNITIES, GERIATRIC HEALTH CARE, RESEARCH INTO	
	HUMAN AGING, AND MEDICAL EDUCATION. FOUNDED IN 1903, HSL STRIVES TO TRANSFORM EVERY ASPECT OF THE AGING EXPERIENCE. AN AFFILIATE OF	
	HARVARD MEDICAL SCHOOL, HSL SERVES OVER 3,000 SENIORS EACH DAY AT	
	OUR SITES IN BROOKLINE, CANTON, DEDHAM, RANDOLPH, REVERE, AND	
	ROSLINDALE, AND REACHES COUNTLESS MORE THROUGH OUR RESEARCH AND	
	TEACHING. (CONTINUED ON SCHEDULE O)	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
_	Total program service expenses ► 11,359,183.	
JSA 9F1	Form 990 (2019)

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	<u> </u>
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets		37	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	<u> </u>
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		x
	Schedule D, Parts XI and XII	12a		
a	Was the organization included in consolidated, independent audited financial statements for the tax year? If	4.01	Х	
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13	11	x
13 14 a	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	140		
U U	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			<u> </u>
10	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			<u> </u>
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			<u> </u>
	Part VIII, lines 1 c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			<u> </u>
	If "Yes," complete Schedule G, Part III	19		x
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX. column (A). line 1? <i>If</i> "Yes." <i>complete Schedule I. Parts I and II</i>	21		Х

Form 990 (2019)

Page 3

Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
_ a	\$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
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
L		240		
لہ	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
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 lines 28a or 28b? If			
Ŭ	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23		
30	conservation contributions? If "Yes," complete Schedule M	30		х
24				X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			v
	complete Schedule N, Part II.	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		37	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
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 in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in 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 (gambling) winnings to prize winners?	1c	Х	
JSA			000	

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)							
			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax							
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 76							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	L				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,							
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the							
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or							
	gifts were not tax deductible?	6b		<u> </u>				
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	-	v					
	and services provided to the payor?	7a	X X					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		x				
	required to file Form 8282?	7c						
	d If "Yes," indicate the number of Forms 8282 filed during the year							
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f 7g						
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h						
8								
Ū	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders							
b	Gross income from other sources (Do not net amounts due or paid to other sources							
	against amounts due or received from them.)							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			 				
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>				
	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							
	Enter the amount of reserves on hand	140		X				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b						
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	140		<u> </u>				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		x				
	If "Yes," see instructions and file Form 4720, Schedule N.	.5						
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.	-						

Form 9	90 (2019) HEBREW SENIORLIFE INC. 90-0183	3119	F	Page 6
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.			tions.
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 19			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 19			
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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_	37	
	one or more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			37
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		Х	
а	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	9		x
Socti	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	-)	21
Seci	on b. Policies (This Section D requests information about policies not required by the internal Revenue	Coue	.) Yes	No
40-	Did the energiantian have least shortens have shorten an efficience?	10a		X
	Did the organization have local chapters, branches, or affiliates?	TVa		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
110	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.	- Tu		
b 120		12a	Х	
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
b		12b	Х	
с	rise to conflicts?			
C	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
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?			
а	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 in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		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		
Secti	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright^{\mathrm{MA}}$,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T	(Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website 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 o	f inter	est p	olicy,
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record JONATHAN ALLIA, VICE PRESIDENT 1200 CENTRE STREET BOSTON, MA 02131 617-982-1349	s 🕨		
164			000	(2019)
JSA		r onn	530	12019)

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

(

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

				(0	C)					
(A)	(B)			Pos	ition			(D)	(E)	(F)
Name and title	Average	(do not check more than one box, unless person is both an						Reportable	Reportable	Estimated amount
	hours							compensation	compensation	of other
	per week (list any					or/trust	,	from the organization	from related organizations	compensation from the
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	High	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	/idua	tutic	er	emp	loye	ner			related organizations
	organizations	or tr	nal		loye	e				
	below dotted line)	iste	trus		ĕ	pen				
	,		:ee			Highest compensated employee				
						<u>a</u>				
(1)LOUIS J WOOLF	15.00									
PRESIDENT & CEO	35.00	1		Х				1,100,092.	0.	102,080.
(2) MARY MOSCATO	10.00									
PRES, HSL HEALTH CARE SVC AND	40.00				Х			0.	414,727.	62,283.
(3) JAMES D HART	15.00									
CFO	35.00			Х				391,345.	0.	65,378.
(4) KATELYN QUYNN	40.00									
CHIEF DEV OFF & VP BOARD REL.	10.00				Х			381,024.	0.	72,646.
(5) LEWIS LIPSITZ	10.00									
DIR, HMIFAR & CHIEF ACAD. OFF	40.00	1			Х			0.	346,732.	93,642.
(6) HELEN CHEN	10.00									
CHIEF MEDICAL OFFICER	40.00				Х			0.	376,764.	46,392.
(7) KIMBERLY BROOKS	35.00									
CHIEF OP. OFFICER, SEN LIVING	15.00				Х			329,799.	0.	53,711.
(8) TAMMY BARKYOUMB RETALIC	10.00									
CHIEF NURSING OFF & VP PCS	40.00				Х			0.	279,227.	60,628.
(9) DEBORAH L LEMMERMAN	40.00									
CHIEF PEOPLE OFFICER	10.00				Х			270,420.	0.	61,726.
(10) RACHEL WHITEHOUSE	40.00									
CHIEF COMM. & PLAN. OFFICER	10.00				Х			259,903.	0.	64,738.
(11) ERIC ROGERS	15.00									
CIO	35.00			Х				245,730.	0.	57,518.
(12) SARAH L SYKORA	50.00									
EXEC DIR, MARKETING & SALES	0.					Х		236,312.	0.	59,200.
(13) TERESA LISEK	50.00									
DIRECTOR OF DEVELOPMENT	0.					Х		203,326.	0.	50,558.
(14) MARSHA T. SLOTNICK	50.00									
SENIOR MAJOR GIFTS OFFICER	0.					Х		185,976.	0.	26,699.

JSA

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Posi neck ss pei	ition more rson	e than c is both or/trust Highest compensated employee	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
15) RACHEL LERNER	40.00					ed				
GEN. COUNSEL & CHIEF COMP OFF	10.00	-			x			165,220.	0.	27 10
	50.00				A			105,220.	0.	37,100
16) CARMINE BRUNO	0.	-				37		1 C 0 1 7 0		27 07
CORPORATE DIR OF FACILITIES						X		160,170.	0.	37,97
17) STACEY R WEINBAUM	50.00					x		164 672	0.	40,140
EXEC DIR, BOARD REL & EVENTS 18) JEFFREY D. DRUCKER	1.00							154,573.	0.	40,140
BOARD CHAIR	3.50							0	0.	
		X						0.	. 0.	
19) MARSHA COHEN	1.00			77				0		
TREASURER AND DIRECTOR	3.50	X		Х				0.	0.	
20) MELISSA BAYER TEARNEY	1.00									
SECRETARY AND DIRECTOR	3.50	X		Х				0.	0.	
21) HOWARD E. COHEN	1.00									
DIRECTOR	0.	X						0 .	0.	
22) HINDA L. MARCUS	1.00							0		
DIRECTOR	0.	X						0 .	0.	
23) THOMAS J. DESIMONE	1.00							0		
DIRECTOR	0.	X						0 .	0.	
24) CYNTHIA FISH	1.00							0		
DIRECTOR		X						0.	0.	
25) TODD FINARD DIRECTOR	1.00	x						0.	0.	
	0.	A						4,083,890.	1,417,450.	
1b Sub-total					• •			4,083,890.	1,417,450.	992,416
c Total from continuation sheets to Part VII, S	-		• • •	• • •	• •			4,083,890.	1,417,450.	992,416
d Total (add lines 1b and 1c)										992,410
2 Total number of individuals (including but not reportable compensation from the organizatio		hose 22		a at	DOVe	e) who	o re	ceived more than	\$100,000 of	
			-							Yes No
										Yes No

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Yes No 3 X 4 X 5 X

Section B. Independent Contractors

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

	(A) Name and business address	(B) Description of services	(C) Compensation
N	DNE		
2	Total number of independent contractors (including but not limited to those more than $100,000$ in compensation from the organization \triangleright 0.	e listed above) who received	

	rt VII Section A. Officers, Directors, Tru (A) Name and title	(B)			, (C									
		Average hours per week (list any hours for	box, office	not ch unless er and	Posit eck r s per	tion nore f son is rector	than of s both	an ee)	(D) Reportable compensation from the	(E) Reportable compensation related organizatio	from	Est amo c comp	(F) timated ount of other pensatio	f
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-M	IISC)	orga and	om the anizatio related nizatior	b
6)	STEVEN FLIER DIRECTOR	1.00	X						0.		0.			(
7)	REESE GENSER DIRECTOR	1.00 0.	х						0.		0.			(
	RICHARD J. HENKEN DIRECTOR	1.00	X						0.		0.			(
9)	HAROLD G. KOTLER DIRECTOR	1.00	X						0.		0.			(
0)	WILLIAM MOSAKOWSKI DIRECTOR	1.00	X						0.		0.			
	DAVID D. ROSENTHAL DIRECTOR	1.00	х						0.		0.			
	SUSAN FLORENCE SMITH DIRECTOR	1.00	X						0.		0.			
	JAY WEBBER DIRECTOR	1.00	Х						0.		0.			
<u>`</u>	ROBERTA S. WEINER DIRECTOR	1.00	Х						0.		0.			
	ELLEN ZANE DIRECTOR	1.00	X						0.		0.			
6)	MARK ZEIDEL DIRECTOR	1.00	Х						0.		0.			
C	Sub-total Total from continuation sheets to Part VII, Se Total (add lines 1b and 1c)	-	· · ·	 	•••	•••	•••		0.		0.			0
2	Total number of individuals (including but not li reportable compensation from the organization	imited to th		listed				o re	ceived more than	\$100,000 of				
	Did the organization list any former office employee on line 1a? If "Yes," complete Schedu											3	Yes	No X
	For any individual listed on line 1a, is the s organization and related organizations gre individual	ater than	\$15	0,00)0?	lf	"Yes	," (complete Schedu	le J for su		4	X	
5	Did any person listed on line 1a receive or a for services rendered to the organization? If "Ye	accrue con	mpen	satio	on fi	rom	any	uni	related organizatio	on or individu		5		Х
1	ction B. Independent Contractors Complete this table for your five highest comp compensation from the organization. Report co year.											s tax		
	(A) Name and business addr								(B) Description of se	nvices	Cor	(C)	ation	

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

		Check if Schedule O contains a response	or note to any	y line in this Part V			
		· · · ·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s s	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues					
ΩĘ	c	Fundraising events	578,635.				
r A,	d	Related organizations	57676551				
ilai	e	Government grants (contributions) 1e					
ns,	f	All other contributions, gifts, grants,					
er o	'	and similar amounts not included above . 1f	8,510,452.				
the		Noncash contributions included in	0,510,452.				
50 T	g	lines 1a-1f	281,529.				
aCo	h	Total. Add lines 1a-1f		9,089,087.			
			Business Code	5,005,007.			
e)			551112	9,656,457.	9,656,457.		
Program Service Revenue	2a						
Ser	b	LAND LEASE REVENUE FROM AFFILIATES	532000	720,000.	720,000.		
E P	C						
Re	d						
õ	е						
α.	f	All other program service revenue					
	g	Total. Add lines 2a-2f		10,376,457.			
	3	Investment income (including dividends, int					
		other similar amounts)		905,140.		-10,477.	915,617.
	4	Income from investment of tax-exempt bond pro		0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	C	Rental income or (loss) 6c					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a 137,230,025.					
ue	b	Less: cost or other basis					
evenue		and sales expenses 7b 135,705,726.					
Sev	c	Gain or (loss) 7c 1,524,299.					
٦	d	Net gain or (loss)	►	1,524,299.			1,524,299.
Other	8a	Gross income from fundraising					
0		events (not including \$578,635.					
		of contributions reported on line					
		1c). See Part IV, line 18	157,486.				
	b	Less: direct expenses 8b	535,590.				
	c	Net income or (loss) from fundraising events	►	-378,104.			-378,104.
	9a	Gross income from gaming					
		activities. See Part IV, line 19	0.				
	b	Less: direct expenses	0.				
	c	Net income or (loss) from gaming activities	►	0.			
	10a	Gross sales of inventory, less					
		returns and allowances 10a	0.				
	b	Less: cost of goods sold	0.				
	c	Net income or (loss) from sales of inventory	►	0.			
s			Business Code				
Miscellaneous Revenue	11a						
ane	b						
elle	c						
isc R	d	All other revenue					
Σ	e	Total. Add lines 11a-11d	►	0.			
	12	Total revenue. See instructions		21,516,879.	10,376,457.	-10,477.	2,061,812.

