

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Department of the Treasury
Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

A For the **2022** calendar year, or tax year beginning **10/01**, 2022, and ending **09/30**, 20**23**

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

C Name of organization **HEBREW SENIOR LIFE, INC.**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1200 CENTRE STREET
 City or town, state or province, country, and ZIP or foreign postal code
BOSTON, MA 02131

D Employer identification number
90-0183119

E Telephone number
(617) 363-8000

F Name and address of principal officer: **STEVEN LANDERS, PRESIDENT & CEO**
SAME AS C ABOVE

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions.

G Gross receipts \$ **14,742,108**

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.HEBREWSENIORLIFE.ORG** **H(c)** Group exemption number

K Form of organization: Corporation Trust Association Other **L** Year of formation: **2003** **M** State of legal domicile: **MA**

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	19
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	125
	6	Total number of volunteers (estimate if necessary)	6	300
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	195,524
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	192,024	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 13,607,220	Current Year 3,412,325
	9	Program service revenue (Part VIII, line 2g)	9,990,771	8,362,808
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,292,652	2,077,344
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	(378,742)	730,450
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	30,511,901	14,582,927
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	95,450	103,735
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	11,202,376	12,940,179
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25)	4,321,287	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	7,525,732	10,981,965
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	18,823,558	24,025,879
19	Revenue less expenses. Subtract line 18 from line 12	11,688,343	(9,442,952)	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 304,176,064	End of Year 314,427,394
	21	Total liabilities (Part X, line 26)	8,699,305	16,549,204
	22	Net assets or fund balances. Subtract line 21 from line 20	295,476,759	297,878,190

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: **JAMES D HART, CFO** Date: _____
 Type or print name and title: _____

Paid Preparer Use Only

Print/Type preparer's name: **AMY BIBBY** Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: **P00445891**
 Firm's name: **FORVIS MAZARS, LLP** Firm's EIN: **44-0160260**
 Firm's address: **500 RIDGEFIELD COURT, ASHEVILLE, NC 28806** Phone no.: **(828) 254-2254**

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
THE MISSION OF HEBREW SENIORLIFE, INC. (HSL) IS TO HONOR OUR ELDERS, BY RESPECTING AND PROMOTING THEIR INDEPENDENCE, SPIRITUAL VIGOR, DIGNITY AND CHOICE AND BY 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.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 18,740,476 including grants of \$ 103,735) (Revenue \$ 9,091,320)
SEE 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 \$)

4e Total program service expenses 18,740,476

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV 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? <i>If "Yes," complete Schedule I, Parts I and III</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule J</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<input type="checkbox"/>	<input type="checkbox"/>
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<input type="checkbox"/>	<input type="checkbox"/>
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<input type="checkbox"/>	<input type="checkbox"/>
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule L, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule L, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule L, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):	<input type="checkbox"/>	<input type="checkbox"/>
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule R, Part VI</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	<input type="checkbox"/>	<input type="checkbox"/>
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee reporting, tax shelter transactions, and charitable contributions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.		
	1a 19		
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?	<input checked="" type="checkbox"/>	
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?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?	<input checked="" type="checkbox"/>	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<input checked="" type="checkbox"/>	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<input checked="" type="checkbox"/>

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed [MA](#)
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.
[JONATHAN ALLIA, 1200 CENTRE STREET, BOSTON, MA 02131, \(617\) 982-1349](#)

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LOUIS J WOOLF PRESIDENT AND CEO (END 07/2023)	30.0 20.0			✓			1,199,018	0	89,270	
(2) KATELYN QUYNN CHIEF DEV OFF & VP BOARD REL.	30.0 20.0				✓		528,155	0	55,744	
(3) MARY MOSCATO, FACHE PRESIDENT, HSL HC SVCS. & HRC	10.0 40.0				✓		0	526,978	46,116	
(4) KIMBERLY J BROOKS CHIEF OP. OFFICER, SEN LIVING	15.0 35.0				✓		494,589	0	64,841	
(5) JAMES D HART CHIEF FINANCIAL OFFICER	30.0 20.0			✓			484,124	0	67,645	
(6) HELEN CHEN, MD CHIEF MEDICAL OFFICER	10.0 40.0				✓		0	472,975	45,446	
(7) LEWIS LIPSITZ, MD DIR, HMIFAR & CHIEF ACAD. OFF	15.0 35.0				✓		0	429,317	88,772	
(8) TAMMY B RETALIC, M.S., RN CHIEF NURSING OFF. & VP PCS	10.0 40.0				✓		0	342,266	69,446	
(9) ERIC ROGERS CHIEF INFORMATION OFFICER	30.0 20.0				✓		329,641	0	71,139	
(10) RACHEL WHITEHOUSE CHIEF COMM. & PLAN OFFICER	30.0 20.0				✓		313,193	0	69,029	
(11) LINDA THOMPSON CHIEF PEOPLE OFFICER	30.0 20.0				✓		300,779	0	34,435	
(12) TERESA LISEK DIRECTOR OF DEVELOPMENT	45.0 0.0					✓	255,074	0	60,240	
(13) RACHEL LERNER, ESQUIRE GEN. CNSL. & CHIEF COMP. OFF	30.0 20.0				✓		256,070	0	57,898	
(14) SARAH L SYKORA CHIEF COMM. & PLAN OFFICER	30.0 20.0				✓		247,473	0	63,258	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) KATHYRN W TASKER CHIEF SPONSORED AWARDS OFFICER	10.0 40.0				✓		0	234,545	68,053	
(16) DEBORAH MORSE VICE PRESIDENT OF REAL ESTATE	45.0 0.0					✓	235,397	0	66,618	
(17) MARSHA T SLOTNICK SENIOR MAJOR GIFTS OFFICER	45.0 0.0					✓	244,477	0	31,890	
(18) MANDEL I ERNEST, MD CHIEF MEDICAL OFFICER	10.0 40.0					✓	0	226,591	15,535	
(19) STACEY R WEINBAUM EXEC DIR, BOARD REL & EVENTS	45.0 0.0					✓	192,668	0	47,726	
(20) LAURA K LEACU SENIOR DIRECTOR INSTITUTIONAL GIVING	45.0 0.0					✓	192,180	0	26,604	
(21) JAY L WEBBER DIR.; VICE CHAIR	2.0 0.0	✓		✓			0	0	0	
(22) MARSHA COHEN TRES. & SECRETARY	2.0 1.1	✓		✓			0	0	0	
(23) MELISSA BAYER TEARNEY BOARD CHAIR	2.0 1.1	✓		✓			0	0	0	
(24) RICHARD J HENKEN CHAIR ELECT	1.0 0.0	✓		✓			0	0	0	
(25) (SEE STATEMENT)										
1b Subtotal							5,272,838	2,232,672	1,139,705	
c Total from continuation sheets to Part VII, Section A							0	0	0	
d Total (add lines 1b and 1c)							5,272,838	2,232,672	1,139,705	

