

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2019

Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **10/01, 2019**, and ending **09/30, 2020**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HEBREW SENIORLIFE INC.			D Employer identification number 90-0183119
	Doing Business As			E Telephone number (617) 363-8000
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	G Gross receipts \$ 157,758,195.
	1200 CENTRE STREET			
City or town, state or province, country, and ZIP or foreign postal code BOSTON, MA 02131			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: LOUIS J. WOOLF, PRESIDENT & CEO 1200 CENTRE STREET, ROSLINDALE, MA 02131			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			If "No," attach a list. (see instructions)	
J Website: WWW.HEBREWSENIORLIFE.ORG/			H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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: THE MISSION OF HEBREW SENIORLIFE IS TO HONOR OUR ELDERS BY RESPECTING AND PROMOTING THEIR INDEPENDENCE SPIRITUAL VIGOR, DIGNITY AND CHOICE, AND BY (SEE SCHEDULE O)	
	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 2019 (Part V, line 2a)	5 76.
	6 Total number of volunteers (estimate if necessary)	6 350.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a -10,477.
b Net unrelated business taxable income from Form 990-T, line 34	7b -12,902.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 13,004,102. Current Year 9,089,087.
	9 Program service revenue (Part VIII, line 2g)	9,419,270. 10,376,457.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,709,743. 2,429,439.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-469,214. -378,104.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	26,663,901. 21,516,879.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	90,160. 99,542.
	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)	9,756,639. 9,258,254.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,009,284.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,814,392. 6,775,832.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	17,661,191. 16,133,628.
19 Revenue less expenses. Subtract line 18 from line 12	9,002,710. 5,383,251.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 256,029,882. End of Year 277,983,076.
	21 Total liabilities (Part X, line 26)	7,425,275. 8,287,648.
	22 Net assets or fund balances. Subtract line 21 from line 20.	248,604,607. 269,695,428.

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	Date
	JAMES D. HART CFO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name MIKE A CINCOTTA	Preparer's signature <i>Mike Cincotta</i>	Date 08/10/2021	Check <input type="checkbox"/> if self-employed	PTIN P01595811
	Firm's name ▶ ERNST & YOUNG U.S. LLP	Firm's EIN ▶ 34-6565596		Phone no. 617 266-2000	
	Firm's address ▶ 200 CLARENDON STREET BOSTON, MA 02116-5072				

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2019)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE MISSION OF HEBREW SENIORLIFE, INC. IS TO HONOR OUR ELDERS, BY RESPECTING AND PROMOTING THEIR INDEPENDENCE, SPIRITUAL VIGOR, DIGNITY AND CHOICE AND BY RECOGNIZING THAT THEY ARE A (SEE SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 \$ 11,359,183. including grants of \$ 99,542.) (Revenue \$ 10,376,457.)

HEBREW SENIORLIFE, INC. (HSL) IS AN UNPARALLELED PROVIDER OF SENIOR LIVING COMMUNITIES, GERIATRIC HEALTH CARE, RESEARCH INTO HUMAN AGING, AND MEDICAL EDUCATION. FOUNDED IN 1903, HSL STRIVES TO TRANSFORM EVERY ASPECT OF THE AGING EXPERIENCE. AN AFFILIATE OF HARVARD MEDICAL SCHOOL, HSL SERVES OVER 3,000 SENIORS EACH DAY AT OUR SITES IN BROOKLINE, CANTON, DEDHAM, RANDOLPH, REVERE, AND ROSLINDALE, AND REACHES COUNTLESS MORE THROUGH OUR RESEARCH AND TEACHING. (CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 11,359,183.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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 []

Table with 3 columns: Question number, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable trusts.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (19), 1b (19), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 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.
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