Part IX Statement of Functional Expense Section 501(c)(3) and 501(c)(4) organizations mu		All other organization	ns must complete colun	nn (A).
Check if Schedule O contains a resp				
Do not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C)	(D)
8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	99,542.	99,542.		
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	3,143,532.	3,143,532.		
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	5,511,802.	2,989,530.		2,522,272
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	0.			
0 Payroll taxes	602,920.	409,966.		192,954
1 Fees for services (nonemployees):				
a Management	0.			
b Legal	139,743.		139,743.	
c Accounting	22,562.		22,562.	
d Lobbying	12,750.	12,750.		
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	602,856.		602,856.	
g Other. (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O.)	0.			
2 Advertising and promotion	1,260,777.	1,260,777.		
3 Office expenses	326,953.	246,556.		80,397
4 Information technology	1,802.	1,802.		
5 Royalties	0.			
6 Occupancy	578,016.	503,016.		75,000
7 Travel	1,289.	1,289.		
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0.			
9 Conferences, conventions, and meetings	70,167.	18,036.		52,131
0 Interest	0.			
1 Payments to affiliates	2,445,633.	1,945,494.		500,139
2 Depreciation, depletion, and amortization	198,426.	198,426.		
3 Insurance	61,932.	61,932.		
4 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)				
aPURCHASED SERVICES/LABOR	693,393.	402,532.		290,861
bSUPPLIES & MISCELLANEOUS	359,533.	64,003.		295,530
c				
d				
e All other expenses				
5 Total functional expenses. Add lines 1 through 24e	16,133,628.	11,359,183.	765,161.	4,009,284
6 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
fundraising solicitation. Check here if	0			
following SOP 98-2 (ASC 958-720)	U.I			

following SOP 98-2 (ASC 958-720)

0.

m 990 (2				Page 1
Part X				
	Check if Schedule O contains a response or note to any line in this Pa			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	845,037.	1	1,322,234
2	Savings and temporary cash investments.	1,662,622.	2	3,256,710
3	Pledges and grants receivable, net	16,686,140.	3	18,669,836
4	Accounts receivable, net.	0.	4	(
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	0.	5	
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	(
2 7	Notes and loans receivable, net	0.	7	(
7 8	Inventories for sale or use	0.	8	(
9	Prepaid expenses and deferred charges	273,624.	9	429,554
10 a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 7,198,196.			
b	Less: accumulated depreciation 10b 1,447,936.	4,210,819.	10c	5,750,260
11	Investments - publicly traded securities	14,326,126.	11	21,248,170
12	Investments - other securities. See Part IV, line 11	88,683,382.	12	85,456,701
13	Investments - program-related. See Part IV, line 11	0.	13	
14	Intangible assets	0.	14	
15	Other assets. See Part IV, line 11	129,342,132.	15	141,849,611
16	Total assets. Add lines 1 through 15 (must equal line 33)	256,029,882.	16	277,983,070
17	Accounts payable and accrued expenses	7,194,286.	17	7,974,74
18	Grants payable	0.	18	
19	Deferred revenue.	0.	19	
20	Tax-exempt bond liabilities	0.	20	(
21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	
22	Loans and other payables to any current or former officer, director,			
22	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	0.	22	
i 23	Secured mortgages and notes payable to unrelated third parties	0.	23	
24	Unsecured notes and loans payable to unrelated third parties	0.	24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	230,989.	25	312,901
26	Total liabilities. Add lines 17 through 25	7,425,275.	26	8,287,648
	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	217,731,185.	27	233,448,712
28	Net assets with donor restrictions.	30,873,422.	28	36,246,716
27 28 29 30 31 32 22	Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds.		31	
32	Total net assets or fund balances	248,604,607.	32	269,695,428
33	Total liabilities and net assets/fund balances	256,029,882.	33	277,983,076

Form 99	0 (2019)				Pa	ge 12
Part	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			16,8	
2	Total expenses (must equal Part IX, column (A), line 25)					528.
3	3 Revenue less expenses. Subtract line 2 from line 1				83,2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	24			507.
5	Net unrealized gains (losses) on investments	5		4,0	81,0)70.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1	L1,6	26,5	500.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	26	59,6	95,4	28.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					X
			ſ		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		<u> </u>			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	in			
	Schedule O.					37
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis				Х	
b	Were the organization's financial statements audited by an independent accountant?			2b	Λ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed or	na			
	separate basis, consolidated basis, or both:					
	Separate basis X 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 ove	-		2c	х	
	the audit, review, or compilation of its financial statements and selection of an independent accountar			20		
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	on			
-	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	n in t	ne	3a	х	
	Single Audit Act and OMB Circular A-133?			Ja	22	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	•		3b	х	
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	uits .		30		<u> </u>

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No. 1545-0047 6 C

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.							Inspection			
Name	e of ti	he organization						Employer identifi	cation number	
HEE	BRE	W SENIORLIE						90-01831		
Pa				•	rity Status (All organizations must complete this part.) See instructions.					
The	orga		•		t is: (For lines 1 throug		•	,		
1				•	tion of churches desc					
2	_				. (Attach Schedule E					
3	\square	-	-		rganization described					
4			-	-	conjunction with a hos	spital des		Section 170(b)(1)(A)	(III). Enter the	
5		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								
3		-	-	Complete Part II.)	a conege of universit	y owned		alled by a governme		
6					rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).		
7	Х		-	-			-		om the general public	
		-		(1)(A)(vi). (Compl		••	0		5	
8					b)(1)(A)(vi). (Complete	Part II.)				
9		An agricultura	I research or	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	l in conjunction with a	land-grant college	
		or university o	r a non-land-	grant college of ag	griculture (see instruct	ions). Ei	nter the i	name, city, and state o	f the college or	
		university:								
10		receipts from support from g	activities rela gross investm	ted to its exempt f rent income and u	ore than 331/3 % of its functions - subject to o nrelated business tax 975. See section 509	certain e able inco	xception	s, and (2) no more tha s section 511 tax) from	n 331/3% of its	
11		•	•		usively to test for publi	•				
12		-	-		-	-			carry out the purposes	
									ee section 509(a)(3).	
		_		-				-	nes 12e, 12f, and 12g.	
а				-	, supervised, or contr					
			-		regularly appoint or e		ajority of	the directors or truste	es of the	
h			-	-	te Part IV, Sections A		with ito	our ported or application	on(o) by boying	
b					ed or controlled in co organization vested in					
			-		, Sections A and C.		e persor		age the supported	
с		_ ~	()	•	ng organization opera	ted in co	onnectio	n with, and functional	llv integrated with.	
•					ns). You must comple				., integrated timi,	
d			•	. , .	porting organization o				ted organization(s)	
		that is not fu	inctionally inte	egrated. The organ	nization generally mus	t satisfy	a distrib	oution requirement and	d an attentiveness	
	_	_ requirement	(see instruct	ions). You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V.		
е		Check this b	oox if the orga	anization received	a written determinatio	n from tl	he IRS tl	nat it is a Type I, Type I	I, Type III	
			U .		ionally integrated sup		0	ion.		
f				-						
g			-		orted organization(s).	()				
	(I) N	ame of supported of	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see	
					above (see instructions))		ment?	instructions)	instructions)	
						Yes	No			
(A)										
(B)										
(C)										
(D)										
(E)										
Tota	ıl									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 9E1210 1.000 962860 F227

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,312,455.	5,639,635.	6,838,099.	13,004,102.	9,089,087.	39,883,378.			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.			
4	Total. Add lines 1 through 3	5,312,455.	5,639,635.	6,838,099.	13,004,102.	9,089,087.	39,883,378.			
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)						14,191,302.			
6	Public support. Subtract line 5 from line 4						25,692,076.			
	tion B. Total Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
7	Amounts from line 4	5,312,455.	5,639,635.	6,838,099.	13,004,102.	9,089,087.	39,883,378.			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	506,577.	648,596.	812,926.	1,001,525.	905,140.	3,874,764.			
9	Net income from unrelated business activities, whether or not the business is regularly carried on	1,915.	0.	0.	0.	0.	1,915.			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.			
11	Total support. Add lines 7 through 10						43,760,057.			
12	Gross receipts from related activities, etc. (s	ee instructions)				12	57,686,153.			
13	First five years. If the Form 990 is for organization, check this box and stop here.	<u></u>		d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)			
Sec	tion C. Computation of Public Sup	port Percenta	ge							
14	Public support percentage for 2019 (lin						58.71%			
15	Public support percentage from 2018						60.48 %			
16a	331/3% support test - 2019. If the org	ganization did n	ot check the box	x on line 13, an	d line 14 is 33	1/3 % or more, cl				
	box and stop here. The organization qu									
b	331/3% support test - 2018. If the org									
	this box and stop here. The organization			-						
17a	10%-facts-and-circumstances test - 2	-	•							
		10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in								
	Part VI how the organization meets the organization						▶□			
b	10%-facts-and-circumstances test - 2	2018. If the org	ganization did no	ot check a box	on line 13, 16	a, 16b, or 17a,	and line			
	15 is 10% or more, and if the orga									
	Explain in Part VI how the organization						· • 🗌			
18	Private foundation. If the organization									
	instructions						<u> 🟲 🖂</u>			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

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

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

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	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						
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						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is f	or the organiza	tion's first, seco	nd, third, fourth	, or fifth tax ye	ear as a section	501(c)(3)
	organization, check this box and $\ensuremath{\textbf{stop}}\xspace$ here			<u></u>		<u></u>	<u></u> ▶
Sec	tion C. Computation of Public Sup	port Percenta	ge				
15	Public support percentage for 2019 (line 8	, column (f), divid	led by line 13, colu	mn (f))		15	%
16	Public support percentage from 2018 Sche	edule A, Part III, lir	ne 15	<u></u>		16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))						
18	Investment income percentage from 2018	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2019. If the o	rganization did r	not check the bo	ox on line 14, a	nd line 15 is mo	ore than 331/3%	, and line
	17 is not more than 331/3%, check the	is box and sto	p here. The org	anization qualifie	s as a publicly	supported organi	ization . 🕨 📃
b	331/3% support tests - 2018. If the org	anization did not	check a box on	line 14 or line ?	19a, and line 16	is more than 33	1/3 %, and
	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization	did not check a	a box on line 1	4, 19a, or 19b,			
JSA	4.4.000				5	Schedule A (Form 9	90 or 990-EZ) 2019

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

90-0183119

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Schedule A (Form 990 or 990-EZ) 2019

	HEBREW SENIORLIFE INC. 90-016	2119		
-	Ile A (Form 990 or 990-EZ) 2019		F	Page 5
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations		Vaa	Na
			Yes	NO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	structi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	e instru	ctions)	
n	Activities Test Answer(2) and (b) below		Yes	No
2	Activities Test. Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If</i> "Yes," <i>explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b		

- Parent of Supported Organizations. Answer (a) and (b) below. 3 а Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
 - b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3a

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ization	S			
1 Check here if the organization satisfied the Integral Part Test as a qualifying	-		'		
instructions. All other Type III non-functionally integrated supporting organizations must complete Sections Section A - Adjusted Net Income (A) Prior Year					
1 Net short-term capital gain	1		(optional)		
2 Recoveries of prior-year distributions	2				
3 Other gross income (see instructions)	3				
4 Add lines 1 through 3.	4				
5 Depreciation and depletion	5				
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6				
7 Other expenses (see instructions)	7				
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):					
a Average monthly value of securities	1a				
b Average monthly cash balances	1b				
c Fair market value of other non-exempt-use assets	1c				
d Total (add lines 1a, 1b, and 1c)	1d				
e Discount claimed for blockage or other factors (explain in detail in Part VI):					
2 Acquisition indebtedness applicable to non-exempt-use assets	2				
3 Subtract line 2 from line 1d.	3				
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4				
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6 Multiply line 5 by .035.	6				
7 Recoveries of prior-year distributions	7				
8 Minimum Asset Amount (add line 7 to line 6)	8				
Section C - Distributable Amount			Current Year		
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2 Enter 85% of line 1.	2				
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4 Enter greater of line 2 or line 3.	4				
5 Income tax imposed in prior year	5				
6 Distributable Amount. Subtract line 5 from line 4, unless subject to					
emergency temporary reduction (see instructions).	6				

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990 or 990-EZ) 2019

Part	V Type III Non-Functionally Integrated 509(a)(3) ion D - Distributions	Supporting Organizat		Current Year
<u>Sect</u>	Amounts paid to supported organizations to accomplish ex			Current fear
2	Amounts paid to perform activity that directly furthers exer		od	
2	organizations, in excess of income from activity		eu	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets	ses of supported organi	24110115	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
•	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
_ C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
-	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
-	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>a</u>	Excess from 2015			
b	Excess from 2016			
<u>د</u>	Excess from 2017			
	Excess from 2018			
е	Excess from 2019			A (Form 990 or 990-EZ) 2