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		✓
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? <i>If "Yes," complete Schedule J for such individual</i>	✓	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		✓

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
MAXIM HEALTHCARE SERVICES, 12558 COLLECTION CENTER DRIVE, CHICAGO, IL 60693	AGENCY STAFFING	3,920,068
CROTHALL HEALTHCARE INC, 130285 COLLECTION CENTER DRIVE, CHICAGO, IL 60693	HOUSEKEEPING SERVICES	2,588,075
CENTURY LINEN & UNIFORM, 335 NORTH MAIN ST, GLOVERSVILLE, NY 12078	LAUNDRY SERVICES	1,390,699
AMERICAN QUALITY PROPERTY SERVICE, 75 STATE STREET 1ST FLOOR, BOSTON, MA 02109	PROPERTY MANAGEMENT SERVICES	951,490
TEGRIA SERVICES GROUP-US, INC, PO BOX 735734, DALLAS, TX 75373-5734	CONSULTING SERVICES	938,070
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	32	

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	361,786			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,050,539			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 996,875			
	h	Total. Add lines 1a-1f		3,412,325			
	Program Service Revenue			Business Code			
2a		MANAGEMENT FEES	551112	7,642,808	7,642,808		
b		LAND LEASE REVENUE FROM AFFILIATES	532000	720,000	720,000		
c							
d							
e							
f		All other program service revenue . .		0	0	0	
g	Total. Add lines 2a-2f		8,362,808				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		578,718		195,524	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c	0	0		
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				1,498,626			
	b	Less: cost or other basis and sales expenses	7b				
	c	Gain or (loss)	7c	1,498,626	0		
d	Net gain or (loss)		1,498,626		1,498,626		
8a	Gross income from fundraising events (not including \$ 361,786 of contributions reported on line 1c). See Part IV, line 18	8a	161,119				
b	Less: direct expenses	8b	159,181				
c	Net income or (loss) from fundraising events		1,938		1,938		
9a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
	11a	PROPERTY DEVELOPMENT OVERHEAD FEE	525990	680,413	680,413		
	b	DIETETIC INTERNSHIP TUITION REVENUE	900099	11,096	11,096		
	c	ALL OTHER REVENUE	900099	37,003	37,003		
	d	All other revenue		0	0	0	
e	Total. Add lines 11a-11d		728,512				
12	Total revenue. See instructions		14,582,927	9,091,320	195,524	1,883,758	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	103,735	103,735		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,153,042	4,153,042		
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,562,918	3,942,510		2,620,408
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	176,596	133,472		43,124
9 Other employee benefits	1,125,902	524,999		600,903
10 Payroll taxes	921,721	667,645		254,076
11 Fees for services (nonemployees):				
a Management				
b Legal	170,227		170,227	
c Accounting	128,151		128,151	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	665,738		665,738	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	0	0	0	0
12 Advertising and promotion	1,408,548	1,408,548		
13 Office expenses	982,172	623,562		358,610
14 Information technology	8,138	8,138		
15 Royalties				
16 Occupancy	615,589	540,589		75,000
17 Travel	2,370	2,370		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	23,321	9,513		13,808
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,057,400	1,057,400		
23 Insurance	89,955	89,955		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PURCHASED SERVICES / LABOR	5,024,481	4,897,110		127,371
b SUPPLIES & MISCELLANEOUS	805,875	577,888		227,987
c				
d				
e All other expenses	0	0	0	0
25 Total functional expenses. Add lines 1 through 24e	24,025,879	18,740,476	964,116	4,321,287
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	1,685,887	1	1,372,062
	2 Savings and temporary cash investments	9,456,396	2	12,159,810
	3 Pledges and grants receivable, net	23,555,553	3	17,983,771
	4 Accounts receivable, net		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		5	0
	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)		6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	362,044	9	1,161,485
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 13,490,546		
	b Less: accumulated depreciation	10b 3,052,173	9,364,670	10c 10,438,373
	11 Investments—publicly traded securities	35,959,114	11	39,888,376
	12 Investments—other securities. See Part IV, line 11	58,840,218	12	58,717,347
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	164,952,182	15	172,706,170
16 Total assets. Add lines 1 through 15 (must equal line 33)	304,176,064	16	314,427,394	
Liabilities	17 Accounts payable and accrued expenses	7,766,972	17	15,896,924
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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		22	0
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	932,333	25	652,280
	26 Total liabilities. Add lines 17 through 25	8,699,305	26	16,549,204
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	247,188,591	27	249,915,670
	28 Net assets with donor restrictions	48,288,168	28	47,962,520
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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	295,476,759	32	297,878,190
33 Total liabilities and net assets/fund balances	304,176,064	33	314,427,394	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,582,927
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,025,879
3	Revenue less expenses. Subtract line 2 from line 1	3	(9,442,952)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	295,476,759
5	Net unrealized gains (losses) on investments	5	10,419,918
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1,424,465
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	297,878,190

