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ERNST & YOUNG U.S. LLP

INSTRUCTIONS FOR FILING

**RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX
Form 990**

For the year ended September 30, 2022

TAXPAYER: Hebrew SeniorLife, Inc.

DUE DATE: **August 15, 2023**

MAILING: This copy is for your records only. Do not separately file
a copy of the Form 990 with the Internal Revenue
Service.

SIGNATURE: The e-file authorization form, Form 8453-TE and page 1 of the
Form 990, should be signed using full name, title, and dated
where indicated. Once signed, please return the signed e-file
authorization form to George.f.Pagano@ey.com.

PAYMENT OF TAX: No payment is due with this return.

Tax Exempt Entity Declaration and Signature for Electronic Filing

For calendar year 2021, or tax year beginning 10/01, 2021, and ending 09/30, 20 22

2021

Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP
▶ Go to www.irs.gov/Form8453TE for the latest information.

Name of filer HEBREW SENIORLIFE, INC.	EIN or SSN 90-0183119
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Part I Type of Return and Return Information

Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)		30,511,901
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)		
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)		
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)		
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)		
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)		
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)		
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)		
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)		
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)		

Part II Declaration of Officer or Person Subject to Tax

- 11a I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- b If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named entity or I am the person subject to tax with respect to (name of entity) _____, (EIN) _____, and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Signature of officer or person subject to tax	8/8/23 Date	CFO Title, if applicable
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Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature 	Date 07/19/23	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN P01978122
	Firm's name (or yours if self-employed), address, and ZIP code ERNST & YOUNG US LLP 200 CLARENDON STREET, BOSTON, MA 02116-5072	EIN 34-6565596	Phone no. (617) 266-2000		

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 10/01, 2021, and ending 09/30, 2022

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

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

D Employer identification number: 90-0183119

E Telephone number: (617) 363-8000

F Name and address of principal officer: LOUIS J. WOOLF, PRESIDENT & CEO
 SAME AS C ABOVE

G Gross receipts \$: 51,361,284

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

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

J Website: WWW.HEBREWSENIORLIFE.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 2003

M State of legal domicile: MA

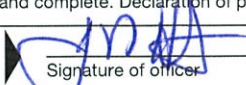
Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: 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 2021 (Part V, line 2a)	5	73
	6	Total number of volunteers (estimate if necessary)	6	275
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	128,929
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	53,846	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	13,298,250	13,607,220
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,525,115	9,990,771
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,537,703	7,292,652
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	(340,694)	(378,742)
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	30,020,374	30,511,901
	14	Benefits paid to or for members (Part IX, column (A), line 4)	98,762	95,450
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	10,909,003	11,202,376
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,652,098	0	0
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	8,073,596	7,525,732
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	19,081,361	18,823,558
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	10,939,013	11,688,343
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	317,172,780	304,176,064
	22	Net assets or fund balances. Subtract line 21 from line 20	8,574,227	8,699,305

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: 8/8/23

JAMES D HART, CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: GEORGE PAGANO
 Preparer's signature: 
 Date: 07/19/23
 Check if self-employed
 PTIN: P01978122

Firm's name ▶ ERNST & YOUNG US LLP
 Firm's EIN ▶ 34-6565596
 Firm's address ▶ 200 CLARENDON STREET, BOSTON, MA 02116-5072
 Phone no. (617) 266-2000

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2021)

Application for Automatic Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
	HEBREW SENIORLIFE, INC.	90-0183119
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	1200 CENTRE STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	BOSTON, MA 02131	

Enter the Return Code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

- The books are in the care of ► JONATHAN ALLIA, VP FINANCE
1200 CENTRE STREET BOSTON MA 02131
Telephone No. ► 617 982-1349 Fax No. ►

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 08/15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 20 ____ or
 ► tax year beginning 10/01, 2021, and ending 09/30, 2022.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	NONE
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	NONE
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	NONE

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:
THE MISSION OF HEBREW SENIORLIFE, INC. (HSL) IS TO HONOR OUR ELDERLY, BY RESPECTING AND PROMOTING THEIR INDEPENDENCE, SPIRITUAL VIGOR, DIGNITY AND CHOICE AND BY RECOGNIZING THAT THEY ARE A RESOURCE TO BE CHERISHED. AS PART OF OUR MISSION, WE ACCEPT SPECIAL RESPONSIBILITY FOR THE FRAILEST AND NEEDIEST MEMBERS OF OUR COMMUNITY WHO ARE MOST DEPENDENT ON OUR CARE.