Schedule A (Form 990 or 990-EZ) 2019

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

If the organization anseved "ves," on Form 990, Part V, line 3, or Form 990-E2, Part V, line 46 (Political Campaign Activities), then Section 501(c) (other than section 501(c)(3) organizations: Complete Parts H. A and C. book complete Part H. B. Section 501(c)) organizations complete Part A orb, If the organizations answered "ves," on Form 990, Part V, line 4, or Form 990-E2, Part V, line 47 (Lobbying Activities), then Section 501(c)) organizations that have life form 5768 (decidon under section 501(f)): Complete Part H. D. Do not complete Part H.B. Section 501(c)) organizations that have life form 5768 (decidon under section 501(f)): Complete Part H.D. Do not complete Part H.B. Section 501(c)] organizations that have life form 5768 (decidon under section 501(f)): Complete Part H.D. Do not complete Part H.D. Section 501(c)] (d) (d), (d) or (d) complication: Complete Part H.D. Section 501(c)] (d) (d), (d) or (d) complete Part H.D. Do not complete Part H.D. Tay (see separate instructions) then organization is direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities (see instructions)	Department of the Treasury Internal Revenue Service	► Comple	ete if the organization is described be ► Go to www.irs.gov/Form990 for i		to Form 990 or Form 990-EZ. latest information.	Open to Public Inspection
Beschon 527 organizations: Complete Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Beschon 501(c)(3) organizations that have NOT line Form 5768 (decision under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT line Form 5768 (decision under section 501(h)): Complete Part II-B. Section 501(c)(3) organizations that have NOT line Form 5768 (decision under section 501(h)): Complete Part II-B. Section 501(c)(4) (d); organizations: Complete Part III. Mane of organization Employer Identification number 90-0183119 Part I-A Complete If the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization is exempt under section 501(c)(3). Part I-A. Complete II the organization is exempt under section 501(c)(3). Fort the amount of any excise tax incurred by organization under section 4955. S There the amount of any excise tax incurred by organization under section 4955. S There the amount of any excise tax incurred by organization under section 4955. S There the amount of any excise tax incurred by organization under section 4955. S There the amount of any excise tax incurred by organization under section 4955. S S There the amount of any excise tax incurred by organization under section 4955. S S There the amount of any excise tax incurred by organization solutor section 501(c)(3). Enter the amount of the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount of the filling organization is contributed to other organizations for section 527 organizations for section 501(c)(3). Enter the amount of the fil	-				46 (Political Campaign Activities)	, then
If the organization answerd "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part IV, line 4 (Lobbying Activities, Iten Section 501(c)(3) organizations that have INOT Filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-B. Section 501(c)(3) organizations that have INOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-B. Section 501(c)(4). (5), or (6) organizations: Complete Part III. Name of organization answerd "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions) or form 990-EZ, Part IV. Section 501(c)(4). (5), or (6) organizations: Complete Part III. Name of organization file organization is exempt under section 501(c) or is a section 527 organization. Part 1-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part 1-B Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any exciste tax incurred by the organization under section 4955 > \$ 2 Enter the amount of any exciste tax incurred by organization managers under section 501(c)(3). 1 Enter the amount of any exciste tax incurred by organization for section 527 exempt function activities. S 2 Enter the amount of the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount of the filing organization is exempt under section 527 organizations for section 527 exempt function activities. Add lines 1 and 2. Enter the amount of any excepted by the filing organization for section 527 policial organizations function activities as a segarate policial organization's funds. Also enter the amount of any expenditures. Add lines 1 and 2. Enter the amount of any expenditures. Add lines 1 and 2. Enter the amount of any expenditures. Add lines 1 and 2. Enter the amount of any expenditures. Add lines 1	 Section 501(c) (other 	er than section	n 501(c)(3)) organizations: Complete F	Parts I-A and C below.	Do not complete Part I-B.	
Secion 501(c)(3) organizations that have filed Form 5786 (election under section 501(h)): Complete Part II-B. On ot complete Part II-B. On some pilee Part II-B. On ot complete Part II-B. On ot complete Part II-B. On ot complete Part II-B. On other piles in the transmission of the section 501(h): Complete Part II-B. On the section 501(c) or is a section 527 organization. If Part V-B complete if the organization is exempt under section 501(c). Part I-B complete if the organization is exempt under section 501(c). Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount of any exise tax incurred by the organization number (EN) of all section 501(c)(3). Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount of the filing organization is contributed to other organizations for section 501(c)(3). Enter the amount of the filing organization is an advection 501(c), except section 501(c)(3). Enter the filing organization is exempt under section 501(c) all section 527 exempt function activities	 Section 527 organiz 	ations: Compl	ete Part I-A only.			
Section 501(c)(3) criganizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part IIA. If the organization nawwerd 'Ves,' on Form 990, Part IV, line 5 (Prox Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Prox Tax) (see separate instructions), then Section 501(c)(4), (6), or (6) organizations: Complete Part III. Name of organization PartLA Complete If the organization is exempt under section 501(c) or is a section 527 organization. PartLA Complete If the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization is exempt under section 501(c)(3). PartLA Complete If the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization managers under section 4955. S Volunteer hours for political campaign activities (see instructions) Ves wise tax incurred by the organization managers under section 4955. Ves Tax) (see exempt function activities (see instructions) Ves	If the organization answ	ered "Yes," o	on Form 990, Part IV, line 4, or Form	990-EZ, Part VI, line	47 (Lobbying Activities), then	
if the organization answered 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization Employer identification number 90-1133100 90-018311.9 Part IA Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization is exempt under section 501(c) (3). 2 Political campaign activities (see instructions). 3 Volunteer hours for political campaign activities (see instructions for definition of any excise tax incurred by the organization under section 4955. \$ 2 Enter the amount of any excise tax incurred by the organization under section 4955. \$ 4 Was a correction made? yes 9 If the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount of the filing organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount of the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities,	 Section 501(c)(3) or 	ganizations tl	hat have filed Form 5768 (election un	der section 501(h)): C	Complete Part II-A. Do not complet	e Part II-B.
Tax) (see separate instructions), then Section 501(c)(4), (5), (6) or organizations: Complete Part III. Name of organization Employer identification number 90-0183119 90-0183119 Part I-A Complete if the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of 'political campaign activities') Political campaign activities') Political campaign activity expenditures (see instructions) by structure the amount of any excise tax incurred by the organization under section 501(c)(3). Enter the amount of any excise tax incurred by type structure and the section 501(c), except section 501(c)(3). If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No b If "Yes," describe in Part IV. Part I-O Complete if the organization is exempt under section 501(c), except section 501(c)(3). If the amount directly expended by the filing organization for section 527 exempt function activities If the organization file Form 1120-POL (or this year? If the mount directly expended by the filing organization for section 527 exempt function activities	 Section 501(c)(3) or 	ganizations tl	hat have NOT filed Form 5768 (election	on under section 501(h)): Complete Part II-B. Do not co	mplete Part II-A.
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2 Political campaign activity expenditures (see instructions) >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>			•	olitical campaign a	activities in Part IV. (see instru	ictions for
3 Volunteer hours for political campaign activities (see instructions)						
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3 If the organization incurred a section 4955 tax, did if file Form 4720 for this year? Image: Construction made? Yes No 4a Was a correction made? Image: Construction made? Image: Construction made? Yes No Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Image: Construction made? Image: Construction						
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2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities						
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b	2 Enter the amount	of the filing	organization's funds contributed	to other organizat	ions for section	
4 Did the filing organization file Form 1120-POL for this year? Yes No 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount of political contributions received that were promptly and directly delivered to a separate political organization in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0 (e) Amount of political contributions received that were promptly and directly delivered to a separate political organization. Studies as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0 (e) Amount of political organization. If none, enter -0. (1)	3 Total exempt fur	nction exper	nditures. Add lines 1 and 2. Ente	er here and on F	orm 1120-POL,	
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Contributions contributions<	5 Enter the names, organization mad the amount of po	addresses a le payments plitical contr	and employer identification numb . For each organization listed, en ibutions received that were prom	er (EIN) of all sect ter the amount pa ptly and directly d	ion 527 political organizatio id from the filing organizatio lelivered to a separate politic	ns to which the filing on's funds. Also ente al organization, sucl
(2)	(a) Name		(b) Address	(c) EIN	filing organization's cor funds. If none, enter -0	ntributions received and promptly and directly elivered to a separate olitical organization. If
(3)	(1)					
(4)	(2)	_				
(5)	(3)					
(6)	(4)					
	(5)					
Ear Denerwark Deduction Act National and the Instructional for Farm 000 or 200 F7	(6)					
	For Donomically Destroy (n Ant Not!-	and the Instructions for From 000	000 57		(Form 000 000 FT) (01

Political Campaign and Lobbying Activities

Complete if the organization is described below.

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2019

SCHEDULE C

(Form 990 or 990-EZ)

Pa	art II-A Complete if the organizati section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (elec	tion under
Α		elongs to an affiliated group (and list in Part IV e and share of excess lobbying expenditures).	ach affiliated group meml	per's name,
В	Check ► if the filing organization ch	ecked box A and "limited control" provisions app	oly.	
		oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
	 Total lobbying expenditures to influence Total lobbying expenditures (add lines 1 Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1) 	a legislative body (direct lobbying) a and 1b) d lines 1c and 1d) ne amount from the following table in both		
	If the amount on line 1e, column (a) or (b) is	: The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
ç	Grassroots nontaxable amount (enter 2	5% of line 1f)		
ł	Subtract line 1g from line 1a. If zero or l	ess, enter -0-		
i	Subtract line 1f from line 1c. If zero or le	ess, enter -0-		
j	If there is an amount other than zero	on either line 1h or line 1i, did the organiza	tion file Form 4720	
		·		Yes No
		4-Year Averaging Period Under Section 501(h)		

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

See the separate	instructions for	lines za thro	ugn zr.)

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

Schedule C (Form 990 or 990-EZ) 2019

Schedule C	(Form	990 or	990-EZ	2019

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

For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a)		(b)	
	cription of the lobbying activity.	Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local				
	legislation, including any attempt to influence public opinion on a legislative matter or				
	referendum, through the use of:				
а	Volunteers?		X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.		X		
С	Media advertisements?		Х		
d	Mailings to members, legislators, or the public?		Х		
е	Publications, or published or broadcast statements?		Х		
f	Grants to other organizations for lobbying purposes?		Х		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Х		12,750	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
i	Other activities?		Х		
i	Total. Add lines 1c through 1i			12,750	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
b	If "Yes," enter the amount of any tax incurred under section 4912				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Pa	t III-A Complete if the organization is exempt under section $501(c)(A)$ section 501	(~)(5)	or e	ection	

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

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

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

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

Part IV Supplemental Information

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

LOBBY ACTIVITY EXPLANATION

PART II-B, LINE 1G.

HEBREW SENIORLIFE, INC. MAINTAINS MEMBERSHIPS WITH CERTAIN ASSOCIATIONS.

OF THE TOTAL DUES PAID, \$12,750 WAS USED FOR LOBBYING FOR ELDER CARE.

Part IV Supplemental Information (continued)

SCHEE	DULE	D
(Form	990)	

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.

20 19 Open to Public

OMB No. 1545-0047

Department of the Treasury			Attach to Form 990.				pen to F	
	nal Revenue Service	► Go to www.irs.gov		spectio	n			
Name	e of the organization				Employer i	identification I	number	
HEE	BREW SENIORLIE					0183119		
Ра	rt I Organiza	tions Maintaining Donor Adv	ised Funds or Other Sir	milar Funds o	r Accounts) .		
	Complete	e if the organization answered	"Yes" on Form 990, Par	rt IV, line 6.				
			(a) Donor advised	funds	(b) Fui	nds and othe	r account	S
1	Total number at e	nd of year						
2	Aggregate value of	of contributions to (during year)						
3	Aggregate value of	of grants from (during year) .						
4	Aggregate value a	at end of year						
5	Did the organizat	ion inform all donors and donor	advisors in writing that t	the assets held	in donor a	dvised		
	funds are the orga	anization's property, subject to the	e organization's exclusive le	egal control?		∟	Yes	No
6	Did the organizat	ion inform all grantees, donors, a	and donor advisors in writ	ing that grant f	unds can be	e used		
	only for charitable	e purposes and not for the bene	fit of the donor or donor a	advisor, or for a	any other pu	urpose	а с	
		nissible private benefit?	<u> </u>	<u></u>		<u></u>	Yes	No
Pa		tion Easements.						
		e if the organization answered						
1		servation easements held by the		1				
		n of land for public use (for example	e, recreation or education)	Preservation		• •		area
		of natural habitat		Preservation	of a certifie	d historic s	tructure	
_		n of open space						
2		through 2d if the organization h	eld a qualified conservatio	n contribution in				w Veer
		last day of the tax year.				d at the End	of the Ta	x tear
a		onservation easements			2a			
b	-	tricted by conservation easement			2b			
C		rvation easements on a certified			2c			
d		rvation easements included in (24			
~		isted in the National Register			2d		- 4 ¹ - 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-	
3		rvation easements modified, tra	nsterrea, released, extingi	uisnea, or term	inated by t	ne organiza	ation du	ring the
	tax year ▶	where property out is at to some	wation accoment is least					
4 5		where property subject to conse ation have a written policy reg			tion bondli			
5	•	forcement of the conservation ea		• •		-] Yes [No
6		hours devoted to monitoring, insp						
Ū		nours devoted to monitoring, map	ceang, nanoning of violation	s, and emotering	conservation	r easements	during t	ne year
7	Amount of expense	ses incurred in monitoring, inspec	ting handling of violations	and enforcing o	conservation	easements	durina t	he vear
•			ang, nananng or violationo,	and emeroning e		oucomond	, a a mig t	no you
8	Does each conser	vation easement reported on line	2(d) above satisfy the requi	rements of sect	ion 170(h)(4	(B)(i)		
-)(4)(B)(ii)?	• •		. , .] Yes [No
9	In Part XIII. descr	ibe how the organization reports	conservation easements i	n its revenue an	d expense s	tatement ar		
		d include, if applicable, the text of			•			;
	organization's acc	counting for conservation easeme	ents.					
Ра	rt 📗 🛛 Organiza	tions Maintaining Collections	of Art, Historical Treas	sures, or Othe	er Similar A	Assets.		
	Complete	e if the organization answered	"Yes" on Form 990, Par	rt IV, line 8.				
1a	If the organization	n elected, as permitted under FA	ASB ASC 958, not to repo	ort in its revenu	ue statemen	it and balar	nce shee	t works
	of art, historical	n elected, as permitted under FA treasures, or other similar asse Part XIII the text of the footnote	ts held for public exhibit	ion, education,	or researc	h in furthe	rance o	f public
b		n elected, as permitted under F						
b		sures, or other similar assets he						
		ing amounts relating to these ite						
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1				. ▶\$		
		ed in Form 990, Part X						
2		n received or held works of a					ain, prov	vide the
		s required to be reported under F						
а	Revenue included	on Form 990, Part VIII, line 1.						
b	Assets included in	Form 990, Part X				. ▶\$		