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<input checked="" type="checkbox"/>	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	<input checked="" type="checkbox"/>	

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) DAVID D ROSENTHAL, MD ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(26) ELLEN ZANE ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(27) HAROLD G KOTLER ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(28) HARRISON BANE ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(29) HINDA L MARCUS ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(30) HOWARD E COHEN ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(31) JANE EDMONDS ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(32) JEFFREY D DRUCKER ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(33) MARK ZEIDEL, MD ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(34) REESE GENSER ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(35) ROBERTA S WEINER ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(36) STEVEN FLIER, MD ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(37) SUSAN FLORENCE SMITH ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(38) THOMAS J DESIMONE ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(39) TODD FINARD ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(40) STEVEN LANDERS ----- PRESIDENT AND CEO (START 07/2023)	30.0 ----- 20.0			✓				0	0	0

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization HEBREW SENIOR LIFE, INC.	Employer identification number 90-0183119
-------------------------------------------------------------	-----------------------------------------------------

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vii)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13,004,102	9,089,087	13,298,250	13,607,220	3,412,325	52,410,984
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	13,004,102	9,089,087	13,298,250	13,607,220	3,412,325	52,410,984
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)						24,452,185
6 Public support. Subtract line 5 from line 4						27,958,799

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	13,004,102	9,089,087	13,298,250	13,607,220	3,412,325	52,410,984
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,001,525	905,140	575,870	670,554	578,718	3,731,807
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	175,592	157,486	52,934	290,966	1,673,933	2,350,911
11 Total support. Add lines 7 through 10						58,493,702
12 Gross receipts from related activities, etc. (see instructions)					12	48,316,783
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	47.80 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	60.57 %
16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a 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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
3b	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
4c	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)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	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?		
5c	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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	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).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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).		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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 (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2022

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

Section D—Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Part VI

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.)

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	(1) FUNDRAISING EVENTS	122,459	157,486	39,666	86,977	945,421	1,352,009
	(2) OTHER REVENUE	53,133		13,268	203,989	728,512	998,902
	Total	175,592	157,486	52,934	290,966	1,673,933	2,350,911

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

HEBREW SENIOR LIFE, INC.

Employer identification number

90-0183119

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[x] 501(c)(3) (enter number) organization

[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

[] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization HEBREW SENIOR LIFE, INC.	Employer identification number 90-0183119
---------------------------------------------------------	-----------------------------------------------------

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ ----- 1,250,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ ----- 430,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ ----- 200,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ ----- 1,209,375	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ ----- 300,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ ----- 1,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HEBREW SENIOR LIFE, INC.	Employer identification number 90-0183119
---------------------------------------------------------	-----------------------------------------------------

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
4	STOCK ----- ----- -----	\$ 996,875	09/30/2023 -----
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$ -----	-----

Name of organization HEBREW SENIOR LIFE, INC.	Employer identification number 90-0183119
---------------------------------------------------------	-----------------------------------------------------

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization: HEBREW SENIOR LIFE, INC. Employer identification number: 90-0183119

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number, aggregate value, and donor/grantee notification questions.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for conservation easements including questions on purpose, monitoring, and expenses. Includes a table for 'Held at the End of the Tax Year' with rows 2a-2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for art and historical treasures including questions on reporting and revenue/assets for public service and financial gain.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	40,250,397	46,877,395	39,790,125	38,593,347	40,169,584
b Contributions		3,056,991	349,849	238,576	146,208
c Net investment earnings, gains, and losses	7,654,106	(7,955,083)	8,600,570	1,964,511	756,605
d Grants or scholarships					
e Other expenditures for facilities and programs	1,764,562	1,728,906	1,863,149	1,006,309	2,479,050
f Administrative expenses					
g End of year balance	46,139,941	40,250,397	46,877,395	39,790,125	38,593,347

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

- a** Board designated or quasi-endowment 34.45 %
- b** Permanent endowment 47.94 %
- c** Term endowment 17.61 %