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

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

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

4a (Code:) (Expenses \$ 14,318,060 including grants of \$ 95,450) (Revenue \$ 10,194,760)
SEE SCHEDULE O

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

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

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 14,318,060

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	✓	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	✓	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		✓
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		✓
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		✓
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		✓
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		✓
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		✓
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	✓	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	✓	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	✓	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	✓	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	✓	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		✓
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		0
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
1c		

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

Yes No

Table with 17 main rows (2a-17) and sub-rows (a, b, c, etc.). Includes questions about employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions. Includes input fields for values like 73, 7d, 10a, 10b, 11a, 11b, 12a, 12b, 13b, 13c.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 19		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<input checked="" type="checkbox"/>	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?	<input checked="" type="checkbox"/>	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<input checked="" type="checkbox"/>	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
7b			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
8a			
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
8b			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<input checked="" type="checkbox"/>

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

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

Section C. Disclosure

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

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LOUIS J. WOOLF PRESIDENT AND CEO	30.0 20.0			✓			1,235,441	0	105,921	
(2) MARY MOSCATO, FACHE PRESIDENT, HSL HC SVCS. & HRC	10.0 40.0				✓		0	522,494	62,884	
(3) JAMES D. HART CHIEF FINANCIAL OFFICER	30.0 20.0			✓			491,138	0	67,006	
(4) KATELYN QUYNN CHIEF DEV OFF & VP BOARD REL.	30.0 20.0				✓		477,487	0	72,832	
(5) KIMBERLY J. BROOKS CHIEF OP. OFFICER, SEN LIVING	15.0 35.0				✓		429,739	0	63,108	
(6) LEWIS LIPSITZ, MD DIR, HMIFAR & CHIEF ACAD. OFF	15.0 35.0				✓		0	394,795	97,648	
(7) HELEN CHEN, MD CHIEF MEDICAL OFFICER	10.0 40.0				✓		0	417,284	47,214	
(8) TAMMY B. RETALIC, M.S., RN CHIEF NURSING OFF. & VP PCS	10.0 40.0				✓		0	319,420	115,600	
(9) RACHEL LERNER, ESQ. GEN. CNSL. & CHIEF COMP. OFF.	30.0 20.0				✓		340,148	0	60,767	
(10) RACHEL WHITEHOUSE CHIEF COMM. & PLAN OFFICER	30.0 20.0				✓		305,525	0	69,677	
(11) ERIC ROGERS CHIEF INFORMATION OFFICER	30.0 20.0			✓			301,494	0	69,279	
(12) DEBORAH L. LEMMERMAN CHIEF PEOPLE OFFICER (THRU 01/2022)	30.0 20.0				✓		265,927	0	65,210	
(13) MARSHA T. SLOTNICK SENIOR MAJOR GIFTS OFFICER	45.0 0.0					✓	271,004	0	31,077	
(14) SARAH L. SYKORA EXEC. DIR., MARKETING & SALES	45.0 0.0					✓	238,066	0	62,022	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) DEBORAH MORSE VICE PRESIDENT OF REAL ESTATE	45.0 0.0					✓	218,770	0	66,023	
(16) TERESA LISEK DIRECTOR OF DEVELOPMENT	45.0 0.0					✓	215,713	0	56,194	
(17) STACEY R. WEINBAUM EXEC DIR, BOARD REL & EVENTS	45.0 0.0					✓	164,047	0	44,827	
(18) JAY L. WEBBER DIR.; VICE CHAIR	2.0 0.0	✓		✓			0	0	0	
(19) MARSHA COHEN TRES. & SECRETARY	2.0 1.1	✓		✓			0	0	0	
(20) MELISSA BAYER TEARNEY BOARD CHAIR	2.0 1.1	✓		✓			0	0	0	
(21) DAVID D. ROSENTHAL, MD DIRECTOR	1.0 0.0	✓					0	0	0	
(22) ELLEN ZANE DIRECTOR	1.0 0.0	✓					0	0	0	
(23) HAROLD G. KOTLER DIRECTOR	1.0 0.0	✓					0	0	0	
(24) HINDA L. MARCUS DIRECTOR	1.0 0.0	✓					0	0	0	
(25) (SEE STATEMENT)										
1b Subtotal							4,954,499	1,653,993	1,157,289	
c Total from continuation sheets to Part VII, Section A							0	0	0	
d Total (add lines 1b and 1c)							4,954,499	1,653,993	1,157,289	

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 **▶** 29

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

Section B. Independent Contractors

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

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

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

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 0						
	b	Membership dues	1b 0						
	c	Fundraising events	1c 561,116						
	d	Related organizations	1d 0						
	e	Government grants (contributions)	1e 0						
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 13,046,104						
	g	Noncash contributions included in lines 1a-1f	1g \$ 825,980						
	h	Total. Add lines 1a-1f ▶		13,607,220					
	Program Service Revenue				Business Code				
2a		MANAGEMENT FEES FROM AFFILIATES	551112	9,270,771	9,270,771	0	0		
b		LAND LEASE REVENUE FROM AFFILIATES	532000	720,000	720,000	0	0		
c									
d									
e									
f		All other program service revenue		0	0	0	0		
g	Total. Add lines 2a-2f ▶		9,990,771						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		670,554	0	128,929	541,625		
	4	Income from investment of tax-exempt bond proceeds ▶		0	0	0	0		
	5	Royalties ▶		0	0	0	0		
	6a	Gross rents	(i) Real						
			(ii) Personal						
			6a	0					
			6b	0					
	b	Less: rental expenses	6b	0	0				
	c	Rental income or (loss)	6c	0	0				
	d	Net rental income or (loss) ▶		0	0	0	0		
	7a	Gross amount from sales of assets other than inventory	(i) Securities						
			(ii) Other						
			7a	26,801,773					0
			7b	20,179,675					0
	b	Less: cost or other basis and sales expenses	7b	20,179,675	0				
	c	Gain or (loss)	7c	6,622,098	0				
	d	Net gain or (loss) ▶		6,622,098	0	0	6,622,098		
8a	Gross income from fundraising events (not including \$ 561,116 of contributions reported on line 1c). See Part IV, line 18	8a	86,977						
b	Less: direct expenses	8b	669,708						
c	Net income or (loss) from fundraising events ▶		(582,731)			(582,731)			
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	0	0	0			
10a	Gross sales of inventory, less returns and allowances								
		10a	0						
		10b	0						
b	Less: cost of goods sold	10b	0						
c	Net income or (loss) from sales of inventory ▶		0	0	0	0			
Miscellaneous Revenue				Business Code					
	11a	PROPERTY DEVELOPMENT OVERHEAD FEE	525990	139,269	139,269	0	0		
	b	DIETETIC INTERNSHIP TUITION REVENUE	900099	44,553	44,553	0	0		
	c	CONSULTING	541611	20,167	20,167	0	0		
	d	All other revenue		0	0	0	0		
e	Total. Add lines 11a-11d ▶		203,989						
12	Total revenue. See instructions ▶		30,511,901	10,194,760	128,929	6,580,992			