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

Schedule D (Form 990) 2019

UFBDEW GENTODITEE INC

90-0183119	9	0	-	0	1	8	3	1	1	9	
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		REW SENIORLIF	E INC.					90-018			•
(lule D (Form 990) 2019	• • • •				.	<u>.</u>				Page 2
	rt III Organizations Maintaini	-									
3	Using the organization's acquisitio		other recor	ds, check	k any of	the follow	ing that r	nake sigr	nificant	use c	of its
	collection items (check all that appl	y):		п.							
a	Public exhibition		d		or excha	nge progra	m				
b	Scholarly research		e	Other							
c	Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part										
4		lization's collections	s and expla	ain now 1	iney furt	ner the or	ganization	s exempt	t purpo	se in	Part
-	XIII.			Carl Line				L			
5	During the year, did the organizatio							_]
De	assets to be sold to raise funds rath		aineo as pa	int of the c	organiza	tion's collee			Yes		No
Fa	rt IV Escrow and Custodial A Complete if the organiza		on For	m 000 E		ino 0 or r	oported a	n amour	ot on E	orm	
	990, Part X, line 21.	uon answered re	S ON FON	m 990, F	Part IV, I	ine 9, 01 1	eponeu a	in amour		JIII	
10	Is the organization an agent, truste	a sustadian ar ath	or intermod	lion, for a	ontributi	one or othe	r accate pr	. +			
Ia	included on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in	Port VIII and com	alata tha fa	llowing tok		• • • • • •		• • • • L	165		
b	in res, explain the arrangement in			nowing tai	Jie.			Amount			
с	Beginning balance				-	10		Amount			
	Additions during the year					1c 1d					
e	Distributions during the year					1e					
f	Ending balance					1f					
	Did the organization include an am						account lia	ability?	Yes		No
	If "Yes," explain the arrangement in										
-	rt V Endowment Funds.			, planatori		in provided					
i ai	Complete if the organiza	tion answered "Ye	es" on For	m 990. F	Part IV. I	ine 10.					
		(a) Current year	(b) Prio			years back	(d) Three y	ears back	(e) Fou	r years	back
10	Beginning of year balance	38,593,348.		9,584.		37,762.		3,461.			348.
	Contributions	238,576.		6,209.		42,912.		4,657.			107.
	Net investment earnings, gains,										
С	and losses	1,964,511.	75	6,605.	1,3	50,065.	4,93	1,092.	2,	938,	873.
А	Grants or scholarships										
	Other expenditures for facilities										
C	and programs	1,006,309.	2,47	9,050.	1,2	61,155.	1,29	1,448.	1,	298,	867.
f	Administrative expenses										
	End of year balance	39,790,126.	38,59	3,348.	40,1	69,584.	38,33	7,762.	33,	653,	461.
2	Provide the estimated percentage	of the current year	end balanc	e (line 1a	column	(a)) held as					
a	Board designated or quasi-endowm	ent > 37.6600	%	e (inte 19,	oolanni		•				
b	Permanent endowment 45.7	200 %	_								
с	Term endowment ► 16.6200	%									
	The percentages on lines 2a, 2b, a	nd 2c should equal '	100%.								
3a	Are there endowment funds not in	the possession of th	ne organiza	ation that	are held	and admir	nistered for	the			
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		Х
	(ii) Related organizations								3a(ii)		Х
b	If "Yes" on line 3a(ii), are the relate	ed organizations liste	d as require	ed on Sch	edule R?	· · · · · ·			3b		
4	Describe in Part XIII the intended u		tion's endo	wment fur	nds.						
Pa	rt VI Land, Buildings, and Equ	ipment.	oo" on Foi	m 000	Dort IV/	lino 110 (Soo Eorm	000 Do	rt V lin	0 10	
	Complete if the organiza		other basis		or other bas		cumulated		III A, III D Book va		·
		(inves	tment)		ther)		eciation	,u			
1a	Land		54,600.						3,1	54,6	500.
b	Buildings				8,99		8,996.				
С	Leasehold improvements				753,18		53,180.				
d	Equipment				39,39		82,454.			56,9	
	Other				42,02		3,306.			38,7	
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Forr	n 990, Part	X, colum	n (B), line	ə 10c.)	<u> </u>		5,7	50,2	260.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019			Page
Part VII Investments - Other Securities. Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11b. See Form 990,	Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year marke	
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) PARTNERSHIPS	82,338,288.	FMV	
(B) DEFERRED COMPENSATION POOL	1,635,312.	FMV	
(C) PLANNED GIVING ANNUITY	743,031.	FMV	
(D) ISRAEL BOND	177,198.	FMV	
(E) WORKERS COMP COLLATERAL POOL	562,872.	FMV	
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	85,456,701.		
Part VIII Investments - Program Related. Complete if the organization answered	d "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 marke	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	d "Vaa" on Farm 000	Dort IV line 11d See Form 000	Dort V line 15
Complete if the organization answered		, Part IV, line 11d. See Form 990,	
	escription		(b) Book value 141,583,723
			15,964
(2) RECEIVABLE FROM DONOR ESTATE (3) LOAN RECEIVABLE			249,924
			217,721
<u>(4)</u> (5)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B)	line 15.)		141,849,611
Part X Other Liabilities.			, , -
Complete if the organization answered line 25.	d "Yes" on Form 990), Part IV, line 11e or 11f. See Form	n 990, Part X,
1. (a) Descrip	ption of liability		(b) Book value
(1) Federal income taxes	, . ,		(
(2) HSL DEV LIAB PLANNED GIVING ANNUIT	•		312,901
(3)			,
$\frac{(0)}{(4)}$			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.))		312,901
			,-01

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

HEBREW	SENIORLIFE	INC.
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Schedu	le D (Form 990) 2019		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	urn.	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	
Part	XIII Supplemental Information.		
Provid	le the descriptions required for Part II, lines 3, 5, and 9: Part III, lines 1a and 4: Part IV, lines 1b and 2b; F	Part V. line 4: Pa	art X. line

2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIII Supplemental Information (continued)

FORM 990, SCHEDULE D, PART V

USES OF ENDOWMENT FUNDS

ENDOWMENT AND QUASI-ENDOWMENT USES INCLUDE RESEARCH, EDUCATION AND CARE

OF RESIDENTS OF OUR VARIOUS FACILITIES.

FORM 990, SCHEDULE D, PART X, LINE 2

FIN 48/ASC 740

HEBREW SENIORLIFE, INC.'S FINANCIAL STATEMENTS DO NOT INCLUDE A FOOTNOTE

RELATED TO FIN 48/ASC 740.

SCHEDULE F	Statement of Activities Outside the United St	OMB No. 1545-0047				
(Form 990)	► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 1 ► Attach to Form 990.					
Department of the Treasury Internal Revenue Service	► Go to <i>www.irs.gov/Form990</i> for instructions and the latest information.	► Go to www.irs.gov/Form990 for instructions and the latest information.				
Name of the organization	Employer ide	identification number				
HEBREW SENIORLIF	HEBREW SENIORLIFE INC. 90-0					
Part I General Information on Activities Outside the United States. Complete if the organization answere Form 990, Part IV, line 14b.						
1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?						

- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) 3

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of	(f) Total expenditures for and investments in the region
(1) EUROPE	0.	0.	INVESTMENTS		5,010,589.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
<u>(10)</u>					
<u>(11)</u>					
<u>(12)</u>					
<u>(13)</u>					
<u>(14)</u>					
<u>(15)</u>					
<u>(</u> 16)					
<u>(</u> 17)					
3a Subtotalb Total from continuation sheets to Part I	ייין ייש ווייין				5,010,589.
c Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice, s)	s for Form 990		Schedul	5,010,589. e F (Form 990) 2019

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

(d) Purpose of

grant

(e) Amount of

cash grant

(f) Manner of

cash disbursement (g) Amount of

noncash

assistance

HEBREW SENIORLIFE INC.

(a) Name of

organization

Schedule	F	(Form	000)	2010
Schedule		(FOIII)	990)	2019

Part II

1

(1)

(2)

(3)

(4)

(5)

(6)

(7)

(8)

(9)

(10)

(11)

(12)

(13)

(14)

(15)

(16)

(b) IRS code

section and EIN (if applicable)

Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(c) Region

90-0183119

(h) Description

of noncash

assistance

Page 2 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,

(i) Method of

valuation (book, FMV,

appraisal, other)

Schedule F (Form 990) 2019

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
10)							
11)							
12)							
13)							
14) 15)							
15) 16)							
17)							
18)							

Schedu	le F (Form 990) 2019				Page 4
Part	IV Foreign Forms				
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)		Yes	X No	•
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)		Yes	X No)
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	X	Yes [No)
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	X	Yes	No)
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		Yes [X No)
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)		Yes [X No)

Schedule F (Form 990) 2019

Part V

Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G	Supplemental	OMB No. 1545-0047						
(Form 990 or 990-EZ)	Complete if t	9, or if the	2019					
Department of the Treasury		Attach	to Form 990	or Form 990	0-EZ.	Open to Public		
Internal Revenue Service	► G	io to www.irs.gov/Form	990 for instr	uctions and	the latest information		Inspection	
Name of the organization						Employer identificati	on number	
HEBREW SENIORLI						90-0183119		
	g Activities. Comp EZ filers are not re	•			Yes" on Form 99	90, Part IV, line 1	7.	
1 Indicate whether	the organization rais	sed funds through	any of the	following	activities. Check a	all that apply.		
a X Mail solicita	tions	e			non-government g			
	l email solicitations	f			government grant	S		
c X Phone solic		g	X Spec	cial fundra	ising events			
		r aral agraamant u	ith on in	مانية ماريما	aluding officers	ling atoms tructures		
2a Did the organiza or key employee	es listed in Form 990						Yes No	
	10 highest paid indi						fundraiser is to be	
compensated at	least \$5,000 by the	organization.		<i>,</i> .	-			
		1	1			1		
(i) Name and add or entity (fu		(ii) Activity	custody c	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No				
1								
2								
3								
4								
5								
5								
6								
7								
8								
9								
10								
Tatal								
Total 3 List all states in	which the organiza	tion is registered o	r licenser	to solicit	contributions or	has been notified	it is exempt from	
registration or lic								
0	0							