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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(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)	(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			
(1) LOUIS J WOOLF PRESIDENT & CEO	15.00 35.00			X			1,100,092.	0.	102,080.	
(2) MARY MOSCATO PRES, HSL HEALTH CARE SVC AND	10.00 40.00				X		0.	414,727.	62,283.	
(3) JAMES D HART CFO	15.00 35.00			X			391,345.	0.	65,378.	
(4) KATELYN QUINN CHIEF DEV OFF & VP BOARD REL.	40.00 10.00				X		381,024.	0.	72,646.	
(5) LEWIS LIPSITZ DIR, HMIFAR & CHIEF ACAD. OFF	10.00 40.00				X		0.	346,732.	93,642.	
(6) HELEN CHEN CHIEF MEDICAL OFFICER	10.00 40.00				X		0.	376,764.	46,392.	
(7) KIMBERLY BROOKS CHIEF OP. OFFICER, SEN LIVING	35.00 15.00				X		329,799.	0.	53,711.	
(8) TAMMY BARKYOUMB RETALIC CHIEF NURSING OFF & VP PCS	10.00 40.00				X		0.	279,227.	60,628.	
(9) DEBORAH L LEMMERMAN CHIEF PEOPLE OFFICER	40.00 10.00				X		270,420.	0.	61,726.	
(10) RACHEL WHITEHOUSE CHIEF COMM. & PLAN. OFFICER	40.00 10.00				X		259,903.	0.	64,738.	
(11) ERIC ROGERS CIO	15.00 35.00			X			245,730.	0.	57,518.	
(12) SARAH L SYKORA EXEC DIR, MARKETING & SALES	50.00 0.					X	236,312.	0.	59,200.	
(13) TERESA LISEK DIRECTOR OF DEVELOPMENT	50.00 0.					X	203,326.	0.	50,558.	
(14) MARSHA T. SLOTNICK SENIOR MAJOR GIFTS OFFICER	50.00 0.					X	185,976.	0.	26,699.	

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)	(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			
(15) RACHEL LERNER ----- GEN. COUNSEL & CHIEF COMP OFF	40.00 10.00				X			165,220.	0.	37,100.
(16) CARMINE BRUNO ----- CORPORATE DIR OF FACILITIES	50.00 0.					X		160,170.	0.	37,971.
(17) STACEY R WEINBAUM ----- EXEC DIR, BOARD REL & EVENTS	50.00 0.					X		154,573.	0.	40,146.
(18) JEFFREY D. DRUCKER ----- BOARD CHAIR	1.00 3.50	X						0.	0.	0.
(19) MARSHA COHEN ----- TREASURER AND DIRECTOR	1.00 3.50	X		X				0.	0.	0.
(20) MELISSA BAYER TEARNEY ----- SECRETARY AND DIRECTOR	1.00 3.50	X		X				0.	0.	0.
(21) HOWARD E. COHEN ----- DIRECTOR	1.00 0.	X						0.	0.	0.
(22) HINDA L. MARCUS ----- DIRECTOR	1.00 0.	X						0.	0.	0.
(23) THOMAS J. DESIMONE ----- DIRECTOR	1.00 0.	X						0.	0.	0.
(24) CYNTHIA FISH ----- DIRECTOR	1.00 0.	X						0.	0.	0.
(25) TODD FINARD ----- DIRECTOR	1.00 0.	X						0.	0.	0.
1b Sub-total								4,083,890.	1,417,450.	992,416.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								4,083,890.	1,417,450.	992,416.

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 ► 22

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
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>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0.

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)	(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			
(26) STEVEN FLIER ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(27) REESE GENSER ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(28) RICHARD J. HENKEN ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(29) HAROLD G. KOTLER ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(30) WILLIAM MOSAKOWSKI ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(31) DAVID D. ROSENTHAL ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(32) SUSAN FLORENCE SMITH ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(33) JAY WEBBER ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(34) ROBERTA S. WEINER ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(35) ELLEN ZANE ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(36) MARK ZEIDEL ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **▶** 22

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
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>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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	578,635.				
	d	Related organizations	1d					
	e	Government grants (contributions) . .	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	8,510,452.				
	g	Noncash contributions included in lines 1a-1f.	1g	\$ 281,529.				
	h	Total. Add lines 1a-1f			9,089,087.			
	Program Service Revenue	2a	MANAGEMENT FEES FROM AFFILIATES	Business Code	551112	9,656,457.	9,656,457.	
b		LAND LEASE REVENUE FROM AFFILIATES		532000	720,000.	720,000.		
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f				10,376,457.		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).			905,140.		-10,477.	
	4	Income from investment of tax-exempt bond proceeds .			0.		915,617.	
	5	Royalties			0.			
	6a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)				0.		
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
					137,230,025.			
	b	Less: cost or other basis and sales expenses . .	7b			135,705,726.		
	c	Gain or (loss)	7c			1,524,299.		
d	Net gain or (loss)				1,524,299.	1,524,299.		
8a	Gross income from fundraising events (not including \$ 578,635. of contributions reported on line 1c). See Part IV, line 18	8a			157,486.			
b	Less: direct expenses	8b			535,590.			
c	Net income or (loss) from fundraising events.				-378,104.		-378,104.	
9a	Gross income from gaming activities. See Part IV, line 19	9a			0.			
b	Less: direct expenses	9b			0.			
c	Net income or (loss) from gaming activities.				0.			
10a	Gross sales of inventory, less returns and allowances	10a			0.			
					0.			
					0.			
b	Less: cost of goods sold	10b			0.			
c	Net income or (loss) from sales of inventory.				0.			
Miscellaneous Revenue	11a		Business Code					
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d				0.		
12	Total revenue. See instructions				21,516,879.	10,376,457.	-10,477.	