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	0		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	95,450	95,450		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	3,670,809	3,670,809	0	0
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	0	0	0
7	Other salaries and wages	4,934,289	2,832,936	0	2,101,353
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	139,523	105,452	0	34,071
9	Other employee benefits	1,874,582	1,405,980	0	468,602
10	Payroll taxes	583,173	422,419	0	160,754
11	Fees for services (nonemployees):				
a	Management	0	0	0	0
b	Legal	123,640	0	123,640	0
c	Accounting	81,495	0	81,495	0
d	Lobbying	12,000	12,000	0	0
e	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	648,265	0	648,265	0
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	0	0	0	0
12	Advertising and promotion	738,820	738,820	0	0
13	Office expenses	789,789	294,121	0	495,668
14	Information technology	7,392	7,392	0	0
15	Royalties	0	0	0	0
16	Occupancy	602,690	527,690	0	75,000
17	Travel	766	766	0	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	15,557	12,700	0	2,857
20	Interest	0	0	0	0
21	Payments to affiliates	2,977,743	2,977,743	0	0
22	Depreciation, depletion, and amortization	296,915	296,915	0	0
23	Insurance	127,568	127,568	0	0
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	<u>PURCHASED SERVICES/LABOR</u>	723,937	605,449	0	118,488
b	<u>SUPPLIES & MISCELLANEOUS</u>	379,155	183,850	0	195,305
c	-----	0	0	0	0
d	-----	0	0	0	0
e	All other expenses -----	0	0	0	0
25	Total functional expenses. Add lines 1 through 24e	18,823,558	14,318,060	853,400	3,652,098
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	0	0	0

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	446,891	1	1,685,887
	2 Savings and temporary cash investments	6,310,355	2	9,456,396
	3 Pledges and grants receivable, net	18,551,369	3	23,555,553
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	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		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	546,009	9	362,044
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 11,359,665		
	b Less: accumulated depreciation	10b 1,994,995	5,557,401	10c 9,364,670
	11 Investments—publicly traded securities	46,307,320	11	35,959,114
	12 Investments—other securities. See Part IV, line 11	80,136,098	12	58,840,218
	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	159,317,337	15	164,952,182
16 Total assets. Add lines 1 through 15 (must equal line 33)	317,172,780	16	304,176,064	
Liabilities	17 Accounts payable and accrued expenses	7,909,593	17	7,766,972
	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	664,634	25	932,333
	26 Total liabilities. Add lines 17 through 25	8,574,227	26	8,699,305
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	262,492,696	27	247,188,591
	28 Net assets with donor restrictions	46,105,857	28	48,288,168
	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	0	29	0
	30 Paid-in or capital surplus, or land, building, or equipment fund	0	30	0
	31 Retained earnings, endowment, accumulated income, or other funds	0	31	0
32 Total net assets or fund balances	308,598,553	32	295,476,759	
33 Total liabilities and net assets/fund balances	317,172,780	33	304,176,064	

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	30,511,901
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,823,558
3	Revenue less expenses. Subtract line 2 from line 1	3	11,688,343
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	308,598,553
5	Net unrealized gains (losses) on investments	5	(23,735,840)
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain on Schedule O)	9	(1,074,297)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	295,476,759

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<input checked="" type="checkbox"/>	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	<input checked="" type="checkbox"/>	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	<input checked="" type="checkbox"/>	

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) HOWARD E. COHEN ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(26) JANE EDMONDS ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(27) JEFFREY D. DRUCKER ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(28) MARK ZEIDEL, MD ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(29) REESE GENSER ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(30) RICHARD J. HENKEN ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(31) ROBERTA S. WEINER ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(32) STEVEN FLIER, MD ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(33) SUSAN FLORENCE SMITH ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(34) THOMAS J. DESIMONE ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(35) TODD FINARD ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(36) WILLIAM MOSAKOWSKI ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0

**SCHEDULE A
(Form 990)**

Public Charity Status and Public Support

OMB No. 1545-0047

2021

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,838,099	13,004,102	9,089,087	13,298,250	13,607,220	55,836,758
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	6,838,099	13,004,102	9,089,087	13,298,250	13,607,220	55,836,758
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						19,140,013
6 Public support. Subtract line 5 from line 4						36,696,745