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1 6	rt II Fundraising Events. Comple- more than \$15,000 of fundra events with gross receipts gree	aising event contribut	ions and gross incom	e on Form 990-E2	
		(a) Event #1 ENGAGE	(b) Event #2 GOLF	(c) Other events	(d) Total events (add col. (a) through
ē		(event type)	(event type)	(total number)	col. (c))
Revenue	1 Gross receipts	594,012.	142,109.		736,121
Ř	2 Less: Contributions	466,576.	112,059.		578,635
	3 Gross income (line 1 minus line 2)	127,436.	30,050.		157,486
	4 Cash prizes		2,579.		2,579
	5 Noncash prizes	10,000.	2,103.		12,103
Expenses	6 Rent/facility costs	195,468.	21,175.		216,643
t Expe	7 Food and beverages	156,962.	13,160.		170,122
Direct	8 Entertainment	96,565.			96,565
	 9 Other direct expenses 10 Direct expense summary. Add lin 11 Net income summary. Subtract li 2 Parting Complete if the angle 	es 4 through 9 in colu ne 10 from line 3, colu	mn (d) umn (d)	<u> </u>	535,590 -378,104
Pa	10 Direct expense summary. Add lin	es 4 through 9 in colu ne 10 from line 3, colu anization answered " le 6a.	mn (d) Jmn (d) Yes" on Form 990, I (b) Pull tabs/instant	► Part IV, line 19, or	(d) Total gaming (add
Pa	 10 Direct expense summary. Add lin 11 Net income summary. Subtract li 13 Gaming. Complete if the org \$15,000 on Form 990-EZ, lin 	es 4 through 9 in colu ne 10 from line 3, colu anization answered "	mn (d) umn (d) Yes" on Form 990, I	<u> </u>	535,590 -378,104 • reported more than
Revenue A	 10 Direct expense summary. Add lin 11 Net income summary. Subtract li 11 Gaming. Complete if the org \$15,000 on Form 990-EZ, lin 1 Gross revenue 	es 4 through 9 in colu ne 10 from line 3, colu anization answered " e 6a. (a) Bingo	mn (d) Jmn (d) Yes" on Form 990, I (b) Pull tabs/instant	► Part IV, line 19, or	535,590 -378,104 • reported more than (d) Total gaming (add
Revenue A	 10 Direct expense summary. Add lin 11 Net income summary. Subtract li 1 Gaming. Complete if the org \$15,000 on Form 990-EZ, lin 1 Gross revenue 2 Cash prizes 	es 4 through 9 in colu ne 10 from line 3, colu anization answered " le 6a. (a) Bingo	mn (d) Jmn (d) Yes" on Form 990, I (b) Pull tabs/instant	► Part IV, line 19, or	535,590 -378,104 • reported more than (d) Total gaming (add
Revenue A	 10 Direct expense summary. Add lin 11 Net income summary. Subtract li Gaming. Complete if the org \$15,000 on Form 990-EZ, lin 1 Gross revenue 2 Cash prizes 3 Noncash prizes 	es 4 through 9 in colu ne 10 from line 3, colu anization answered " e 6a. (a) Bingo	mn (d) Jmn (d) Yes" on Form 990, I (b) Pull tabs/instant	► Part IV, line 19, or	535,590 -378,104 • reported more than (d) Total gaming (add
Revenue A	 10 Direct expense summary. Add lin 11 Net income summary. Subtract li 1 Gaming. Complete if the org \$15,000 on Form 990-EZ, lin 1 Gross revenue 2 Cash prizes 	es 4 through 9 in colu ne 10 from line 3, colu anization answered " e 6a. (a) Bingo	mn (d) Jmn (d) Yes" on Form 990, I (b) Pull tabs/instant	► Part IV, line 19, or	535,590 -378,104 • reported more than (d) Total gaming (add
Pa	 10 Direct expense summary. Add lin 11 Net income summary. Subtract li Gaming. Complete if the org \$15,000 on Form 990-EZ, lin 1 Gross revenue 2 Cash prizes 3 Noncash prizes 	es 4 through 9 in colu ne 10 from line 3, colu anization answered " e 6a. (a) Bingo	mn (d) umn (d) Yes" on Form 990, I (b) Pull tabs/instant bingo/progressive bingo	Part IV, line 19, or (c) Other gaming	535,590 -378,104 reported more than (d) Total gaming (add col. (a) through col. (c))
Revenue A	 Direct expense summary. Add lin Net income summary. Subtract li Gaming. Complete if the org \$15,000 on Form 990-EZ, lin Gross revenue Cash prizes Noncash prizes Rent/facility costs 	es 4 through 9 in colu ne 10 from line 3, colu anization answered " e 6a. (a) ^{Bingo}	mn (d) umn (d) Yes" on Form 990, I (b) Pull tabs/instant bingo/progressive bingo	Part IV, line 19, or (c) Other gaming	535,590 -378,104 reported more than (d) Total gaming (add col. (a) through col. (c))
Revenue A	 Direct expense summary. Add lin Net income summary. Subtract li Gaming. Complete if the org \$15,000 on Form 990-EZ, lin Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses 	es 4 through 9 in colu ne 10 from line 3, colu anization answered " le 6a. (a) Bingo	mn (d) umn (d) Yes" on Form 990, I (b) Pull tabs/instant bingo/progressive bingo	► Part IV, line 19, or (c) Other gaming	535,590 -378,104 reported more than (d) Total gaming (add col. (a) through col. (c))
Revenue A	 10 Direct expense summary. Add lin 11 Net income summary. Subtract li Gaming. Complete if the org \$15,000 on Form 990-EZ, lin 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 	es 4 through 9 in colu ne 10 from line 3, colu anization answered " e 6a. (a) Bingo (a) Bingo Yes % No es 2 through 5 in colu	mn (d) yes" on Form 990, I (b) Pull tabs/instant bingo/progressive bingo Yes% No% mn (d)	► Part IV, line 19, or (c) Other gaming	535,590 -378,104 reported more than (d) Total gaming (add col. (a) through col. (c))

Schedule G (Form 990 or 990-EZ) 2019

HEBREW	SENIORLIFE	INC.
--------	------------	------

	HEDREW BENICKEIPE INC.	JO 010		
Sched	ule G (Form 990 or 990-EZ) 2019			Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other ent			
	formed to administer charitable gaming?	-	Yes	No
13	Indicate the percentage of gaming activity conducted in:			
a	The organization's facility	13a		%
b	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events boo			/0
	records:	No and		
	Nama			
	Name ▶			
	Address ►			
45 -	Describe consideration have a contract with a third next, from whom the consideration reaction			
15 a	Does the organization have a contract with a third party from whom the organization receives			
	revenue?	••••	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$	and the		
	amount of gaming revenue retained by the third party ► \$			
С	If "Yes," enter name and address of the third party:			
	Name ►			
	Address ►			
4.0				
16	Gaming manager information:			
	Name			
	Gaming manager compensation ► \$			
	Description of services provided ►			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming pr			
	retain the state gaming license?		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt org	anizations	i	
	or spent in the organization's own exempt activities during the tax year 🕨 \$			
Part				
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional statement of the second sec	onal infor	mation	
	(see instructions).			
				_

			Assistance t			L	OMB No. 1545-0047
(Form 990) Go		2019					
Comp	lete if the or	-	wered "Yes" on F		, line 21 or 22.		Open to Public
Department of the Treasury	N 0 - 4		ttach to Form 990				Open to Public Inspection
Internal Revenue Service	► G0 1	to www.irs.gov	/Form990 for the I	atest information	l.	Employer identifie	
Name of the organization						Employer identific	
HEBREW SENIORLIFE INC. Part General Information on Grants and	Accietana					90-01831	.19
						• • •	
1 Does the organization maintain records to su			-	-			X Yes No
the selection criteria used to award the grants2 Describe in Part IV the organization's proced							
Part II Grants and Other Assistance to De		-					Yes" on Form 990,
Part IV, line 21, for any recipient th	at received	more than \$5	,000. Part II can b	be duplicated if a	additional space is I	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 non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
_(1)	-						
(2)	-						
(3)	-						
(4)							
(5)	-						
(6)	-						
(7)	-						
(8)							
(9)	-						
(10)	-						
(11)	-						
(12)	-						
 2 Enter total number of section 501(c)(3) and g 3 Enter total number of other organizations list For Paperwork Reduction Act Notice, see the Instruction 	ed in the line	1 table				<u></u>	chedule I (Form 990) (2019)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	40.	99,542.		FMV	
3					
4					
5					
6					
7					
7 Part IV Supplemental Information. Provide information.	the information re	equired in Part I,	line 2, Part III, o	column (b); and any o	ther additional

FORM 990, SCHEDULE I

DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS

HEBREW SENIORLIFE, INC. ONLY MAKES GRANTS TO RELATED 501(C)(3)

ORGANIZATIONS. THESE GRANTS ARE SCHOLARSHIPS PROVIDED TO SUPPORT NURSING

EDUCATION. APPLICATIONS ARE REVIEWED BY THE BOARD COMMITTEE AND STAFF

PRIOR TO AWARD. AWARDS ARE PAID DIRECTLY TO THE EDUCATIONAL INSTITUTION

ON BEHALF OF THE STUDENT.

Schedule I (Form 990) (2019)

	DULE J	•	sation Information	0	MB No.	1545-0	047		
(Form	990)		ctors, Trustees, Key Employees, and Highest mpensated Employees		20	19			
		Complete if the organization answered "Yes" on Form 990, Part IV, line 23.					lic		
	ent of the Treasury evenue Service		Attach to Form 990. 990 for instructions and the latest information.		Open to Public Inspection				
	the organization			Employer identification					
HEBRI	EW SENIORI	LIFE INC.		90-0183119					
Part I	Question	s Regarding Compensation	·						
						Yes	No		
			ovided any of the following to or for a perso						
ç	990, Part VII,	Section A, line 1a. Complete Part III to p	provide any relevant information regarding	these items.					
	First-cla	ss or charter travel	X Housing allowance or residence for	personal use					
	Travel fo	or companions	Payments for business use of persor	al residence					
	X Tax inde	mnification and gross-up payments	Health or social club dues or initiatio	n fees					
	Discretio	onary spending account	Personal services (such as maid, cha	uffeur, chef)					
0	or reimburse	ment or provision of all of the ex	e organization follow a written policy re penses described above? If "No," com	plete Part III to					
e	explain				1b	X			
	•		to reimbursing or allowing expenses	•					
			D/Executive Director, regarding the items	checked on line		v			
					2	X			
			on used to establish the compensation of t						
			at apply. Do not check any boxes for method e CEO/Executive Director, but explain in Pa						
ſ	ĭ	•		ar m.					
-		sation committee	X Written employment contract X Compensation survey or study						
-		dent compensation consultant 00 of other organizations	X Approval by the board or compensation	tion committee					
L		-							
			Part VII, Section A, line 1a, with respect to	the filing					
	•	or a related organization:	ayment?		4a		X		
			ntal nonqualified retirement plan?		4a 4b	x			
			used compensation arrangement?		40 4c		X		
	-		rovide the applicable amounts for each ite		40				
I		y of lines 4a-c, list the persons and pr	ovide the applicable amounts for each the	sin in Fait III.					
	Only section	501(c)(3) $501(c)(4)$ and $501(c)(29)$ or	ganizations must complete lines 5-9.						
	-		on A, line 1a, did the organization pay	or accrue any					
	-	contingent on the revenues of:		, of accide any					
		5			5a	Х			
					5b		X		
	-	e 5a or 5b, describe in Part III.							
			on A, line 1a, did the organization pay	y or accrue any					
		n contingent on the net earnings of:							
					6a	Х			
					6b		Х		
	-	e 6a or 6b, describe in Part III.							
7 F	For persons	listed on Form 990, Part VII, Sectio	n A, line 1a, did the organization provi	de any nonfixed					
			escribe in Part III		7	X			
8 \	Were any am	ounts reported on Form 990, Part VII,	paid or accrued pursuant to a contract tha	t was subject					
t	to the initial	contract exception described in I	Regulations section 53.4958-4(a)(3)? If	"Yes," describe					
					8		X		
			low the rebuttable presumption procede						
			<u></u>		9				
For Pap	perwork Reduc	tion Act Notice, see the Instructions for Fo	orm 990.	Schedu	ule J (Fo	orm 990	0) 2019		

Schedule J (Form 990) 2019

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 o	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	ontaxable (E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
LOUIS J WOOLF	(i)	647,510.	452,582.	0.	24,300.	77,780.	1,202,172.	0.
1 PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
JAMES D HART	(i)	331,483.	59,466.	396.	5,300.	60,078.	456,723.	0.
2 ^{CFO}	(ii)	0.	0.	0.	0.	0.	0.	0.
KATELYN QUYNN	(i)	349,128.	31,500.	396.	24,300.	48,346.	453,670.	0.
CHIEF DEV OFF & VP BOARD REL.	(ii)	0.	0.	0.	0.	0.	0.	0.
ERIC ROGERS	(i)	224,023.	21,617.	90.	4,760.	52,758.	303,248.	0.
4 ^{CIO}	(ii)	0.	0.	0.	0.	0.	0.	0.
KIMBERLY BROOKS	(i)	279,709.	50,000.	90.	5,300.	48,411.	383,510.	0.
CHIEF OP. OFFICER, SEN LIVING	(ii)	0.	0.	0.	0.	0.	0.	0.
RACHEL WHITEHOUSE	(i)	236,195.	23,450.	258.	5,066.	59,672.	324,641.	0.
6 CHIEF COMM. & PLAN. OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
RACHEL LERNER	(i)	165,178.	0.	42.	3,423.	33,677.	202,320.	0.
$7^{\text{GEN. COUNSEL & CHIEF COMP OFF}}$	(ii)	0.	0.	0.	0.	0.	0.	0.
DEBORAH L LEMMERMAN	(i)	242,992.	27,032.	396.	4,964.	56,762.	332,146.	0.
8 CHIEF PEOPLE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
MARY MOSCATO	(i)	0.	0.	0.	0.	0.	0.	0.
9 ^{PRES, HSL HEALTH CARE SVC AND}	(ii)	354,106.	60,225.	396.	5,300.	56,983.	477,010.	0.
HELEN CHEN	(i)	0.	0.	0.	0.	0.	0.	0.
10 ^{CHIEF MEDICAL OFFICER}	(ii)	337,492.	39,014.	258.	5,300.	41,092.	423,156.	0.
TAMMY BARKYOUMB RETALIC	(i)	0.	0.	0.	0.	0.	0.	0.
11 ^{CHIEF NURSING OFF & VP PCS}	(ii)	246,589.	32,500.	138.	5,016.	55,612.	339,855.	0.
LEWIS LIPSITZ	(i)	0.	0.	0.	0.	0.	0.	0.
12 ^{DIR, HMIFAR & CHIEF ACAD. OFF}	(ii)	346,548.	0.	184.	24,300.	69,342.	440,374.	0.
SARAH L SYKORA	(i)	203,136.	33,116.	60.	3,489.	55,711.	295,512.	0.
13 ^{EXEC DIR, MARKETING & SALES}	(ii)	0.	0.	0.	0.	0.	0.	0.
TERESA LISEK	(i)	193,065.	10,201.	60.	4,280.	46,278.	253,884.	0.
14 ^{DIRECTOR OF DEVELOPMENT}	(ii)	0.	0.	0.	0.	0.	0.	0.
MARSHA T. SLOTNICK	(i)	97,107.	88,869.	0.	1,699.	25,000.	212,675.	0.
15 ^{SENIOR MAJOR GIFTS OFFICER}	(ii)	0.	0.	0.	0.	0.	0.	0.
CARMINE BRUNO	(i)	159,774.	0.	396.	1,661.	36,310.	198,141.	0.
16 ^{CORPORATE DIR OF FACILITIES}	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

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.