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	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	99,542.	99,542.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	3,143,532.	3,143,532.		
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	5,511,802.	2,989,530.		2,522,272.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	0.			
10 Payroll taxes	602,920.	409,966.		192,954.
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	139,743.		139,743.	
c Accounting	22,562.		22,562.	
d Lobbying	12,750.	12,750.		
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	602,856.		602,856.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0.			
12 Advertising and promotion	1,260,777.	1,260,777.		
13 Office expenses	326,953.	246,556.		80,397.
14 Information technology	1,802.	1,802.		
15 Royalties	0.			
16 Occupancy	578,016.	503,016.		75,000.
17 Travel	1,289.	1,289.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	70,167.	18,036.		52,131.
20 Interest	0.			
21 Payments to affiliates	2,445,633.	1,945,494.		500,139.
22 Depreciation, depletion, and amortization	198,426.	198,426.		
23 Insurance	61,932.	61,932.		
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	693,393.	402,532.		290,861.
b SUPPLIES & MISCELLANEOUS	359,533.	64,003.		295,530.
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	16,133,628.	11,359,183.	765,161.	4,009,284.
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)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	845,037.	1	1,322,234.	
	2 Savings and temporary cash investments.	1,662,622.	2	3,256,710.	
	3 Pledges and grants receivable, net	16,686,140.	3	18,669,836.	
	4 Accounts receivable, net.	0.	4	0.	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	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).	0.	6	0.	
	7 Notes and loans receivable, net	0.	7	0.	
	8 Inventories for sale or use	0.	8	0.	
	9 Prepaid expenses and deferred charges	273,624.	9	429,554.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,198,196.			
	b Less: accumulated depreciation.	10b 1,447,936.			
			4,210,819.	10c	5,750,260.
	11 Investments - publicly traded securities.	14,326,126.	11	21,248,170.	
	12 Investments - other securities. See Part IV, line 11	88,683,382.	12	85,456,701.	
	13 Investments - program-related. See Part IV, line 11.	0.	13	0.	
	14 Intangible assets	0.	14	0.	
15 Other assets. See Part IV, line 11	129,342,132.	15	141,849,611.		
16 Total assets. Add lines 1 through 15 (must equal line 33)	256,029,882.	16	277,983,076.		
Liabilities	17 Accounts payable and accrued expenses.	7,194,286.	17	7,974,747.	
	18 Grants payable	0.	18	0.	
	19 Deferred revenue.	0.	19	0.	
	20 Tax-exempt bond liabilities.	0.	20	0.	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.	
	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	0.	22	0.	
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.	
	24 Unsecured notes and loans payable to unrelated third parties.	0.	24	0.	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	230,989.	25	312,901.	
	26 Total liabilities. Add lines 17 through 25.	7,425,275.	26	8,287,648.	
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.	217,731,185.	27	233,448,712.	
	28 Net assets with donor restrictions.	30,873,422.	28	36,246,716.	
	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	248,604,607.	32	269,695,428.	
33 Total liabilities and net assets/fund balances.	256,029,882.	33	277,983,076.		

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	21,516,879.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,133,628.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,383,251.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	248,604,607.
5	Net unrealized gains (losses) on investments	5	4,081,070.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	11,626,500.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	269,695,428.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

HEBREW SENIORLIFE 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 or 990-EZ).)
- 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)(vi)**. (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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 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 in 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

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2019 (58.71%); 15 Public support percentage from 2018 Schedule A, Part II, line 14 (60.48%); 16a 33 1/3% support test - 2019 (checked); 16b 33 1/3% support test - 2018; 17a 10%-facts-and-circumstances test - 2019; 17b 10%-facts-and-circumstances test - 2018; 18 Private foundation.