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	6,838,099	13,004,102	9,089,087	13,298,250	13,607,220	55,836,758
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	812,926	1,001,525	905,140	575,870	670,554	3,966,015
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	107,972	175,592	157,486	52,934	290,966	784,950
11 Total support. Add lines 7 through 10						60,587,723
12 Gross receipts from related activities, etc. (see instructions)					12	49,331,539
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	60.57 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	61.19 %
16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2021. 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

b 33 1/3% support tests—2020. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .		
	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
	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 (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2021

Part VI

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

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	(1) FUNDRAISING EVENTS	107,972	122,459	157,486	39,666	86,977	514,560
	(2) OTHER REVENUE		53,133		13,268	203,989	270,390
	Total	107,972	175,592	157,486	52,934	290,966	784,950

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization HEBREW SENIORLIFE, INC.

Employer identification number 90-0183119

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ [x] 501(c)(3) (enter number) organization
[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation
[] 527 political organization
Form 990-PF [] 501(c)(3) exempt private foundation
[] 4947(a)(1) nonexempt charitable trust treated as a private foundation
[] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- [x] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

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

Name of organization HEBREW SENIORLIFE, INC.	Employer identification number 90-0183119
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ ----- 3,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ ----- 2,400,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ ----- 1,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ ----- 1,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ ----- 1,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ ----- 1,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HEBREW SENIORLIFE, INC.	Employer identification number 90-0183119
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	----- ----- -----	\$ 800,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	----- ----- -----	\$ 425,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	----- ----- -----	\$ 500,700	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
1	<u>STOCK - PUBLICLY TRADED</u> ----- ----- -----	\$ 166,458	10/25/2021
9	<u>STOCK - PUBLICLY TRADED</u> ----- ----- -----	\$ 260,500	05/25/2022
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----

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

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

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

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

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

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

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

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

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

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

**SCHEDULE C
(Form 990)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Department of the Treasury
Internal Revenue Service

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.**

Open to Public Inspection

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)				

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.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		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.		
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) 2018	(b) 2019	(c) 2020	(d) 2021	(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)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		✓	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		✓	
c Media advertisements?		✓	
d Mailings to members, legislators, or the public?		✓	
e Publications, or published or broadcast statements?		✓	
f Grants to other organizations for lobbying purposes?		✓	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		✓	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓	
i Other activities?	✓		12,000
j Total. Add lines 1c through 1i			12,000
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).

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

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

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

Part IV Supplemental Information

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

SEE NEXT PAGE

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.

Return Reference - Identifier	Explanation
SCHEDULE C, PART II-B, LINE 1 - DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	HEBREW SENIORLIFE, INC. MAINTAINS MEMBERSHIPS WITH CERTAIN ASSOCIATIONS, OF THE TOTAL DUES PAID, \$12,000 WAS USED FOR LOBBYING FOR ELDER CARE.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

Form for Part II with multiple sections: Purpose(s) of conservation easements, conservation contribution details, monitoring and enforcement questions, and accounting for 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.

Form for Part III with sections for reporting on art and historical treasures, including revenue and asset inclusion questions.

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	46,877,396	39,790,126	38,593,348	40,169,584	38,337,762
b Contributions	3,056,991	349,849	238,576	146,209	1,742,912
c Net investment earnings, gains, and losses	(7,955,083)	8,600,570	1,964,511	756,605	1,350,065
d Grants or scholarships	0	0	0	0	0
e Other expenditures for facilities and programs	1,728,906	1,863,149	1,006,309	2,479,050	1,261,155
f Administrative expenses	0	0	0	0	0
g End of year balance	40,250,398	46,877,396	39,790,126	38,593,348	40,169,584

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

- a** Board designated or quasi-endowment **▶** 36.38 %
- b** Permanent endowment **▶** 48.92 %
- c** Term endowment **▶** 14.70 %

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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) Related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	3,154,600			3,154,600
b Buildings		12,885	4,084	8,801
c Leasehold improvements		753,180	753,180	0
d Equipment		1,791,585	1,237,731	553,854
e Other		5,647,415		5,647,415
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶				9,364,670

Part VII Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) PARTNERSHIPS	55,786,693	END OF YEAR MARKET VALUE
(B) DEFERRED COMPENSATION POOL	1,709,387	END OF YEAR MARKET VALUE
(C) PLANNED GIVING ANNUITY	601,358	END OF YEAR MARKET VALUE
(D) WORKERS COMP COLLATERAL POOL	565,582	END OF YEAR MARKET VALUE
(E) ISRAEL BOND	177,198	END OF YEAR MARKET VALUE
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	58,840,218	

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	164,686,294
(2) LOAN RECEIVABLE	249,924
(3) RECEIVABLE FROM DONOR ESTATE	15,964
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	164,952,182

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE	653,734
(3) PLANNED GIVING ANNUITIES	278,599
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	932,333

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 XIII

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

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

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

HEBREW 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 (INCLUDING ICELAND AND GREENLAND)	0	0	INVESTMENTS	N/A	6,727,001
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	0	0			6,727,001
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			6,727,001

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

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

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

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

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

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* **Yes** **No**

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* **Yes** **No**

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* **Yes** **No**

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* **Yes** **No**

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* **Yes** **No**

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* **Yes** **No**

Part V

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

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

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

HEBREW SENIORLIFE, INC.