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
STACEY R WEINBAUM	(i)	146,899.	7,536.	138.	3,206.	36,940.	194,719.	
EXEC DIR, BOARD REL & EVENTS	(ii)	0.	0.	0.	0.	0.	0.	0
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i) (ii)							
11	(i)							
40	(ii)							
12	(i)							
13	(ii)							
15	(i)							
14	(ii)							
17	(i)							
15	(ii)							
	(i)							
16	(ii)							

Page 3

Schedule J (Form 990) 2019

Part ||| Supplemental Information

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

SUPPLEMENTAL COMPENSATION INFORMATION

SCHEDULE J, PART I, LINE 1A

LOUIS WOOLF, CURRENT CEO, RECEIVED A HOUSING ALLOWANCE PROVIDED BY HEBREW

SENIORLIFE. IT IS TREATED AS A TAXABLE ITEM, REPORTED AS WAGES PER HIS

FORM W-2. MR. WOOLF'S OTHER REPORTABLE COMPENSATION INCLUDES THE

FOLLOWING ITEM WITH GROSS UP: DISABILITY INSURANCE PREMIUMS.

FORM 990, SCHEDULE J, PART I, LINE 4B

LOUIS WOOLF, PRESIDENT AND CEO, KATELY QUYNN, CHIEF DEVELOPMENT OFFICER & VP OF BOARD RELATIONS, AND LEWIS LIPSITZ, DIRECTOR, HMIFAR & CHIEF ACADEMIC OFFICER PARTICIPATED IN A 457(F) SUPPLEMENTAL RETIREMENT PLAN THAT INCLUDED \$19,500 OF EMPLOYER CONTRIBUTION DURING THE YEAR. THIS AMOUNT IS INCLUDED IN THE DEFERRED COMPENSATION SECTION SHOWING IN PART VII.

FORM 990, SCHEDULE J, PART I, LINES 5A, 6A, & 7 EACH YEAR, HSL WITHHOLDS A PORTION OF ITS SENIOR LEADERSHIP'S BUDGET FOR COMPENSATION TO CREATE AN "AT RISK" BONUS, WHICH IS THEN PAID, ON AN

INCENTIVE BASIS, TO ITS SENIOR LEADERSHIP WHEN TARGET GOALS ARE REACHED.

Page 3

Schedule J (Form 990) 2019

Part III Supplemental Information

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

BEFORE ANY BONUS IS PAID OUT UNDER THIS ARRANGEMENT, HSL'S COMPENSATION

COMMITTEE REVIEWS THE FINANCIAL POSITION OF THE ORGANIZATION, INCLUDING

THE ORGANIZATION'S GROSS AND NET EARNINGS, AND, IF FEASIBLE, WILL APPROVE

BONUSES TO ELIGIBLE SENIOR LEADERSHIP. BONUSES ARE BUDGETED EACH YEAR AS

PERCENTAGE OF THE ELIGIBLE EMPLOYEE'S BASE WAGES. THE PERCENTAGES PAYABLE

RANGE FROM 5 TO 15 PERCENT. THE FOLLOWING EMPLOYEES RECEIVED BONUSES PAID

OUT UNDER HSL'S BONUS ARRANGEMENT IN 2019.

LOUIS J WC	OLF	Ş	452,	582
------------	-----	---	------	-----

- JAMES D HART \$ 59,466
- KATELYN QUYNN \$ 31,500
- ERIC ROGERS \$ 21,617
- KIMBERLY BROOKS \$ 50,000
- RACHEL WHITEHOUSE \$ 23,450
- DEBORAH LEMMERMAN \$ 27,032

THE AMOUNT IS INCLUDED IN BONUS & INCENTIVE COMPENSATION REPORTED ON

SCHEDULE J, PART II, COLUMN (B)(II).

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

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

20 19 Open to Public Inspection

Name of the organization

Employer identification number 90-0183119

Part I	Types of Prop	perty
HEBREW	SENIORLIFE	INC

(a) Check if applicable (b) Number of contribution and provide reported on promotion reported on promotion reported on property reported	Par	Types of Property							
2 Art - Historical reasures			Check if	Number of contributions or	Noncash contribution amounts reported on		f deterr		
2 Art - Historical reasures	1	Art - Works of art					-		
3 Art - Fractional interests	2						-		
4 Books and publications	3								
goods	4								
goods	5	Clothing and household							
6 Cars and other whicks,,,,,,,, .		-							
8 Intellectual property	6								
8 Intellectual property	7	Boats and planes							
9 Securities - Publicly traded ,	8								
11 Securities - Partnership, LLC, or trust Interests	9			16.	281,529.	FMV			
or trust interests	10	Securities - Closely held stock							
12 Securities - Miscellaneous	11	Securities - Partnership, LLC,							
13 Qualified conservation contribution - Historic structures		or trust interests							
contribution - Historic structures	12	Securities - Miscellaneous							
structures	13	Qualified conservation							
14 Qualified conservation contribution - Other		contribution - Historic							
contribution - Other,		structures							
15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Other 17 Real estate - Other 18 Collectibles 19 Food inventory 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ▶(26 Other ▶(27 Other ▶(28 Other ▶(29 Version 30a X bit "Yes," describe in Part II. 31 Max 32a X bit "Yes," describe in Part II. 31 If Yes," describe in Part II.	14								
16 Real estate - Commercial									
17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ►(26 Other ►(27 Other ►(28 Other ►(29 Yes 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 310 During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 311 X 322 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 323 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 324 X 325 Other P(I)	15					L			
18 Collectibles	-					l			
19 Food inventory						l			
20 Drugs and medical supplies	-								
21 Taxidermy	-								
22 Historical artifacts						<u> </u>			
23 Scientific specimens		Taxidermy							
24 Archeological artifacts									
25 Other ▶()									
26 Other ▶()		-							
27 Other ▶()		Other ►()							
 28 Other ▶() 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	-	Other ►()							
 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement									
 which the organization completed Form 8283, Part IV, Donee Acknowledgement			by the org	anization during the tax w	or for contributions for				
Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a X b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a X b If "Yes," describe in Part II. 32a X a If "Yes," describe in Part II. 32a X a If "Yes," describe in Part II. 32a X	29					29			
 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		which the organization completed i	0111 0203,	Fait IV, Donee Acknowledg				Yes	No
 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 	30a	During the year did the organizat	ion receive	by contribution any prope	rty reported in Part I line	s 1 through			
to be used for exempt purposes for the entire holding period? 30a X b If "Yes," describe the arrangement in Part II. Image: Contribution of the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X 32a Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a X b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Image: Contribution of the column (a) is checked,						-			
 b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 							30a		Х
 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	b								
contributions? 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a X b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Image: Contribution of the organization of the				ance policy that require	s the review of any	nonstandard			
 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 		-			-		31	Х	
contributions? 32a X b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Image: Column (a) is checked,	32a								
 b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 		•	•	•	•		32a		Х
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,	b			· · · · ·					
			amount in c	olumn (c) for a type of pro	perty for which column (a)	is checked,			
		-							

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

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Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES (CONT'D) FORM 990, PART 1, LINE 1 RECOGNIZING THAT THEY ARE A RESOURCE TO BE CHERISHED. AS PART OF OUR MISSION, WE ACCEPT SPECIAL RESPONSIBILITY FOR THE FRAILEST AND NEEDIEST MEMBERS OF OUR COMMUNITY WHO ARE MOST DEPENDENT ON OUR CARE.

HEBREW SENIORLIFE, INC. EMPOWERS SENIORS TO LIVE THEIR HEALTHIEST, MOST FULFILLING LIVES BY:

- PROVIDING A COMPLETE AND INTEGRATED SPECTRUM OF THE HIGHEST QUALITY HEALTH-CARE AND HOUSING FACILITIES AND SERVICES FOR SENIORS.

- CONDUCTING MEDICAL AND SOCIAL GERONTOLOGICAL RESEARCH TO IMPROVE SENIORS' HEALTH AND QUALITY OF LIFE.

- TEACHING FUTURE GENERATIONS OF HEALTH-CARE PROFESSIONALS.

- ADVOCATING FOR POLICIES AND PROGRAMS THAT BENEFIT SENIORS AND THEIR FAMILIES.

- PROVIDING NATIONAL AND INTERNATIONAL LEADERSHIP IN THE FIELDS OF SENIOR HEALTH CARE, HOUSING, RESEARCH AND TEACHING.

- RAISING STANDARDS IN SENIOR HEALTH AND HOUSING THROUGH INNOVATION AND LEADERSHIP AT THE LOCAL, STATE, NATIONAL AND INTERNATIONAL LEVELS.

ORGANIZATION'S MISSION (CONT'D) FORM 990, PART III, LINE 1

RESOURCE TO BE CHERISHED. AS PART OF OUR MISSION, WE ACCEPT SPECIAL

RESPONSIBILITY FOR THE FRAILEST AND NEEDIEST MEMBERS OF OUR COMMUNITY WHO ARE MOST DEPENDENT ON OUR CARE.

PROGRAM SERVICE DESCRIPTION (CONT'D)

FORM 990, PART III, LINE 4A

1. HEALTH CARE: HSL PROVIDES A WIDE RANGE OF HEALTH CARE SERVICES FROM PRIMARY AND SPECIALTY CARE TO OUTPATIENT AND REHAB CARE TO HOME CARE, LONG-TERM CARE AND HOSPICE. OUR HOSPICE PROGRAM, THE FIRST JEWISH FAITH-BASED HOSPICE IN MASSACHUSETTS, COMPRISES MORE THAN 70 RABBIS AND CANTORS SERVING THE BOSTON AREA. NEW SPECIALTY PROGRAMS INCLUDE HSL'S CENTER FOR MEMORY HEALTH AND OUR CENTER FOR THE PREVENTION OF ELDER ABUSE AND NEGLECT.

2. SENIOR LIVING: MORE THAN 95 PERCENT OF THE SENIORS LIVING IN HSL'S SUBSIDIZED HOUSING COMMUNITIES IN BROOKLINE, RANDOLPH, AND REVERE ARE MEDICAID DEPENDENT. IN 2016, HSL RECEIVED A GRANT FROM THE MASSACHUSETTS HEALTH POLICY COMMISSION TO IMPLEMENT AND TEST OUR UNIQUE SUPPORTIVE HOUSING MODEL IN OUR SENIOR LIVING COMMUNITIES AND BEYOND.

3. RESEARCH: THE HINDA AND ARTHUR MARCUS INSTITUTE FOR AGING RESEARCH, HSL'S RESEARCH ARM, IS ONE OF THE LARGEST GERONTOLOGICAL RESEARCH FACILITIES IN THE UNITED STATES. DOZENS OF INTERVENTIONS DEVELOPED AT THE MARCUS INSTITUTE HAVE BECOME STANDARD CARE FOR SENIORS. THE MARCUS INSTITUTE RANKS IN THE TOP 15 PERCENT OF NATIONAL INSTITUTES OF HEALTH GRANT RECIPIENTS, WITH MORE THAN \$60 MILLION OF NIH AND NIA FUNDING. THE MARCUS INSTITUTE TRAINS FUTURE GERIATRICIANS AND GERONTOLOGICAL

Page 2

RESEARCHERS THROUGH THE HARVARD MULTI-CAMPUS GERIATRIC MEDICINE FELLOWSHIP - THE LARGEST GERIATRIC FELLOWSHIP PROGRAM IN THE UNITED STATES.

HEBREW SENIORLIFE HAS BEEN RECOGNIZED BY THE BOSTON GLOBE AS ONE OF BOSTON'S TOP PLACES TO WORK FOR THE PAST TWO YEARS.

DESCRIPTION OF CLASSES OR MEMBERS OR STOCKHOLDERS FORM 990, PART VI, QUESTION 6 HEBREW SENIORLIFE, INC. IS A MASSACHUSETTS CHARITABLE MEMBERSHIP CORPORATION. ITS MEMBERS ARE THE BOARD OF DIRECTORS.

DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS FORM 990, PART VI, QUESTION 7A

FROM THE BYLAWS OF HEBREW SENIORLIFE, INC.: SECTION 1 - AUTHORITY. THE BOARD OF DIRECTORS SHALL BE THE ULTIMATE GOVERNING AUTHORITY OF THE CORPORATION, SHALL SUPERVISE, DIRECT AND GOVERN ITS BUSINESS AND AFFAIRS, AND SHALL HAVE AND EXERCISE ALL THE POWERS AND AUTHORITY OF THE CORPORATION, EXCEPT ONLY AND TO THE EXTENT THAT POWERS AND AUTHORITY ARE VESTED IN THE SEVERAL OFFICERS OR IN THE TRUSTEES, AS PROVIDED IN THESE BYLAWS OR AS OTHERWISE REQUIRED BY LAW.

PROCESS USED BY MGMT &/OR GOVERNING BODY TO REVIEW 990 PREPARATION OF THE FORM 990 BEGINS INTERNALLY WITH HEBREW SENIORLIFE STAFF AND ERNST & YOUNG PREPARING THE FORM WITH INPUT PROVIDED BY HEBREW SENIORLIFE. ALL FORMS 990 AND 990T OF THE AFFILIATES OF HEBREW SENIORLIFE, INC. (HSL IS THE SOLE CORPORATE MEMBER OF EACH AFFILIATE) WILL BE REVIEWED PRIOR TO FILING BY THE AUDIT COMMITTEE OF HEBREW SENIORLIFE, INC. SUBSEQUENT TO SUCH REVIEW, AND PRIOR TO FILING, COPIES WILL BE PROVIDED TO THE APPROPRIATE GOVERNING BOARD OF DIRECTORS FOR EACH AFFILIATE. THE GOVERNING BOARDS WILL HAVE 5 DAYS TIME IN WHICH TO VIEW THE FULL RETURNS PRIOR TO THEIR FILING.

PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST FORM 990, PART VI, QUESTION 12C THE BOARD OF HEBREW SENIORLIFE, INC. VOTED TO ADOPT THE HEBREW SENIORLIFE, INC. CONFLICT OF INTEREST POLICY.