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

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

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	3,154,600			3,154,600
b Buildings		12,885	4,083	8,802
c Leasehold improvements		753,180	753,180	0
d Equipment		7,151,121	2,294,910	4,856,211
e Other		2,418,760		2,418,760
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				10,438,373

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) PARTNERSHIPS	55,404,105	END OF YEAR MARKET VALUE
(B) DEFERRED COMPENSATION POOL	2,007,496	END OF YEAR MARKET VALUE
(C) PLANNED GIVING ANNUITY	536,707	END OF YEAR MARKET VALUE
(D) WORKERS COMP COLLATERAL POOL	591,841	END OF YEAR MARKET VALUE
(E) ISRAEL BOND	177,198	END OF YEAR MARKET VALUE
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	58,717,347	

Part VIII Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(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.

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	172,440,282
(2) LOAN RECEIVABLE	249,924
(3) RECEIVABLE FROM DONOR ESTATE	15,964
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	172,706,170

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE	392,534
(3) PLANNED GIVING ANNUITIES	259,746
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	652,280

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information.

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

SEE STATEMENT

Part XIII

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	ENDOWMENT AND QUASI-ENDOWMENT FUND USES INCLUDE RESEARCH, EDUCATION AND CARE OF RESIDENTS OF OUR VARIOUS FACILITIES. THE ENDOWMENT TOTAL IS CONSOLIDATED AND INCLUDES THE FOLLOWING: HEBREW SENIORLIFE, INC., ORCHARD COVE, INC. SCHOLARSHIP, SIMON C. FIREMAN RABINOVITZ, AND JACK SATTER DINING ENDOWMENT FUND. THE PURPOSE OF THE CONSOLIDATED ENDOWMENT INCLUDES: RESEARCH, CULINARY, SENIOR LIVING, HEALTHCARE, AS WELL AS SEVERAL OTHER PROGRAMS.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2022

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

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 SENIOR LIFE, INC.

Employer identification number

90-0183119

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on 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? Yes No

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.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(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 service(s) in the region	(f) Total expenditures for and investments in the region
(1) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	INVESTMENTS	N/A	8,548,642
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	0	0			8,548,642
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			8,548,642

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . ▶

3 Enter total number of other organizations or entities . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
 Part III can be duplicated if additional space is needed.

(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)							
(16)							
(17)							
(18)							

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** **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** **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)* **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? *If "Yes," 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)* **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** **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** **No**

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).

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	EUROPE (INCLUDING ICELAND AND GREENLAND) -ACCRUAL

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

HEBREW SENIOR LIFE, INC.

Employer identification number

90-0183119

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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						
6						
7						
8						
9						
10						
Total						

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>GOLF 2023</u> (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	522,905			522,905
	2 Less: Contributions	361,786			361,786
	3 Gross income (line 1 minus line 2)	161,119	0	0	161,119
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes	6,197			6,197
	6 Rent/facility costs	111,605			111,605
	7 Food and beverages	31,094			31,094
	8 Entertainment				0
	9 Other direct expenses	10,285			10,285
	10 Direct expense summary. Add lines 4 through 9 in column (d)				159,181
11 Net income summary. Subtract line 10 from line 3, column (d)				1,938	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____
- c If "Yes," enter name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year _____ \$

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

HEBREW SENIOR LIFE, INC.

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

90-0183119

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3** Enter total number of other organizations listed in the line 1 table

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

Cat. No. 50055P

Schedule I (Form 990) 2022

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 SCHOLARSHIPS	36	103,735			
2					
3					
4					
5					
6					
7					

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

(SEE STATEMENT)

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	HEBREW SENIORLIFE, INC. ONLY MAKES GRANTS TO RELATED IRC SECTION 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 J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

HEBREW SENIOR LIFE, INC.