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

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First five 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.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2019, 2018. Row 15: Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)). Row 16: Public support percentage from 2018 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2019, 2018. Row 17: Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)). Row 18: Investment income percentage from 2018 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2019. 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.

19b 33 1/3% support tests - 2018. 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.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	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 (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c 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 12a or 12b in Part I, answer (b) and (c) below.</i>		
b 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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <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 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <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 10b below.</i>		
b 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 in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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 government entity (see instructions).	
2	Activities Test. Answer (a) and (b) below.		
a		Yes	No
	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? <i>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.</i>		
2a			
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "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.</i>		
2b			
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a		Yes	No
	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? <i>Provide details in Part VI.</i>		
3a			
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b			

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 (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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

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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

Open to Public Inspection

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

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

Department of the Treasury
Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization HEBREW SENIORLIFE INC.	Employer identification number 90-0183119
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2019

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a. If zero or less, enter -0-			
i Subtract line 1f from line 1c. If zero or less, enter -0-			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No

4-Year Averaging Period Under Section 501(h)

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

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

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

Table with 3 main columns: Description, (a) Yes/No, and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

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

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

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

Part IV Supplemental Information

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

LOBBY ACTIVITY EXPLANATION

PART II-B, LINE 1G.

HEBREW SENIORLIFE, INC. MAINTAINS MEMBERSHIPS WITH CERTAIN ASSOCIATIONS.

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

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization

HEBREW SENIORLIFE 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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year., 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1., (ii) Assets included in Form 990, Part X., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1., b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2019

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 |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 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	38,593,348.	40,169,584.	38,337,762.	33,653,461.	31,889,348.
b Contributions	238,576.	146,209.	1,742,912.	1,044,657.	124,107.
c Net investment earnings, gains, and losses	1,964,511.	756,605.	1,350,065.	4,931,092.	2,938,873.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,006,309.	2,479,050.	1,261,155.	1,291,448.	1,298,867.
f Administrative expenses					
g End of year balance	39,790,126.	38,593,348.	40,169,584.	38,337,762.	33,653,461.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 37.6600 %
 - b** Permanent endowment ▶ 45.7200 %
 - c** Term endowment ▶ 16.6200 %
- 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) | X |
| (ii) Related organizations | 3a(ii) | X |
| 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		8,996.	8,996.	
c Leasehold improvements		753,180.	753,180.	
d Equipment		2,139,391.	682,454.	1,456,937.
e Other		1,142,029.	3,306.	1,138,723.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,750,260.

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	82,338,288.	FMV
(B) DEFERRED COMPENSATION POOL	1,635,312.	FMV
(C) PLANNED GIVING ANNUITY	743,031.	FMV
(D) ISRAEL BOND	177,198.	FMV
(E) WORKERS COMP COLLATERAL POOL	562,872.	FMV
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	85,456,701.	

Part VIII Investments - Program Related.

Complete if the organization answered "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	141,583,723.
(2) RECEIVABLE FROM DONOR ESTATE	15,964.
(3) LOAN RECEIVABLE	249,924.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	141,849,611.

Part X Other Liabilities.

Complete if the organization answered "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) HSL DEV LIAB PLANNED GIVING ANNUIT.	312,901.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	312,901.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (2e, 3, 4c, 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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (2e, 3, 4c, 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 PAGE 5

Multiple horizontal lines provided for entering supplemental information.

Part XIII Supplemental Information *(continued)*

FORM 990, SCHEDULE D, PART V

USES OF ENDOWMENT FUNDS

ENDOWMENT AND QUASI-ENDOWMENT USES INCLUDE RESEARCH, EDUCATION AND CARE
OF RESIDENTS OF OUR VARIOUS FACILITIES.

FORM 990, SCHEDULE D, PART X, LINE 2

FIN 48/ASC 740

HEBREW SENIORLIFE, INC.'S FINANCIAL STATEMENTS DO NOT INCLUDE A FOOTNOTE
RELATED TO FIN 48/ASC 740.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

Name of the organization

HEBREW SENIORLIFE 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	0.	0.	INVESTMENTS		5,010,589.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					5,010,589.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					5,010,589.

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

Schedule F (Form 990) 2019

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 tax-exempt 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).