MONITORING AND DEALING WITH POTENTIAL OR ACTUAL CONFLICTS INDIVIDUALS COVERED UNDER THE CONFLICT OF INTEREST POLICY HAVE AN AFFIRMATIVE DUTY TO DISCLOSE THE EXISTENCE OR POSSIBILITY OF A CONFLICT OF INTEREST AND SHALL BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE HEBREW SENIORLIFE CONFLICTS COMMITTEE. THE ORGANIZATION'S CONFLICT OF INTEREST POLICY PROVIDES THAT ANNUALLY, EACH COVERED PERSON SHALL SIGN A STATEMENT AFFIRMING THAT SUCH PERSON RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, READ AND UNDERSTANDS THE POLICY AND AGREES TO COMPLY WITH THE POLICY. THE SIGNED STATEMENT AFFIRMS THAT THE PERSON UNDERSTANDS HEBREW SENIORLIFE, INC. IS A CHARITABLE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS TAX-EXEMPT STATUS, HEBREW SENIORLIFE, INC. MUST ENGAGE IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

WHO IS COVERED

THE CONFLICT OF INTEREST POLICY COVERS ALL DIRECTORS, OFFICERS, MEMBERS OF COMMITTEES WITH BOARD DELEGATED POWERS, PERSONS SERVING IN SENIOR STAFF POSITIONS OUTLINED IN AN EXHIBIT ATTACHED TO THE CONFLICT OF INTEREST POLICY, AND ANY OTHER PERSON WHO IS IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER THE AFFAIRS OF ANY OF THE ORGANIZATION OR ANY OF ITS AFFILIATES.

LEVEL AT WHICH DETERMINATIONS OF CONFLICT ARE MADE AND WHICH ACTUAL

CONFLICTS ARE REVIEWED

THE HEBREW SENIORLIFE CONFLICTS COMMITTEE IS RESPONSIBLE FOR DETERMINING IF A CONFLICT OF INTEREST EXISTS AND EVALUATING WHETHER THE ORGANIZATION CAN OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A TRANSACTION THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. THE CONFLICTS COMMITTEE REPORTS ITS FINDINGS TO THE BOARD OF DIRECTORS WHO ARE RESPONSIBLE FOR MAKING A FINAL DETERMINATION ON THE CONFLICT.

RESTRICTIONS ON CONFLICTED PERSONS

ALL COVERED PERSONS ARE RESTRICTED FROM ENTERING INTO A TRANSACTION WITHOUT DISCLOSING THE ACTUAL OR POTENTIAL CONFLICT TO THE HEBREW SENIORLIFE CONFLICT COMMITTEE AND OBTAINING APPROVAL OF THE BOARD OF DIRECTORS. COVERED PERSONS WITH A CONFLICT MUST LEAVE THE ROOM WHEN TRANSACTIONS GIVING RISE TO THE CONFLICT ARE UNDER DISCUSSION BY THE BOARD OF DIRECTORS.

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FORM 990, PART VI, QUESTION 15A AND 15B PROCESS FOR DETERMINING COMPENSATION FOR OFFICERS AND KEY EXECUTIVES THE COMPENSATION COMMITTEE OF THE HEBREW SENIORLIFE, INC. BOARD, WITH THE ASSISTANCE OF DATA PROVIDED BY AN INDEPENDENT, EXPERT CONSULTANT, HAS REVIEWED THE PRESIDENT/CEO'S TOTAL COMPENSATION AND THE COMPENSATION OF ALL OFFICERS AND KEY EMPLOYEES AS WELL AS HIGHLY COMPENSATED EMPLOYEES (>\$150,000) OF HEBREW SENIORLIFE, INC. AND ITS AFFILIATES. THE FULL HEBREW SENIORLIFE, INC. BOARD FURTHER REVIEWED AND APPROVED THE COMPENSATION OF THE OFFICERS, KEY EMPLOYEES AND HIGHLY COMPENSATED EMPLOYEES OF HEBREW SENIORLIFE, INC. AND ITS AFFILIATES. THE REVIEW AND APPROVAL PROCEDURES OUTLINED ABOVE WERE LAST COMPLETED IN 2018. ADDITIONALLY THE ORGANIZATION COMPLETED A WALK THROUGH OF SENIOR LEADERSHIP COMPENSATION WITH AN INDEPENDENT, EXPERT CONSULTANT, DURING 2019.

ALL OF THESE COMMITTEE MEMBERS ARE INDEPENDENT DIRECTORS. INDEPENDENT CONSULTANTS WERE HIRED BY THE COMPENSATION COMMITTEE AND ASSISTED WITH THE COMPENSATION REVIEW. DOCUMENTATION AND RECORDS OF COMPENSATION COMMITTEE MEETINGS ARE MAINTAINED WITH RESPECT TO DELIBERATIONS AND COMPENSATION DECISIONS.

FORM 990, PART VI, QUESTION 19

THE ORGANIZATION'S TAX RETURNS ARE AVAILABLE AT GUIDESTAR. GOVERNING DOCUMENTS ARE AVAILABLE AT THE COMMONWEALTH OF MASSACHUSETTS' WEBSITE. THE TAX RETURNS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE ALSO AVAILABLE UPON REQUEST AT THE OFFICES OF HSL AT 1200 CENTRE ST. BOSTON, MA 02131 OR BY TELEPHONE AND E-MAIL.

FORM 990, PART VIII, LINE 1C & 1F HEBREW SENIORLIFE, INC. AS THE PARENT OF THE HSL SYSTEM, RAISES CONTRIBUTIONS FOR ITSELF AND ITS AFFILIATES THROUGH ITS DEVELOPMENT DEPARTMENT. THE CONTRIBUTION REVENUE IS RECORDED BY THE AFFILIATE THAT THE DONOR INTENDED IT BE GIVEN TO. FUNDRAISING EXPENSES OF THE DEVELOPMENT DEPARTMENT ARE RECORDED EXCLUSIVELY BY HEBREW SENIORLIFE, INC. IN ORDER TO GIVE THE READER A FULL AND TRANSPARENT VIEW OF HSL AND AFFILIATES, A SUMMARY OF ALL CONTRIBUTION REVENUE AND RELATED EXPENSES IS PREPARED BELOW. ADDITIONALLY, THIS INCLUDES APPROXIMATELY \$800,000 IN PLEDGES THAT HAVE BEEN FULLY RESERVED BASED ON DONOR-IMPOSED CONTINGENCIES. MANAGEMENT BELIEVES THAT THESE CONTINGENCIES WILL BE MET AND HAVE ADDED THE VALUE OF THE CONTINGENT PLEDGES BACK IN THE SCHEDULE BELOW.

FUNDRAISING EXPENSES (PART IX, LINE 25)	4,009,284
CONTRIBUTION REVENUE:	
HSL CONTRIBUTIONS (PART VIII, LINE 1H)	9,089,087
CONTINGENT PLEDGE REVENUE	800,000
HEBREW REHABILITATION CENTER	1,553,660
HEBREW SENIORLIFE HOSPICE CARE, INC.	63,138
ORCHARD COVE, INC.	105,507
HRCA SENIOR HOUSING, INC.	2,725
HRCA HOUSING FOR ELDERLY, INC.	196,235
HRCA BROOKLINE HOUSING 1550 BEACON PLAZA, INC.	5,318

Schedule O (Form 990 or 990-EZ) 2019 Name of the organization		Page Employer identification number
HEBREW SENIORLIFE INC.		90-0183119
HRCA BROOKLINE HOUSING 112-120 CENTRE COURT	Γ, INC. 0	
CENTER COMMUNITIES OF BROOKLINE, INC.	6,609	
	11,822,279	
TOTAL COST PER DOLLAR RAISED	34%	
OTHER CHANGE IN NET ASSETS		
FORM 990, PART XI, LINE 9		
TRANSFER FROM AFFILIATE	\$13,932,000	
TRANSFER TO AFFILIATE	(\$ 2,305,500)	
TOTAL	\$11,626,500	

FORM 990, PART XII, LINE 3A & 3B

THE ORGANIZATION ITSELF IS NOT REQUIRED TO UNDERGO THE AUDIT. HOWEVER, THE ORGANIZATION IS A PARENT TO SEVERAL ORGANIZATIONS WHO WERE REQUIRED TO UNDERGO AN OMB CIRCULAR A-133 AUDIT FOR THE YEAR ENDED SEPTEMBER 30, 2020 AND THE AUDIT WAS PERFORMED ON A CONSOLIDATED BASIS.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

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

Attach to Form 990.

Open to Public Inspection Employer identification number

90-0183119

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

HEBREW SENIORLIFE INC.

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

; Name, address, and EIN (if a		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CCB TOWNHOMES 120 CENTRE L	LC 82-3577049					
1200 CENTRE STREET	BOSTON, MA 02131	ELDER HOUSING	MA	95,377.	1,763,199.	HSL
(2) HSL GUARANTOR LLC	82-3421494					
1200 CENTRE STREET	BOSTON, MA 02131	ELDER HOUSING	MA	1,003.	2,791.	HSL
(3) HSL 370 HARVARD ST, LLC	83-4173929					
1200 CENTRE STREET	BOSTON, MA 02131	ELDER HOUSING	MA	0.	0.	HSL
(4) HSL FIREMAN PARTNER, LLC	84-3264877					
1200 CENTRE STREET	BOSTON, MA 02131	ELDER HOUSING	MA	0.	0.	HSL
(5) FIREMAN EXPANSION MANAGER,	LLC 85-4035423					
1200 CENTRE STREET	BOSTON, MA 02131	ELDER HOUSING	MA	0.	0.	HSL
(6) FIREMAN EXPANSION, LLC	85-4016758					
1200 CENTRE STREET	BOSTON, MA 02131	ELDER HOUSING	MA	0.	0.	HSL

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 rela	ated organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 contr ent	512(b)(13) rolled
							Yes	No
(1) ORCHARD COVE, INC.	22-3080006							
ONE DEL POND DRIVE	CANTON, MA 02021	CONT.CARE	MA	501(C)(3)	10	HSL	Х	
(2) HRCA SENIOR HOUSING, INC.	04-2765428							
1200 CENTRE STREET	BOSTON, MA 02131	ELDER HOUSING	MA	501(C)(3)	10	HSL	X	
(3) CTR COMMUNITIES OF BROOKLINE , INC.	01-0569404							
1200 CENTRE STREET	BOSTON, MA 02131	ELDER HOUSING	MA	501(C)(3)	10	HSL	X	
(4) HRCA BROOKLINE HOUSING 112-120 CENTR	E CO 03-0372998							
1200 CENTRE STREET	BOSTON, MA 02131	ELDER HOUSING	MA	501(C)(3)	10	HSL	X	
(5) HRCA BROOKLINE HOUSING 1550 BEACON	01-0569403							
1200 CENTRE STREET	BOSTON, MA 02131	ELDER HOUSING	MA	501(C)(3)	10	HSL	X	
(6) HRCA HOUSING FOR ELDERLY, INC.	04-2543731							
1200 CENTRE STREET	BOSTON, MA 02131	ELDER HOUSING	MA	501(C)(3)	10	HSL	x	
(7) NEWBRIDGE ON THE CHARLES, INC.	38-3707573							
1200 CENTRE STREET	BOSTON, MA 02131	ELDERLY ACTY	MA	501(C)(3)	10	HSL	x	

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

Schedule R (Form 990) 2019



OMB No. 1545-0047

Open to Public

Inspection

9

2

Employer identification number

90-0183119

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.

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

Department of the Treasury Internal Revenue Service Name of the organization

HEBREW SENIORLIFE INC.