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

90-0183119

Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 LOUIS J WOOLF PRESIDENT AND CEO (END 07/2023)	(i)	702,834	496,184	0	5,800	83,470	1,288,288	0
	(ii)	0	0	0	0	0	0	0
2 KATELYN QUINN CHIEF DEV OFF & VP BOARD REL.	(i)	364,873	162,871	411	5,800	49,944	583,899	0
	(ii)	0	0	0	0	0	0	0
3 MARY MOSCATO, FACHE PRESIDENT, HSL HC SVCS. & HRC	(i)	0	0	0	0	0	0	0
	(ii)	399,445	127,533	0	5,800	40,316	573,094	0
4 KIMBERLY J BROOKS CHIEF OP. OFFICER, SEN LIVING	(i)	304,647	189,799	143	5,800	59,041	559,430	0
	(ii)	0	0	0	0	0	0	0
5 JAMES D HART CHIEF FINANCIAL OFFICER	(i)	372,217	111,480	427	5,800	61,845	551,769	0
	(ii)	0	0	0	0	0	0	0
6 HELEN CHEN, MD CHIEF MEDICAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	361,383	111,354	238	5,800	39,646	518,421	0
7 LEWIS LIPSITZ, MD DIR, HMFAR & CHIEF ACAD. OFF	(i)	0	0	0	0	0	0	0
	(ii)	378,332	50,985	0	5,800	82,972	518,089	0
8 TAMMY B RETALIC, M.S., RN CHIEF NURSING OFF. & VP PCS	(i)	0	0	0	0	0	0	0
	(ii)	283,604	58,394	268	4,853	64,593	411,712	0
9 ERIC ROGERS CHIEF INFORMATION OFFICER	(i)	275,309	54,184	148	5,800	65,339	400,780	0
	(ii)	0	0	0	0	0	0	0
10 RACHEL WHITEHOUSE CHIEF COMM. & PLAN OFFICER	(i)	273,238	39,677	278	5,460	63,569	382,222	0
	(ii)	0	0	0	0	0	0	0
11 LINDA THOMPSON CHIEF PEOPLE OFFICER	(i)	245,398	55,000	381	0	34,435	335,214	0
	(ii)	0	0	0	0	0	0	0
12 TERESA LISEK DIRECTOR OF DEVELOPMENT	(i)	205,205	49,779	90	5,382	54,858	315,314	0
	(ii)	0	0	0	0	0	0	0
13 RACHEL LERNER, ESQUIRE GEN. CNSL. & CHIEF COMP. OFF	(i)	256,008	0	62	5,800	52,098	313,968	0
	(ii)	0	0	0	0	0	0	0
14 SARAH L SYKORA CHIEF COMM. & PLAN OFFICER	(i)	224,300	23,076	97	3,728	59,530	310,731	0
	(ii)	0	0	0	0	0	0	0
15 KATHYRN W TASKER CHIEF SPONSORED AWARDS OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	234,389	0	156	4,889	63,164	302,598	0
16 (SEE STATEMENT)	(i)							
	(ii)							

Part II

Officers, Directors, Trustees, Key Employees and Highest Compensated Employees (continued)

(a) Name		(b) Breakdown of W-2 and/or 1099-MISC compensation			(c) Retirement and other deferred compensation	(d) Nontaxable benefits	(e) Total of columns (b)(i)-(d)	(f) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(16) DEBORAH MORSE VICE PRESIDENT OF REAL ESTATE	(i)	204,211	30,903	283	3,898	62,720	302,015	0
	(ii)	0	0	0	0	0	0	0
(17) MARSHA T SLOTNICK SENIOR MAJOR GIFTS OFFICER	(i)	104,525	139,952	0	4,890	27,000	276,367	0
	(ii)	0	0	0	0	0	0	0
(18) MANDEL I ERNEST, MD CHIEF MEDICAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	226,591	0	0	4,532	11,003	242,126	0
(19) STACEY R WEINBAUM EXEC DIR, BOARD REL & EVENTS	(i)	159,456	32,939	273	3,985	43,741	240,394	0
	(ii)	0	0	0	0	0	0	0
(20) LAURA K LEACU SENIOR DIRECTOR INSTITUTIONAL GIVING	(i)	159,681	32,436	63	3,730	22,874	218,784	0
	(ii)	0	0	0	0	0	0	0

Part III

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

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 1A - TAX INDEMNIFICATION AND GROSS-UP PAYMENTS	LOUIS J. WOOLF, PRESIDENT AND CEO, RECEIVED A HOUSING ALLOWANCE AND GROSS-UP PAYMENTS RELATED TO LIFE INSURANCE PREMIUMS. BOTH PAYMENTS WERE TREATED AS TAXABLE WAGES AND INCLUDED IN HIS CALENDAR YEAR 2022 FORM W-2.
SCHEDULE J, PART I, LINE 1A - HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE	LOUIS J. WOOLF, PRESIDENT AND CEO, RECEIVED A HOUSING ALLOWANCE AND GROSS-UP PAYMENTS RELATED TO LIFE INSURANCE PREMIUMS. BOTH PAYMENTS WERE TREATED AS TAXABLE WAGES AND INCLUDED IN HIS CALENDAR YEAR 2022 FORM W-2.
SCHEDULE J, PART I, LINE 3 - ARRANGEMENT USED TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION	HEBREW SENIORLIFE, INC. (HSL), THE PARENT ORGANIZATION, ESTABLISHES COMPENSATION OF THE ORGANIZATION'S PRESIDENT/CEO AND CFO. HSL UTILIZES THE FOLLOWING IN ESTABLISHING SUCH COMPENSATION: COMPENSATION COMMITTEE, WRITTEN EMPLOYMENT CONTRACT, INDEPENDENT COMPENSATION CONSULTANT, COMPENSATION SURVEY OR STUDY, & APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
HEBREW SENIOR LIFE, INC.

Employer identification number
90-0183119

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	✓	2	996,875	MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
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 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 0

	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 3 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, describe in Part II.		

Part II

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.

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	SECURITIES - PUBLICLY TRADED - NUMBER OF CONTRIBUTIONS

**SCHEDULE O
(Form 990)**

Department of Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the Organization
HEBREW SENIOR LIFE, INC.