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
		ENGAGE	GOLF	(total number)	(add col. (a) through col. (c))
		(event type)	(event type)		
Revenue	1 Gross receipts	594,012.	142,109.		736,121.
	2 Less: Contributions	466,576.	112,059.		578,635.
	3 Gross income (line 1 minus line 2)	127,436.	30,050.		157,486.
Direct Expenses	4 Cash prizes		2,579.		2,579.
	5 Noncash prizes	10,000.	2,103.		12,103.
	6 Rent/facility costs	195,468.	21,175.		216,643.
	7 Food and beverages	156,962.	13,160.		170,122.
	8 Entertainment	96,565.			96,565.
	9 Other direct expenses	21,527.	16,051.		37,578.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				535,590.
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-378,104.	

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))
Revenue	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 ▶ _____

- 15 a 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 explanation 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)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

HEBREW SENIORLIFE INC.

Employer identification number

90-0183119

Part I General Information on Grants and Assistance

- 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
- 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and 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.

Schedule I (Form 990) (2019)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SCHOLARSHIPS	40.	99,542.		FMV	
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.

FORM 990, SCHEDULE I

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

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

ORGANIZATIONS. THESE GRANTS ARE SCHOLARSHIPS PROVIDED TO SUPPORT NURSING

EDUCATION. APPLICATIONS ARE REVIEWED BY THE BOARD COMMITTEE AND STAFF

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

ON BEHALF OF THE STUDENT.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

HEBREW SENIORLIFE 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

2019

Open to Public Inspection

Employer identification number

90-0183119

Part I Questions Regarding Compensation

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.

- | | |
|---|---|
| <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) |

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

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?

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.

- | | |
|---|---|
| <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 |

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:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b	X	
4c		X
5a	X	
5b		X
6a	X	
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2019

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

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 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 STACEY R WEINBAUM EXEC DIR, BOARD REL & EVENTS	(i)	146,899.	7,536.	138.	3,206.	36,940.	194,719.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

SUPPLEMENTAL COMPENSATION INFORMATION

SCHEDULE J, PART I, LINE 1A

LOUIS WOOLF, CURRENT CEO, RECEIVED A HOUSING ALLOWANCE PROVIDED BY HEBREW SENIORLIFE. IT IS TREATED AS A TAXABLE ITEM, REPORTED AS WAGES PER HIS FORM W-2. MR. WOOLF'S OTHER REPORTABLE COMPENSATION INCLUDES THE FOLLOWING ITEM WITH GROSS UP: DISABILITY INSURANCE PREMIUMS.

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

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

FORM 990, SCHEDULE J, PART I, LINES 5A, 6A, & 7

EACH YEAR, HSL WITHHOLDS A PORTION OF ITS SENIOR LEADERSHIP'S BUDGET FOR COMPENSATION TO CREATE AN "AT RISK" BONUS, WHICH IS THEN PAID, ON AN INCENTIVE BASIS, TO ITS SENIOR LEADERSHIP WHEN TARGET GOALS ARE REACHED.

Part III Supplemental Information

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

BEFORE ANY BONUS IS PAID OUT UNDER THIS ARRANGEMENT, HSL'S COMPENSATION COMMITTEE REVIEWS THE FINANCIAL POSITION OF THE ORGANIZATION, INCLUDING THE ORGANIZATION'S GROSS AND NET EARNINGS, AND, IF FEASIBLE, WILL APPROVE BONUSES TO ELIGIBLE SENIOR LEADERSHIP. BONUSES ARE BUDGETED EACH YEAR AS PERCENTAGE OF THE ELIGIBLE EMPLOYEE'S BASE WAGES. THE PERCENTAGES PAYABLE RANGE FROM 5 TO 15 PERCENT. THE FOLLOWING EMPLOYEES RECEIVED BONUSES PAID OUT UNDER HSL'S BONUS ARRANGEMENT IN 2019.

LOUIS J WOOLF	\$ 452,582
JAMES D HART	\$ 59,466
KATELYN QUINN	\$ 31,500
ERIC ROGERS	\$ 21,617
KIMBERLY BROOKS	\$ 50,000
RACHEL WHITEHOUSE	\$ 23,450
DEBORAH LEMMERMAN	\$ 27,032

THE AMOUNT IS INCLUDED IN BONUS & INCENTIVE COMPENSATION REPORTED ON SCHEDULE J, PART II, COLUMN (B)(II).