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

	-				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity		512(b)(13) rolled
						Yes	No
(1) HRCA BROOKLINE HOUSING 108 CENTRE 81-0612222							
1200 CENTRE STREET BOSTON, MA 02131	ELDER HOUSING	MA	501(C)(3)	12B	HSL	X	
(2) HEBREW REHABILITATION CENTER 04-2104298							
1200 CENTRE STREET BOSTON, MA 02131	HOSPITAL	MA	501(C)(3)	3	HSL	X	
(3) HEBREW SENIORLIFE HOSPICE CARE, INC. 46-1309228							
1200 CENTRE STREET BOSTON, MA 02131	HOSPICE SERV.	MA	501(C)(3)	10	HSL	X	
(4) HEBREW SENIORLIFE AFFILIATED MED GROUP 82-3654673							
1200 CENTRE STREET BOSTON, MA 02131	PHYSICIAN SVC	MA	501(C)(3)	10	HSL	X	
(5)							
(6)							
							1
(7)							

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

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019

Page 2

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) nortionate ations?	amount in box 20 managing of Schedule K-1 partner? (Form 1065)		(k) Percentage ownership	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					Yes	No		Yes	No	
(1) CCB COHEN 112 MM LLC 82-176339												
1200 CENTRE ST BOSTON, MA 0213	ELDER HOUSING	MA	HSL	RELATED	0.	0.		x	0.		х	55.0000
(2) HSL FIREMAN OPERATING LP 84-42												
640 N. MAIN STREET RANDOLPH, M	REAL ESTATE	MA	N/A	N/A	0.	0.		х	0.		x	99.9900
_(3)												
_(4)												
(5)												
(6)												
(7)												
	1											

Part IV

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

	<u> </u>	1			· · · · ·			1	-
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	
									Yes No
(1) HEBREW SENIORLIFE REAGE SOLUTIONS INC. 81-	4906048								
1200 CENTRE STREET BOSTON, MA 02131		MGMT & CONS. SVCS	DE	HSL	C CORP	0.	523,903.	100.0000	x
(2) HSL PAYROLL SERVICES, INC. 04-	2684823								
100 CENTRE STREET BROOKLINE, MA 02446		PAYROLL SERVICES	MA	ССВ	C CORP	0.	0.		x
(3)		-							
(4)		-							
(5)		-							
(6)		-							
(7)		-							

Schedule R (Form 990) 2019

90-0183119

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Part	Transactions With Related Organizations. Complete if the organization answered	"Yes" on Form 990, Pa	rt IV, line 34, 35b, or 36.			
Note	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes N	10
1	During the tax year, did the organization engage in any of the following transactions with one or m	ore related organizations li	sted in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.			<u>1a</u>	_	Х
	Gift, grant, or capital contribution to related organization(s)					Χ
	Gift, grant, or capital contribution from related organization(s)					Χ
	Loans or loan guarantees to or for related organization(s)					X
е	Loans or loan guarantees by related organization(s)			1e		X
f	Dividends from related organization(s)			1f		Х
g	Sale of assets to related organization(s)			<u>1g</u>		Χ
h	Purchase of assets from related organization(s)			<u>1h</u>		Х
i	Exchange of assets with related organization(s).			<u>1i</u>		Χ
j	Lease of facilities, equipment, or other assets to related organization(s).			<u>1j</u>	X	
k	Lease of facilities, equipment, or other assets from related organization(s)			1k	X	
	Performance of services or membership or fundraising solicitations for related organization(s)				Х	_
	Performance of services or membership or fundraising solicitations by related organization(s)					Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)					Х
	Sharing of paid employees with related organization(s)					Х
р	Reimbursement paid to related organization(s) for expenses			1p		
q	Reimbursement paid by related organization(s) for expenses			1q	X	_
r	Other transfer of cash or property to related organization(s)			1r		
	Other transfer of cash or property from related organization(s).					
2	If the answer to any of the above is "Yes," see the instructions for information on who must compl		·		ds.	
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of det amount inv		
(1)	HEBREW REHABILITATION CENTER	R	13,345,000.	ACTUAL		
(2)	HEBREW REHABILITATION CENTER	L	5,172,309.	CONTRACT		
(3)	HRCA BROOKLINE HOUSING 112-120 CENTRE COURT,	S	3,702,561.	REG. APPI	ROVED	
(4)	HEBREW REHABILITATION CENTER	L	1,553,660.	ACTUAL		
(5)	NEWBRIDGE ON THE CHARLES, INC.	L	1,097,411.	CONTRACT		
(6)	ORCHARD COVE, INC.	L	952,761.	CONTRACT		
JSA			Sc	hedule R (Form	990) 20)19

90-0183119

Page 3

Part \	Transactions With Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Part	IV, line 34, 35b, or 36.			
Note:	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	s No
1 [During the tax year, did the organization engage in any of the following transactions with one or more i	elated organizations list	ed in Parts II-IV?			
a F	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1	a	
b	Gift, grant, or capital contribution to related organization(s)			1	b	
	Gift, grant, or capital contribution from related organization(s)				-	
	oans or loan guarantees to or for related organization(s)				_	
e L	oans or loan guarantees by related organization(s)			1	e	-
	Dividends from related organization(s)				_	
	Sale of assets to related organization(s)					
h F	Purchase of assets from related organization(s)		•••••	–	i	
	Exchange of assets with related organization(s).			· · · · · ⊢	_	
JL				· · · · · ·	,	
k L	asso of facilities, equipment, or other assorts from related argonization(c)			1	k	
	ease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations for related organization(s)			· · · · · ⊢	I	+
	Performance of services of membership of fundraising solicitations for related organization(s)				_	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				_	-
	Sharing of paid employees with related organization(s)					
рF	Reimbursement paid to related organization(s) for expenses.			1	р	
	Reimbursement paid by related organization(s) for expenses					
-						
rC	Other transfer of cash or property to related organization(s)			1	r	
	Other transfer of cash or property from related organization(s).					
2 li	the answer to any of the above is "Yes," see the instructions for information on who must complete t					
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d Method of c) etermir	ning
	·	type (a-s)		amount	nvolved	
(1)	HEBREW REHABILITATION CENTER	P	837,357.	ACTUAL		
(1)		-		110101111		
(2)	NEWBRIDGE ON THE CHARLES, INC.	Q	761,913.	ACTUAL		
		~				
(3)	DRCHARD COVE, INC.	Q	753,992.	ACTUAL		
. /			· ·			
(4)	DRCHARD COVE, INC.	J	720,000.	CONTRACT		
(5)	HEBREW REHABILITATION CENTER	Q	622,546.	ACTUAL		
(6)	HRCA SENIOR HOUSING, INC.	R	509,839.	REG. API	PROVI	ED
JSA			Sch	hedule R (For	m 990) 2019

90-0183119

Part	V Transactions With Related Organizations. Complete if the organization answered "Ye	s" on Form 990, Par	t IV, line 34, 35b, or 36.			
Note	: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Ye	s No
1	During the tax year, did the organization engage in any of the following transactions with one or more r	elated organizations list	ed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	- 		1	a	
	Gift, grant, or capital contribution to related organization(s)				b	
	Gift, grant, or capital contribution from related organization(s).				c	
	Loans or loan guarantees to or for related organization(s)				d	
	Loans or loan guarantees by related organization(s)				e	
f	Dividends from related organization(s)			🛏	f	
g	Sale of assets to related organization(s)			1	g	
h	Purchase of assets from related organization(s)			1	h	
i	Exchange of assets with related organization(s).				li	
j	Lease of facilities, equipment, or other assets to related organization(s)				lj	
k	Lease of facilities, equipment, or other assets from related organization(s)			1	k	
	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)			1	m	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1	n	
	Sharing of paid employees with related organization(s)				0	
р	Reimbursement paid to related organization(s) for expenses			1	р	
q	Reimbursement paid by related organization(s) for expenses			[q	
	Other transfer of cash or property to related organization(s)			• • • • • 	r	
S	Other transfer of cash or property from related organization(s).	<u></u>		1	S	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete t		•			
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(e Method of		nina
	······································	type (a-s)		amount		
(4)	NEWDITOR ON THE CHADLES INC		E02 015			
(1)	NEWBRIDGE ON THE CHARLES, INC.	Q	503,015.	ACTUAL		
(0)		P	442 000			
(2)	HRCA BROOKLINE HOUSING 1550 BEACON PLAZA, INC	R	442,000.	REG. AP	PROV	ED
(0)	HERREN GENTOR THE HOGETOF GARE ING	Ŧ			-	
(3)	HEBREW SENIORLIFE HOSPICE CARE, INC.	L	354,633.	CONTRAC	Τ.	
(1)						
(4)	HEBREW REHABILITATION CENTER	Q	331,976.	ACTUAL		
(5)		т			Ŧ	
(5)	HRCA HOUSING FOR ELDERLY, INC.	L	331,023.	CONTRAC	T.	
(0)	IDCA DDOORI INF HOHEING 100 CENTERE CERTER INC		217 001			
(6)	HRCA BROOKLINE HOUSING 108 CENTRE STREET, INC	Q	317,001.	ACTUAL) 2040
164			Scr	nedule R (Fo	111 220	<i>ij</i> 2019

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Part	V Transactions With Related Organizations. Complete if the organization answered "Ye	s" on Form 990, Part	IV, line 34, 35b, or 36.			
Note	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more it	elated organizations list	ed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	-		1a	ı 📃	
b	Gift, grant, or capital contribution to related organization(s)			1b	_	
С	Gift, grant, or capital contribution from related organization(s)			1c	;	
d	Loans or loan guarantees to or for related organization(s)			1d	I	
е	Loans or loan guarantees by related organization(s)			1e	•	
f	Dividends from related organization(s)			1f	-	<u> </u>
g	Sale of assets to related organization(s)			<u>1</u> g		
h	Purchase of assets from related organization(s)			1h	-	
	Exchange of assets with related organization(s).				_	
j	Lease of facilities, equipment, or other assets to related organization(s).			<u>1</u> j	_	
	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)				-	
0	Sharing of paid employees with related organization(s)			<u>1</u> c)	
	Reimbursement paid to related organization(s) for expenses					
q	Reimbursement paid by related organization(s) for expenses			<u>1</u> c	I	
r	Other transfer of cash or property to related organization(s)			1r	-	
	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 t	hia lina including acuar	ad relationships and trans	1s		
_ _	(a)		(c)	(d)		
	Name of related organization	Transaction	Amount involved	Method of de	etermin	
		type (a-s)		amount in	volved	
(1)	HEBREW REHABILITATION CENTER	K	300,000.	ACTUAL		
<u>.,</u>						
(2)	CENTER COMMUNITIES OF BROOKLINE, INC.	L	246,443.	CONTRACT		
(3)	HRCA HOUSING FOR ELDERLY, INC.	L	221,235.	ACTUAL		
	·		,			
(4)	HRCA BROOKLINE HOUSING 1550 BEACON PLAZA, INC	L	209,315.	CONTRACT		
	·		· ·			
(5)	HEBREW SENIORLIFE AFFILIATED MEDICAL GROUP	L	194,950.	CONTRACT		
(6)	HEBREW SENIORLIFE HOSPICE CARE, INC.	R	180,000.	ACTUAL		
<u>, ,</u>		ı	Sch	nedule R (Forn	n 990)	2019

90-0183119

Part	V Transactions With Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Part	IV, line 34, 35b, or 36.			
Note	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations list	ed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a		
b	Gift, grant, or capital contribution to related organization(s)			1b		
	Gift, grant, or capital contribution from related organization(s)					
	Loans or loan guarantees to or for related organization(s)				-	
е	Loans or loan guarantees by related organization(s)			<u>1e</u>		
f	Dividends from related organization(s)			1f		
	Sale of assets to related organization(s)					
	Purchase of assets from related organization(s)					
i	Exchange of assets with related organization(s)			<u>1i</u>		
	Lease of facilities, equipment, or other assets to related organization(s)					
k	Lease of facilities, equipment, or other assets from related organization(s)			1k		
	Performance of services or membership or fundraising solicitations for related organization(s)					
	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)			<u>1n</u>	-	
ο	Sharing of paid employees with related organization(s)			10		
	Reimbursement paid to related organization(s) for expenses					
q	Reimbursement paid by related organization(s) for expenses			<u>1q</u>		
r	Other transfer of cash or property to related organization(s)			1r	-	
	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 cover	ad relationships and trans	1s		
	(a)		(c)	(d)	us.	
	Name of related organization	Transaction type (a-s)	Amount involved	Method of de amount inv		ng
(1)	ORCHARD COVE, INC.	Q	153,721.	ACTUAL		
(2)	HRCA SENIOR HOUSING, INC.	L	123,253.	CONTRACT		
(2)	OPCULADD COVE INC	L	105,507.	ACTUAL		
(3)	ORCHARD COVE, INC.		105,507.	ACIUAL		
(4)	HEBREW SENIORLIFE HOSPICE CARE, INC.	Q	103,599.	ACTUAL		
(5)	HRCA HOUSING FOR ELDERLY, INC.	Q	76,533.	ACTUAL		
(6)	HRCA HOUSING FOR ELDERLY, INC.	R	65,000.	REG. APPI	2 <i>011</i> म.	<u></u>
(6)				hedule R (Form		
100					/	

Page 3

Part	Transactions With Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Part	IV, line 34, 35b, or 36.						
Note	: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	5 No			
1	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations liste	ed in Parts II-IV?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.								
b	Gift, grant, or capital contribution to related organization(s)	Gift, grant, or capital contribution to related organization(s)							
С	Gift, grant, or capital contribution from related organization(s)			10	:				
d	Loans or loan guarantees to or for related organization(s)			10	1				
е	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 to related organization(s).								
k	Lease of facilities, equipment, or other assets from related organization(s)								
I	Performance of services or membership or fundraising solicitations for related organization(s)								
m									
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
о	Sharing of paid employees with related organization(s))				
	5 · · · · · · · · · · · · · · · · · · ·								
p	Reimbursement paid to related organization(s) for expenses.			1p	b				
-	imbursement paid by related organization(s) for expenses								
r	Other transfer of cash or property to related organization(s)			1r					
S	nsfer of cash or property from related organization(s).								
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including cover	ed relationships and trans	action threshol	lds.				
	(a) (b) (c)								
	Name of related organization	Transaction type (a-s)	Amount involved	Method of de amount in		0			
		iype (a 3)			ivoiveu				
(1)	HEBREW SENIORLIFE HOSPICE CARE, INC.	L	63,138.	ACTUAL					
(0)	GENTER COMMUNITER OF RECOVERING		EE 146						
(2)	CENTER COMMUNITIES OF BROOKLINE, INC.	Q	55,146.	ACTUAL					
(3)	HRCA BROOKLINE HOUSING 1550 BEACON PLAZA, INC	Q	52,859.	ACTUAL					
(3)		~	52,055.	Inc i oni					
(4)									
(5)									
(6)									
JSA			Sc	hedule R (Forn	n 990)) 2019			

Schedule R (Form 990) 2019

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) (c Primary activity Legal d (state or cour	(c) Legal domicile (state or foreign country)	(c) (d) al domicile e or foreign ountry) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	d 501(c)(3)		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		e (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No	,	Yes	No	<u> </u>
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(4.2)													
(16)	\neg												

Schedule R (Form 990) 2019

 Part VII
 Supplemental Information

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