Employer identification number

90-0183119

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>ENGAGE</u> (event type)	<u>GOLF 2022</u> (event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	436,206	211,887		648,093
	2 Less: Contributions	385,771	175,345		561,116
	3 Gross income (line 1 minus line 2)	50,435	36,542	0	86,977
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes		10,000		10,000
	6 Rent/facility costs	289,132	38,913		328,045
	7 Food and beverages	145,234	28,813		174,047
	8 Entertainment	143,000			143,000
	9 Other direct expenses	13,336	1,280		14,616
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				669,708
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				(582,731)	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

HEBREW SENIORLIFE, INC.

Employer identification number

90-0183119

Part I General Information on Grants and Assistance

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

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

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

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

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

Cat. No. 50055P

Schedule I (Form 990) 2021

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	HEBREW SENIORLIFE, INC. ONLY MAKES GRANTS TO RELATED IRC SECTION 501(C)(3) ORGANIZATIONS. THESE GRANTS ARE SCHOLARSHIPS PROVIDED TO SUPPORT NURSING EDUCATION. APPLICATIONS ARE REVIEWED BY THE BOARD COMMITTEE AND STAFF PRIOR TO AWARD. AWARDS ARE PAID DIRECTLY TO THE EDUCATIONAL INSTITUTION ON BEHALF OF THE STUDENT.
SCHEDULE I, PART III, COLUMN B - ESTIMATED NUMBER OF RECIPIENTS	SCHOLARSHIPS : 44

**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

2021

Open to Public Inspection

Employer identification number

90-0183119

Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 LOUIS J. WOOLF PRESIDENT AND CEO	(i)	684,786	550,655	0	25,300	80,621	1,341,362	0
	(ii)	0	0	0	0	0	0	0
2 MARY MOSCATO, FACHE PRESIDENT, HSL HC SVCS. & HRC	(i)	0	0	0	0	0	0	0
	(ii)	378,023	144,471	0	5,800	57,084	585,378	0
3 JAMES D. HART CHIEF FINANCIAL OFFICER	(i)	352,668	138,059	411	5,800	61,206	558,144	0
	(ii)	0	0	0	0	0	0	0
4 KATELYN QUINN CHIEF DEV OFF & VP BOARD REL.	(i)	359,207	117,869	411	25,300	47,532	550,319	0
	(ii)	0	0	0	0	0	0	0
5 KIMBERLY J. BROOKS CHIEF OP. OFFICER, SEN LIVING	(i)	297,402	132,194	143	5,800	57,308	492,847	0
	(ii)	0	0	0	0	0	0	0
6 LEWIS LIPSITZ, MD DIR, HMIFAR & CHIEF ACAD. OFF	(i)	0	0	0	0	0	0	0
	(ii)	358,738	36,057	0	25,300	72,348	492,443	0
7 HELEN CHEN, MD CHIEF MEDICAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	344,166	72,850	268	5,800	41,414	464,498	0
8 TAMMY B. RETALIC, M.S., RN CHIEF NURSING OFF. & VP PCS	(i)	0	0	0	0	0	0	0
	(ii)	272,318	46,834	268	52,967	62,633	435,020	0
9 RACHEL LERNER, ESQ. GEN. CNSL. & CHIEF COMP. OFF.	(i)	246,912	93,174	62	5,800	54,967	400,915	0
	(ii)	0	0	0	0	0	0	0
10 RACHEL WHITEHOUSE CHIEF COMM. & PLAN OFFICER	(i)	257,645	47,612	268	5,225	64,452	375,202	0
	(ii)	0	0	0	0	0	0	0
11 ERIC ROGERS CHIEF INFORMATION OFFICER	(i)	254,461	46,890	143	5,774	63,505	370,773	0
	(ii)	0	0	0	0	0	0	0
12 DEBORAH L. LEMMERMAN CHIEF PEOPLE OFFICER (THRU 01/2022)	(i)	265,516	0	411	4,825	60,385	331,137	0
	(ii)	0	0	0	0	0	0	0
13 MARSHA T. SLOTNICK SENIOR MAJOR GIFTS OFFICER	(i)	112,587	158,417	0	5,077	26,000	302,081	0
	(ii)	0	0	0	0	0	0	0
14 SARAH L. SYKORA EXEC. DIR., MARKETING & SALES	(i)	215,569	22,404	93	3,624	58,398	300,088	0
	(ii)	0	0	0	0	0	0	0
15 DEBORAH MORSE VICE PRESIDENT OF REAL ESTATE (SEE STATEMENT)	(i)	198,211	20,291	268	3,746	62,277	284,793	0
	(ii)	0	0	0	0	0	0	0
16	(i)							
	(ii)							