Employer Identification Number
90-0183119

Return Reference - Identifier	Explanation
<p>FORM 990, PART I, LINE 1 - ORGANIZATION'S MISSION</p>	<p>THE MISSION OF HEBREW SENIORLIFE, INC. (HSL) IS TO HONOR OUR ELDERS BY RESPECTING AND PROMOTING THEIR INDEPENDENCE, SPIRITUAL VIGOR, DIGNITY AND CHOICE, AND BY 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. HSL EMPOWERS SENIORS TO LIVE THEIR HEALTHIEST, MOST FULFILLING LIVES BY:</p> <ul style="list-style-type: none"> - 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.
<p>FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION</p>	<p>HSL IS AN UNPARALLELLED 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, ROSLINDALE, AND REACHES COUNTLESS MORE THROUGH OUR RESEARCH AND TEACHING.. EXAMPLES OF OUR PROGRAM SERVICES ARE AS FOLLOWS:</p> <ol style="list-style-type: none"> 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 AND HOSPICE CARE. OUR HOSPICE PROGRAM, THE FIRST JEWISH FAITH-BASED HOSPICE IN MASSACHUSETTS, COMPRISES MORE THAN 70 RABBIS AND CANTORS SERVING THE BOSTON AREA. ADDITIONAL 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% 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% 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 RESEARCHERS THROUGH THE HARVARD MULTI-CAMPUS GERIATRIC MEDICINE FELLOWSHIP - THE LARGEST GERIATRIC FELLOWSHIP PROGRAM IN THE UNITED STATES. IN ADDITION TO THE OTHER PROGRAM SERVICES, HSL WAS RECOGNIZED BY THE BOSTON GLOBE AS ONE OF BOSTON'S TOP PLACES TO WORK FOR.
<p>FORM 990, PART VI, LINE 2 - FAMILY/BUSINESS RELATIONSHIPS AMONGST INTERESTED PERSONS</p>	<p>JEFFREY D. DRUCKER - BUSINESS RELATIONSHIP HOWARD E. COHEN - BUSINESS RELATIONSHIP RICHARD J. HENKEN - BUSINESS RELATIONSHIP</p>
<p>FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS</p>	<p>HSL IS A MASSACHUSETTS CHARITABLE MEMBERSHIP CORPORATION. ITS MEMBERS ARE THE BOARD OF DIRECTORS.</p>
<p>FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY</p>	<p>FROM THE BYLAWS OF HSL: 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.</p>
<p>FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY</p>	<p>PREPARATION OF THE FORM 990 BEGINS INTERNALLY WITH HSL STAFF AND FORVIS MAZARS PREPARING THE FORM WITH INFORMATION FROM HSL STAFF AND THE HSL AUDIT. ALL FORMS 990 AND 990-T OF THE AFFILIATES OF HSL (HSL IS THE SOLE CORPORATE MEMBER OF EACH AFFILIATE) WILL BE REVIEWED PRIOR TO FILING BY THE AUDIT & COMPLIANCE COMMITTEE OF HSL. 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 FIVE DAYS TIME IN WHICH TO VIEW THE FULL RETURNS PRIOR TO THEIR FILING.</p>

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	<p>THE BOARD OF HSL VOTED TO ADOPT THE HSL CONFLICT OF INTEREST POLICY.</p> <p>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 HSL 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 HSL IS A CHARITABLE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS TAX-EXEMPT STATUS, HSL MUST ENGAGE IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.</p> <p>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.</p> <p>LEVEL AT WHICH DETERMINATIONS OF CONFLICT ARE MADE AND WHICH ACTUAL CONFLICTS ARE REVIEWED: THE HSL CONFLICTS COMMITTEE IS RESPONSIBLE OR 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.</p> <p>RESTRICTIONS ON CONFLICTED PERSONS: ALL COVERED PERSONS ARE RESTRICTED FROM ENTERING INTO A TRANSACTION WITHOUT DISCLOSING THE ACTUAL OR POTENTIAL CONFLICT TO THE HSL 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.</p>
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	<p>THE COMPENSATION COMMITTEE OF THE HSL 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 HSL AND ITS AFFILIATES. THE FULL HSL BOARD FURTHER REVIEWED AND APPROVED THE COMPENSATION OF THE OFFICERS, KEY EMPLOYEES AND HIGHLY COMPENSATED EMPLOYEES OF HSL 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.</p> <p>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.</p>
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	<p>THE COMPENSATION COMMITTEE OF THE HSL 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 HSL AND ITS AFFILIATES. THE FULL HSL BOARD FURTHER REVIEWED AND APPROVED THE COMPENSATION OF THE OFFICERS, KEY EMPLOYEES AND HIGHLY COMPENSATED EMPLOYEES OF HSL 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.</p> <p>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.</p>
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	<p>THE ORGANIZATION'S TAX RETURNS ARE AVAILABLE AT WWW.GUIDESTAR.ORG. 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 STREET, BOSTON MA, 02131 OR BY TELEPHONE AND E-MAIL.</p>