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization HEBREW SENIORLIFE INC.	Employer identification number 90-0183119
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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	X	16 .	281,529 .	FMV
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 IV, Donee Acknowledgement **29**

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b If "Yes," describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b If "Yes," describe in Part II.			
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.			

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

Schedule M (Form 990) 2019

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.

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

HEBREW SENIORLIFE INC.

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

90-0183119

ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES (CONT'D)

FORM 990, PART 1, LINE 1

RECOGNIZING THAT THEY ARE A RESOURCE TO BE CHERISHED. AS PART OF OUR MISSION, WE ACCEPT SPECIAL RESPONSIBILITY FOR THE FRAILEST AND NEEDIEST MEMBERS OF OUR COMMUNITY WHO ARE MOST DEPENDENT ON OUR CARE.

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

- PROVIDING A COMPLETE AND INTEGRATED SPECTRUM OF THE HIGHEST QUALITY HEALTH-CARE AND HOUSING FACILITIES AND SERVICES FOR SENIORS.
- CONDUCTING MEDICAL AND SOCIAL GERONTOLOGICAL RESEARCH TO IMPROVE SENIORS' HEALTH AND QUALITY OF LIFE.
- TEACHING FUTURE GENERATIONS OF HEALTH-CARE PROFESSIONALS.
- ADVOCATING FOR POLICIES AND PROGRAMS THAT BENEFIT SENIORS AND THEIR FAMILIES.
- PROVIDING NATIONAL AND INTERNATIONAL LEADERSHIP IN THE FIELDS OF SENIOR HEALTH CARE, HOUSING, RESEARCH AND TEACHING.
- RAISING STANDARDS IN SENIOR HEALTH AND HOUSING THROUGH INNOVATION AND LEADERSHIP AT THE LOCAL, STATE, NATIONAL AND INTERNATIONAL LEVELS.

ORGANIZATION'S MISSION (CONT'D)

FORM 990, PART III, LINE 1

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

Name of the organization HEBREW SENIORLIFE INC.	Employer identification number 90-0183119
--	--

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

PROGRAM SERVICE DESCRIPTION (CONT'D)

FORM 990, PART III, LINE 4A

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

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

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

Name of the organization HEBREW SENIORLIFE INC.	Employer identification number 90-0183119
--	--

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

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

DESCRIPTION OF CLASSES OR MEMBERS OR STOCKHOLDERS
FORM 990, PART VI, QUESTION 6

HEBREW SENIORLIFE, INC. IS A MASSACHUSETTS CHARITABLE MEMBERSHIP CORPORATION. ITS MEMBERS ARE THE BOARD OF DIRECTORS.

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

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

PROCESS USED BY MGMT &/OR GOVERNING BODY TO REVIEW 990
PREPARATION OF THE FORM 990 BEGINS INTERNALLY WITH HEBREW SENIORLIFE STAFF AND ERNST & YOUNG PREPARING THE FORM WITH INPUT PROVIDED BY HEBREW SENIORLIFE. ALL FORMS 990 AND 990T OF THE AFFILIATES OF HEBREW

Name of the organization HEBREW SENIORLIFE INC.	Employer identification number 90-0183119
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SENIORLIFE, INC. (HSL IS THE SOLE CORPORATE MEMBER OF EACH AFFILIATE) WILL BE REVIEWED PRIOR TO FILING BY THE AUDIT COMMITTEE OF HEBREW SENIORLIFE, INC. SUBSEQUENT TO SUCH REVIEW, AND PRIOR TO FILING, COPIES WILL BE PROVIDED TO THE APPROPRIATE GOVERNING BOARD OF DIRECTORS FOR EACH AFFILIATE. THE GOVERNING BOARDS WILL HAVE 5 DAYS TIME IN WHICH TO VIEW THE FULL RETURNS PRIOR TO THEIR FILING.