Part II

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

(a) Name	(b) Breakdown of W-2 and/or 1099-MISC compensation			(c) Retirement and other deferred compensation	(d) Nontaxable benefits	(e) Total of columns (b)(i)-(d)	(f) Compensation reported in prior Form 990 or Form 990-EZ	
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
⁽¹⁶⁾ TERESA LISEK DIRECTOR OF DEVELOPMENT	(i)	204,801	10,822	90	4,545	51,649	271,907	0
	(ii)	0	0	0	0	0	0	0
⁽¹⁷⁾ STACEY R. WEINBAUM EXEC DIR, BOARD REL & EVENTS	(i)	155,910	7,994	143	3,405	41,422	208,874	0
	(ii)	0	0	0	0	0	0	0

Part III

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

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 1A - TAX INDEMNIFICATION AND GROSS-UP PAYMENTS	LOUIS J. WOOLF, PRESIDENT AND CEO, RECEIVED A HOUSING ALLOWANCE AND GROSS-UP PAYMENTS RELATED TO LIFE INSURANCE PREMIUMS. BOTH PAYMENTS WERE TREATED AS TAXABLE WAGES AND INCLUDED ON HIS CALENDAR YEAR 2021 FORM W-2.
SCHEDULE J, PART I, LINE 3 - ARRANGEMENT USED TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION	<p>HEBREW SENIORLIFE, INC. (HSL) ESTABLISHES THE COMPENSATION OF THE ORGANIZATIONS' PRESIDENT/CEO AND CFO. HSL UTILIZES THE FOLLOWING IN ESTABLISHING SUCH COMPENSATION:</p> <p>COMPENSATION COMMITTEE WRITTEN EMPLOYMENT CONTRACT INDEPENDENT COMPENSATION CONSULTANT COMPENSATION SURVEY OR STUDY APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.</p>
SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	LOUIS J. WOOLF, PRESIDENT AND CEO, KATELYN QUINN, CHIEF DEVELOPMENT OFFICER & VP OF BOARD RELATIONS, AND LEWIS LIPSITZ, MD, DIRECTOR, HMIFAR PARTICIPATED IN AN IRC SECTION 457(F) SUPPLEMENTAL RETIREMENT PLAN THAT INCLUDED \$19,500 OF EMPLOYER CONTRIBUTIONS DURING THE YEAR. THIS AMOUNT IS INCLUDED IN SCHEDULE J, PART II, COLUMN (C) FOR EACH LISTED INDIVIDUAL.
SCHEDULE J, PART I - SCHEDULE J, PART I, LINES 5A, 5B, 6A, & 6B	<p>EACH YEAR, HEBREW REHABILITATION CENTER WITHHOLDS A PORTION OF ITS SENIOR LEADERSHIP'S COMPENSATION TO CREATE AN "AT RISK" BONUS, WHICH IS THEN PAID, ON AN INCENTIVE BASIS, TO ITS SENIOR LEADERSHIP WHEN TARGET GOALS ARE REACHED. 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 A PERCENTAGE OF THE ELIGIBLE EMPLOYEE'S BASE WAGES. THE PERCENTAGE PAYABLE RANGES FROM 5 TO 15 PERCENT. THE FOLLOWING EMPLOYEES RECEIVED BONUSES PAID OUT UNDER HRC'S BONUS ARRANGEMENT IN CALENDAR YEAR 2021:</p> <p>LOUIS J. WOOLF \$550,655 MARSHA T. SLOTNICK \$158,417 JAMES D. HART \$138,059 KIMBERLY J. BROOKS \$132,194 KATELYNN QUINN \$117,869 RACHEL LERNER, ESQ. \$93,174 RACHEL WHITEHOUSE \$47,612 ERIC ROGERS \$46,890 SARAH L. SYKORA \$22,404 DEBORAH MORSE \$20,291 TERESA LISEK \$10,822 STACEY R. WEINBAUM \$7,994</p> <p>THIS AMOUNT IS INCLUDED IN BONUS & INCENTIVE COMPENSATION REPORTED ON SCHEDULE J, PART II, COLUMN (B)(II).</p>

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

**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

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	✓	24	758,050	MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	✓	3	67,930	MARKET VALUE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	29	0
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	Yes	No
30a		✓
b If "Yes," describe the arrangement in Part II.		
31	✓	
32a		✓
b If "Yes," describe in Part II.		
33		

Part II

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

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	SECURITIES - PUBLICLY TRADED - NUMBER OF CONTRIBUTIONS DRUGS AND MEDICAL SUPPLIES - PERSONAL PROTECTIVE EQUIPMENT NUMBER OF CONTRIBUTIONS

**SCHEDULE O
(Form 990)**

Department of Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the Organization
HEBREW SENIORLIFE, INC.