Return Reference - Identifier	Explanation					
FORM 990, PART VIII, LINE 1C - -	<p>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 \$640,000 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.</p> <p>FUNDRAISING EXPENSES (HSL FORM 990, PART IX, LINE 25, COL. D) \$4,321,287 CONTRIBUTION REVENUE: HSL CONTRIBUTIONS (HSL FORM 990, PART VIII, LINE 1H) \$3,412,325 CONTINGENT PLEDGE REVENUE \$640,000 HEBREW REHABILITATION CENTER (PART VIII, LINE 1F) \$3,131,980 HEBREW SENIORLIFE HOSPICE CARE, INC. \$0 ORCHARD COVE, INC. \$ 181,845 HRCA SENIOR HOUSING, INC. \$ 0 HRCA HOUSING FOR ELDERLY, INC. \$ 85,130 HRCA BROOKLINE HOUSING 1550 BEACON PLAZA, INC. \$ 117,001 HRCA BROOKLINE HOUSING 112-120 CENTRE COURT, INC. \$ 0 CENTER COMMUNITIES OF BROOKLINE, INC. \$141,262 NEWBRIDGE ON THE CHARLES, INC. \$0 HRCA BROOKLINE HOUSING 108 CENTRE STREET, INC. \$ 0 HEBREW SENIORLIFE AFFILIATED MEDICAL GROUP, INC. \$ 0 TOTAL \$7,069,543</p>					
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1"> <thead> <tr> <th data-bbox="467 747 1304 774">(a) Description</th> <th data-bbox="1312 747 1515 774">(b) Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="467 785 1304 804">TRANSFERS TO / FROM AFFILIATES</td> <td data-bbox="1312 785 1515 804">1,424,465</td> </tr> </tbody> </table>		(a) Description	(b) Amount	TRANSFERS TO / FROM AFFILIATES	1,424,465
(a) Description	(b) Amount					
TRANSFERS TO / FROM AFFILIATES	1,424,465					

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

HEBREW SENIOR LIFE, INC.

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.

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

90-0183119

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) CCB TOWNHOMES 120 CENTRE LLC (82-3577049) 1200 CENTRE STREET, BOSTON, MA 02131	ELDER HOUSING	MA	411,416	2,037,184	HSL
(2) HSL GUARANTOR LLC (82-3421494) 1200 CENTRE STREET, BOSTON, MA 02131	GUARANTOR	MA	29,933	1,034,093	HSL
(3) HSL CONSTRUCTION GUARANTOR LLC (87-4097430) 1200 CENTRE STREET, BOSTON, MA 02131	GUARANTOR	MA	29,816	1,029,943	HSL
(4) HSL 370 HARVARD ST LLC (83-4173929) 1200 CENTRE STREET, BOSTON, MA 02131	ELDER HOUSING	MA	0	0	HSL
(5) HSL FIREMAN PARTNER LLC (84-3264877) 1200 CENTRE STREET, BOSTON, MA 02131	ELDER HOUSING	MA	0	0	HSL
(6) (SEE STATEMENT)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) HEBREW SENIORLIFE HOSPICE CARE INC (46-1309228) 1200 CENTRE STREET, BOSTON, MA 02131	ELDER HOUSING	MA	501(C)(3)	10	HSL	✓	
(2) NEWBRIDGE ON THE CHARLES INC (38-3707573) 1200 CENTRE STREET, BOSTON, MA 02131	ELDER HOUSING	MA	501(C)(3)	10	HSL	✓	
(3) ORCHARD COVE INC (22-3080006) ONE DEL POND DRIVE, CANTON, MA 02021	CONT. CAR	MA	501(C)(3)	10	HSL	✓	
(4) HRCA SENIOR HOUSING INC (04-2765428) 1200 CENTRE STREET, BOSTON, MA 02131	ELDER HOUSING	MA	501(C)(3)	10	HSL	✓	
(5) CTR COMMUNITIES OF BROOKLINE INC (01-0569404) 1200 CENTRE STREET, BOSTON, MA 02131	ELDER HOUSING	MA	501(C)(3)	10	HSL	✓	
(6) HRCA BROOKLINE HOUSING 112-120 CENTRE COURT INC (03-0372998) 1200 CENTRE STREET, BOSTON, MA 02131	ELDER HOUSING	MA	501(C)(3)	10	HSL	✓	
(7) (SEE STATEMENT)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(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	
(1) (SEE STATEMENT)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) (SEE STATEMENT)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CCB COHEN 112 CENTRE LLC	L	168,426	CONTRACT
(2) CCB COHEN 112 CENTRE LLC	Q	54,081	ACTUAL
(3) CCB COHEN 112 CENTRE LLC	S	540,801	REGULATOR APPROVED
(4) CCB TOWNHOMES 120 CENTRE LLC	S	350,000	REGULATOR APPROVED
(5) CCB TOWNHOMES 120 CENTRE LLC	Q	51,321	ACTUAL
(6) (SEE STATEMENT)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part I**Identification of Disregarded Entities** (continued)

(a) Name, address and EIN 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
(6) FIREMAN EXPANSION MANAGER LLC (85-4035423) 1200 CENTRE STREET, BOSTON, MA 02131	ELDER HOUSING	MA	0	0	HSL
(7) FIREMAN EXPANSION LLC (85-4016758) 1200 CENTRE STREET, BOSTON, MA 02131	ELDER HOUSING	MA	0	0	HSL
(8) HSL LEYLAND MM LLC (87-3973297) 1200 CENTRE STREET, BOSTON, MA 02131	ELDER HOUSING	MA	0	0	HSL

Part II**Identification of Related Tax-Exempt Organizations** (continued)