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

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

Name of the organization HEBREW SENIORLIFE INC.	Employer identification number 90-0183119
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WHO IS COVERED

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

LEVEL AT WHICH DETERMINATIONS OF CONFLICT ARE MADE AND WHICH ACTUAL CONFLICTS ARE REVIEWED

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

RESTRICTIONS ON CONFLICTED PERSONS

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

Name of the organization HEBREW SENIORLIFE INC.	Employer identification number 90-0183119
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FORM 990, PART VI, QUESTION 15A AND 15B

PROCESS FOR DETERMINING COMPENSATION FOR OFFICERS AND KEY EXECUTIVES

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

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

FORM 990, PART VI, QUESTION 19

THE ORGANIZATION'S TAX RETURNS ARE AVAILABLE AT GUIDESTAR. GOVERNING DOCUMENTS ARE AVAILABLE AT THE COMMONWEALTH OF MASSACHUSETTS' WEBSITE. THE TAX RETURNS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE ALSO AVAILABLE UPON REQUEST AT THE OFFICES OF HSL AT 1200 CENTRE ST.

Name of the organization HEBREW SENIORLIFE INC.	Employer identification number 90-0183119
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BOSTON, MA 02131 OR BY TELEPHONE AND E-MAIL.

FORM 990, PART VIII, LINE 1C & 1F

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

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

Name of the organization HEBREW SENIORLIFE INC.	Employer identification number 90-0183119
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HRCA BROOKLINE HOUSING 112-120 CENTRE COURT, INC.	0
CENTER COMMUNITIES OF BROOKLINE, INC.	6,609

	11,822,279
TOTAL COST PER DOLLAR RAISED	34%

OTHER CHANGE IN NET ASSETS
FORM 990, PART XI, LINE 9

TRANSFER FROM AFFILIATE	\$13,932,000
TRANSFER TO AFFILIATE	(\$ 2,305,500)
TOTAL	\$11,626,500

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

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

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

HEBREW SENIORLIFE INC.

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 1200 CENTRE STREET BOSTON, MA 02131 82-3577049	ELDER HOUSING	MA	95,377.	1,763,199.	HSL
(2) HSL GUARANTOR LLC 1200 CENTRE STREET BOSTON, MA 02131 82-3421494	ELDER HOUSING	MA	1,003.	2,791.	HSL
(3) HSL 370 HARVARD ST, LLC 1200 CENTRE STREET BOSTON, MA 02131 83-4173929	ELDER HOUSING	MA	0.	0.	HSL
(4) HSL FIREMAN PARTNER, LLC 1200 CENTRE STREET BOSTON, MA 02131 84-3264877	ELDER HOUSING	MA	0.	0.	HSL
(5) FIREMAN EXPANSION MANAGER, LLC 1200 CENTRE STREET BOSTON, MA 02131 85-4035423	ELDER HOUSING	MA	0.	0.	HSL
(6) FIREMAN EXPANSION, LLC 1200 CENTRE STREET BOSTON, MA 02131 85-4016758	ELDER HOUSING	MA	0.	0.	HSL

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

(a) Name, address, and EIN of 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) ORCHARD COVE, INC. ONE DEL POND DRIVE CANTON, MA 02021 22-3080006	CONT. CARE	MA	501(C)(3)	10	HSL	X	
(2) HRCA SENIOR HOUSING, INC. 1200 CENTRE STREET BOSTON, MA 02131 04-2765428	ELDER HOUSING	MA	501(C)(3)	10	HSL	X	
(3) CTR COMMUNITIES OF BROOKLINE, INC. 1200 CENTRE STREET BOSTON, MA 02131 01-0569404	ELDER HOUSING	MA	501(C)(3)	10	HSL	X	
(4) HRCA BROOKLINE HOUSING 112-120 CENTRE CO 1200 CENTRE STREET BOSTON, MA 02131 03-0372998	ELDER HOUSING	MA	501(C)(3)	10	HSL	X	
(5) HRCA BROOKLINE HOUSING 1550 BEACON 1200 CENTRE STREET BOSTON, MA 02131 01-0569403	ELDER HOUSING	MA	501(C)(3)	10	HSL	X	
(6) HRCA HOUSING FOR ELDERLY, INC. 1200 CENTRE STREET BOSTON, MA 02131 04-2543731	ELDER HOUSING	MA	501(C)(3)	10	HSL	X	
(7) NEWBRIDGE ON THE CHARLES, INC. 1200 CENTRE STREET BOSTON, MA 02131 38-3707573	ELDERLY ACTY	MA	501(C)(3)	10	HSL	X	

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

Schedule R (Form 990) 2019

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

HEBREW SENIORLIFE INC.