Employer Identification Number
90-0183119

Return Reference - Identifier	Explanation
<p>FORM 990, PART I, LINE 1 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES</p>	<p>THE MISSION OF HEBREW SENIORLIFE, INC. (HSL) IS TO HONOR OUR ELDERS BY RESPECTING AND PROMOTING THEIR INDEPENDENCE SPIRITUAL VIGOR, DIGNITY AND CHOICE, AND BY RECOGNIZING THAT THEY ARE A RESOURCE TO BE CHERISHED. AS PART OF OUR MISSION, WE ACCEPT SPECIAL RESPONSIBILITY FOR THE FRAILEST AND NEEDIEST MEMBERS OF OUR COMMUNITY WHO ARE MOST DEPENDENT ON OUR CARE.</p> <p>HSL EMPOWERS SENIORS TO LIVE THEIR HEALTHIEST, MOST FULFILLING LIVES BY:</p> <ul style="list-style-type: none"> - PROVIDING A COMPLETE AND INTEGRATED SPECTRUM OF THE HIGHEST QUALITY HEALTH-CARE AND HOUSING FACILITIES AND SERVICES FOR SENIORS. - CONDUCTING MEDICAL AND SOCIAL GERONTOLOGICAL RESEARCH TO IMPROVE SENIORS' HEALTH AND QUALITY OF LIFE. - TEACHING FUTURE GENERATIONS OF HEALTH-CARE PROFESSIONALS. - ADVOCATING FOR POLICIES AND PROGRAMS THAT BENEFIT SENIORS AND THEIR FAMILIES. - PROVIDING NATIONAL AND INTERNATIONAL LEADERSHIP IN THE FIELDS OF SENIOR HEALTH CARE, HOUSING, RESEARCH AND TEACHING. - RAISING STANDARDS IN SENIOR HEALTH AND HOUSING THROUGH INNOVATION AND LEADERSHIP AT THE LOCAL, STATE, NATIONAL AND INTERNATIONAL LEVELS.
<p>FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION</p>	<p>HSL IS AN 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, ROSLINDALE, AND REACHES COUNTLESS MORE THROUGH OUR RESEARCH AND TEACHING.</p> <p>EXAMPLES OF OUR PROGRAM SERVICES ARE AS FOLLOWS:</p> <ol style="list-style-type: none"> 1. HEALTH CARE: HSL PROVIDES A WIDE RANGE OF HEALTH CARE SERVICES FROM PRIMARY AND SPECIALTY CARE TO OUTPATIENT AND REHAB CARE, TO HOME CARE, LONG-TERM AND HOSPICE CARE. OUR HOSPICE PROGRAM, THE FIRST JEWISH FAITH-BASED HOSPICE IN MASSACHUSETTS, COMPRISES MORE THAN 70 RABBIS AND CANTORS SERVING THE BOSTON AREA. ADDITIONAL SPECIALTY PROGRAMS INCLUDE HSL'S CENTER FOR MEMORY HEALTH, AND OUR CENTER FOR THE PREVENTION OF ELDER ABUSE AND NEGLECT. 2. SENIOR LIVING: MORE THAN 95 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 RESEARCHERS THROUGH THE HARVARD MULTI-CAMPUS GERIATRIC MEDICINE FELLOWSHIP - THE LARGEST GERIATRIC FELLOWSHIP PROGRAM IN THE UNITED STATES. <p>IN ADDITION TO THE OTHER PROGRAM SERVICES, HSL WAS RECOGNIZED BY THE BOSTON GLOBE AS ONE OF BOSTON'S TOP PLACES TO WORK FOR.</p>
<p>FORM 990, PART VI, LINE 2 - FAMILY/BUSINESS RELATIONSHIPS AMONGST INTERESTED PERSONS</p>	<p>JEFFREY D. DRUCKER, HOWARD E. COHEN, RICHARD J. HENKEN - BUSINESS RELATIONSHIP</p>
<p>FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS</p>	<p>HSL IS A MASSACHUSETTS CHARITABLE MEMBERSHIP CORPORATION. ITS MEMBERS ARE THE BOARD OF DIRECTORS.</p>
<p>FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY</p>	<p>FROM THE BYLAWS OF HSL: THE BOARD OF DIRECTORS SHALL BE THE ULTIMATE GOVERNING AUTHORITY OF THE CORPORATION, SHALL SUPERVISE, DIRECT AND GOVERN ITS BUSINESS AND AFFAIRS, AND SHALL HAVE AND EXERCISE ALL THE POWERS AND AUTHORITY OF THE CORPORATION, EXCEPT ONLY AND TO THE EXTENT THAT POWERS AND AUTHORITY ARE VESTED IN THE SEVERAL OFFICERS OR IN THE TRUSTEES, AS PROVIDED IN THESE BYLAWS OR AS OTHERWISE REQUIRED BY LAW.</p>
<p>FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY</p>	<p>PREPARATION OF THE FORM 990 BEGINS INTERNALLY WITH HSL STAFF AND ERNST & YOUNG PREPARING THE FORM WITH INPUT PROVIDED BY HSL. ALL FORMS 990 AND 990-T OF THE AFFILIATES OF HSL (HSL IS THE SOLE CORPORATE MEMBER OF EACH AFFILIATE) WILL BE REVIEWED PRIOR TO FILING BY THE AUDIT COMMITTEE OF HSL. SUBSEQUENT TO SUCH REVIEW, AND PRIOR TO FILING, COPIES WILL BE PROVIDED TO THE APPROPRIATE GOVERNING BOARD OF DIRECTORS FOR EACH AFFILIATE. THE GOVERNING BOARDS WILL HAVE FIVE DAYS TIME IN WHICH TO VIEW THE FULL RETURNS PRIOR TO THEIR FILING. THE FULL RETURNS PRIOR TO THEIR FILING.</p>