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(7) HRCA HOUSING FOR ELDERLY INC (04-2543731) 1200 CENTRE STREET, BOSTON, MA 02131	ELDER HOUSING	MA	501(C)(3)	10	HSL	✓	
(8) HRCA BROOKLINE HOUSING 108 CENTRE STREET INC (81-0612222) 1200 CENTRE STREET, BOSTON, MA 02131	ELDER HOUSING	MA	501(C)(3)	12 TYPE II	HSL	✓	
(9) HEBREW SENIORLIFE AFFILIATED MEDICAL GROUP INC (82-3654673) 1200 CENTRE STREET, BOSTON, MA 02131	PHYSICIAN SVC	MA	501(C)(3)	10	HSL	✓	
(10) HEBREW REHABILITATION CENTER (04-2104298) 1200 CENTRE STREET, BOSTON, MA 02131	HOSPITAL	MA	501(C)(3)	3	HSL	✓	
(11) HRCA BROOKLINE HOUSING 1550 BEACON PLAZA INC (01-0569403) 1201 CENTRE STREET, BOSTON, MA 02131	ELDER HOUSING	MA	501(C)(3)	10	HSL	✓	

Part III

Identification of Related Organizations Taxable as a Partnership (continued)

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income related, unrelated, excluded from tax under sections 512-514	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(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	
(1) CCB COHEN 112 CENTRE MM LLC (82-1763395) 1200 CENTRE STREET, BOSTON, MA 02131	ELDER HOUSING	MA	HSL	RELATED	0	174,635		✓	0		✓	55.00
(2) HSL FIREMAN OPERATING LP (84-4212813) 640 N MAIN ST, RANDOLPH, MA 02368	ELDER HOUSING	MA	HSL	N/A				✓	0		✓	99.99

Part IV**Identification of Related Organizations Taxable as a Corporation or Trust** (continued)

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) HSL PAYROLL SERVICES INC (04-2684823) 100 CENTRE STREET, BROOKLINE, MA 02446	PAYROLL SERVICES	MA	CCB	C CORPORATION	0	89,675	100.00	✓	
(2) HEBREW SENIORLIFE REAGE SOLUTIONS INC (81-4906048) 1200 CENTRE STREET, BOSTON, MA 02131	MGMT & CONS. SVCS	DE	HSL	C CORPORATION	0	23,485	100.00	✓	

Part V

Transactions with Related Organizations (continued)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount Involved	(d) Method of determining amount involved
(6) CENTER COMMUNITIES OF BROOKLINE, INC.	L	284,399	CONTRACT
(7) CENTER COMMUNITIES OF BROOKLINE, INC.	Q	879,394	ACTUAL
(8) CENTER COMMUNITIES OF BROOKLINE, INC.	L	480,738	ACTUAL
(9) CENTER COMMUNITIES OF BROOKLINE, INC.	S	915,000	ACTUAL
(10) HSL PAYROLL SERVICES LLC	R	1,145,000	ACTUAL
(11) HEBREW REHABILITATION CENTER	R	5,055,000	ACTUAL
(12) HEBREW REHABILITATION CENTER	L	3,798,424	CONTRACT
(13) HEBREW REHABILITATION CENTER	K	300,000	ACTUAL
(14) HEBREW REHABILITATION CENTER	M	614,157	ACTUAL
(15) HEBREW REHABILITATION CENTER	L	1,311,093	ACTUAL
(16) HEBREW SENIORLIFE HOSPICE CARE, INC.	L	308,412	CONTRACT
(17) HEBREW SENIORLIFE HOSPICE CARE, INC.	Q	720,364	ACTUAL
(18) HEBREW SENIORLIFE HOSPICE CARE, INC.	R	120,000	ACTUAL
(19) HEBREW SENIORLIFE HOSPICE CARE, INC.	S	9,950,000	ACTUAL
(20) HRCA BROOKLINE HOUSING 112-120 CENTRE COURT, INC.	S	983,334	REGULATOR APPROVED
(21) HRCA BROOKLINE HOUSING 1550 BEACON PLAZA, INC.	L	269,386	CONTRACT
(22) HRCA BROOKLINE HOUSING 1550 BEACON PLAZA, INC.	Q	791,455	ACTUAL
(23) HRCA BROOKLINE HOUSING 1550 BEACON PLAZA, INC.	L	423,061	ACTUAL
(24) HRCA BROOKLINE HOUSING 1550 BEACON PLAZA, INC.	S	135,000	ACTUAL
(25) HSL FIREMAN OPERTING LIMITED PARTNERSHIP	L	164,481	CONTRACT
(26) HSL FIREMAN OPERTING LIMITED PARTNERSHIP	Q	545,157	ACTUAL
(27) HSL FIREMAN OPERTING LIMITED PARTNERSHIP	L	487,588	ACTUAL
(28) HRCA HOUSING FOR ELDERLY, INC.	L	382,911	CONTRACT
(29) HRCA HOUSING FOR ELDERLY, INC.	Q	967,448	ACTUAL
(30) HRCA HOUSING FOR ELDERLY, INC.	L	724,146	ACTUAL
(31) NEWBRIDGE ON THE CHARLES	L	1,330,851	CONTRACT
(32) NEWBRIDGE ON THE CHARLES	L	3,023,648	ACTUAL
(33) NEWBRIDGE ON THE CHARLES	Q	20,736,697	ACTUAL
(34) ORCHARD COVE, INC.	J	720,000	CONTRACT
(35) ORCHARD COVE, INC.	L	879,921	CONTRACT
(36) ORCHARD COVE, INC.	Q	27,063,004	ACTUAL
(37) ORCHARD COVE, INC.	L	26,593,756	ACTUAL