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)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

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

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

Schedule R (Form 990) 2019

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) CCB COHEN 112 MM LLC 82-176339 1200 CENTRE ST BOSTON, MA 0213	ELDER HOUSING	MA	HSL	RELATED	0.	0.		X	0.		X	55.0000
(2) HSL FIREMAN OPERATING LP 84-42 640 N. MAIN STREET RANDOLPH, M	REAL ESTATE	MA	N/A	N/A	0.	0.		X	0.		X	99.9900
(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) HEBREW SENIORLIFE REAGE SOLUTIONS INC. 81-4906048 1200 CENTRE STREET BOSTON, MA 02131	MGMT & CONS. SVCS	DE	HSL	C CORP	0.	523,903.	100.0000	X	
(2) HSL PAYROLL SERVICES, INC. 04-2684823 100 CENTRE STREET BROOKLINE, MA 02446	PAYROLL SERVICES	MA	CCB	C CORP	0.	0.			X
(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		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)	X	

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) HEBREW REHABILITATION CENTER	R	13,345,000.	ACTUAL
(2) HEBREW REHABILITATION CENTER	L	5,172,309.	CONTRACT
(3) HRCA BROOKLINE HOUSING 112-120 CENTRE COURT,	S	3,702,561.	REG. APPROVED
(4) HEBREW REHABILITATION CENTER	L	1,553,660.	ACTUAL
(5) NEWBRIDGE ON THE CHARLES, INC.	L	1,097,411.	CONTRACT
(6) ORCHARD COVE, INC.	L	952,761.	CONTRACT

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	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

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) HEBREW REHABILITATION CENTER	P	837,357.	ACTUAL
(2) NEWBRIDGE ON THE CHARLES, INC.	Q	761,913.	ACTUAL
(3) ORCHARD COVE, INC.	Q	753,992.	ACTUAL
(4) ORCHARD COVE, INC.	J	720,000.	CONTRACT
(5) HEBREW REHABILITATION CENTER	Q	622,546.	ACTUAL
(6) HRCA SENIOR HOUSING, INC.	R	509,839.	REG. APPROVED

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	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

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) NEWBRIDGE ON THE CHARLES, INC.	Q	503,015.	ACTUAL
(2) HRCA BROOKLINE HOUSING 1550 BEACON PLAZA, INC	R	442,000.	REG. APPROVED
(3) HEBREW SENIORLIFE HOSPICE CARE, INC.	L	354,633.	CONTRACT
(4) HEBREW REHABILITATION CENTER	Q	331,976.	ACTUAL
(5) HRCA HOUSING FOR ELDERLY, INC.	L	331,023.	CONTRACT
(6) HRCA BROOKLINE HOUSING 108 CENTRE STREET, INC	Q	317,001.	ACTUAL

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	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

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) HEBREW REHABILITATION CENTER	K	300,000.	ACTUAL
(2) CENTER COMMUNITIES OF BROOKLINE, INC.	L	246,443.	CONTRACT
(3) HRCA HOUSING FOR ELDERLY, INC.	L	221,235.	ACTUAL
(4) HRCA BROOKLINE HOUSING 1550 BEACON PLAZA, INC	L	209,315.	CONTRACT
(5) HEBREW SENIORLIFE AFFILIATED MEDICAL GROUP	L	194,950.	CONTRACT
(6) HEBREW SENIORLIFE HOSPICE CARE, INC.	R	180,000.	ACTUAL

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	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

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) ORCHARD COVE, INC.	Q	153,721.	ACTUAL
(2) HRCA SENIOR HOUSING, INC.	L	123,253.	CONTRACT
(3) ORCHARD COVE, INC.	L	105,507.	ACTUAL
(4) HEBREW SENIORLIFE HOSPICE CARE, INC.	Q	103,599.	ACTUAL
(5) HRCA HOUSING FOR ELDERLY, INC.	Q	76,533.	ACTUAL
(6) HRCA HOUSING FOR ELDERLY, INC.	R	65,000.	REG. APPROVED

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	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

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) HEBREW SENIORLIFE HOSPICE CARE, INC.	L	63,138.	ACTUAL
(2) CENTER COMMUNITIES OF BROOKLINE, INC.	Q	55,146.	ACTUAL
(3) HRCA BROOKLINE HOUSING 1550 BEACON PLAZA, INC	Q	52,859.	ACTUAL
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) 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 VII **Supplemental Information**

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