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	<p>THE BOARD OF HSL VOTED TO ADOPT THE HSL CONFLICT OF INTEREST POLICY.</p> <p>MONITORING AND DEALING WITH POTENTIAL OR ACTUAL CONFLICTS: INDIVIDUALS COVERED UNDER THE CONFLICT OF INTEREST POLICY HAVE AN AFFIRMATIVE DUTY TO DISCLOSE THE EXISTENCE OR POSSIBILITY OF A CONFLICT OF INTEREST AND SHALL BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE HSL CONFLICTS COMMITTEE. THE ORGANIZATION'S CONFLICT OF INTEREST POLICY PROVIDES THAT ANNUALLY, EACH COVERED PERSON SHALL SIGN A STATEMENT AFFIRMING THAT SUCH PERSON RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, READ AND UNDERSTANDS THE POLICY AND AGREES TO COMPLY WITH THE POLICY. THE SIGNED STATEMENT AFFIRMS THAT THE PERSON UNDERSTANDS HSL IS A CHARITABLE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS TAX-EXEMPT STATUS, HSL MUST ENGAGE IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.</p> <p>WHO IS COVERED: THE CONFLICT OF INTEREST POLICY COVERS ALL DIRECTORS, OFFICERS, MEMBERS OF COMMITTEES WITH BOARD DELEGATED POWERS, PERSONS SERVING IN SENIOR STAFF POSITIONS OUTLINED IN AN EXHIBIT ATTACHED TO THE CONFLICT OF INTEREST POLICY, AND ANY OTHER PERSON WHO IS IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER THE AFFAIRS OF ANY OF THE ORGANIZATION OR ANY OF ITS AFFILIATES.</p> <p>LEVEL AT WHICH DETERMINATIONS OF CONFLICT ARE MADE AND WHICH ACTUAL CONFLICTS ARE REVIEWED: THE HSL CONFLICTS COMMITTEE IS RESPONSIBLE 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.</p> <p>RESTRICTIONS ON CONFLICTED PERSONS: ALL COVERED PERSONS ARE RESTRICTED FROM ENTERING INTO A TRANSACTION WITHOUT DISCLOSING THE ACTUAL OR POTENTIAL CONFLICT TO THE HSL CONFLICT COMMITTEE AND OBTAINING APPROVAL OF THE BOARD OF DIRECTORS. COVERED PERSONS WITH A CONFLICT MUST LEAVE THE ROOM WHEN TRANSACTIONS GIVING RISE TO THE CONFLICT ARE UNDER DISCUSSION BY THE BOARD OF DIRECTORS.</p>
FORM 990, PART VI, LINE 15 - PROCESS FOR DETERMINING COMP. FOR OFFICERS AND KEY EXEC. (LINES 15A & B)	<p>THE COMPENSATION COMMITTEE OF THE HSL BOARD, WITH THE ASSISTANCE OF DATA PROVIDED BY AN INDEPENDENT, EXPERT CONSULTANT, HAS REVIEWED THE PRESIDENT/CEO'S TOTAL COMPENSATION AND THE COMPENSATION OF ALL OFFICERS AND KEY EMPLOYEES AS WELL AS HIGHLY COMPENSATED EMPLOYEES (> \$150,000) OF HSL AND ITS AFFILIATES. THE FULL HSL BOARD FURTHER REVIEWED AND APPROVED THE COMPENSATION OF THE OFFICERS, KEY EMPLOYEES AND HIGHLY COMPENSATED EMPLOYEES OF HSL AND ITS AFFILIATES. THE REVIEW AND APPROVAL PROCEDURES OUTLINED ABOVE WERE LAST COMPLETED IN 2018. ADDITIONALLY THE ORGANIZATION COMPLETED A WALK THROUGH OF SENIOR LEADERSHIP COMPENSATION WITH AN INDEPENDENT, EXPERT CONSULTANT, DURING 2019.</p> <p>ALL OF THESE COMMITTEE MEMBERS ARE INDEPENDENT DIRECTORS. INDEPENDENT CONSULTANTS WERE HIRED BY THE COMPENSATION COMMITTEE AND ASSISTED WITH THE COMPENSATION REVIEW. DOCUMENTATION AND RECORDS OF COMPENSATION COMMITTEE MEETINGS ARE MAINTAINED WITH RESPECT TO DELIBERATIONS AND COMPENSATION DECISIONS.</p>
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	<p>THE ORGANIZATION'S TAX RETURNS ARE AVAILABLE AT WWW.GUIDESTAR.ORG AND ON THE ORGANIZATION'S WEBSITE. GOVERNING DOCUMENTS ARE AVAILABLE AT THE COMMONWEALTH OF MASSACHUSETTS' WEBSITE. THE TAX RETURNS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE ALSO AVAILABLE UPON REQUEST AT THE OFFICES OF HSL AT 1200 CENTRE ST., BOSTON, MA 02131 OR BY TELEPHONE AND E-MAIL.</p>
FORM 990, PART VIII, LINE 1C -	<p>HSL 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 HSL. IN ORDER TO GIVE THE READER A FULL AND TRANSPARENT VIEW OF HSL AND AFFILIATES, A SUMMARY OF ALL CONTRIBUTION REVENUE AND RELATED EXPENSES IS PREPARED BELOW. ADDITIONALLY, THIS INCLUDES APPROXIMATELY \$640,000 IN PLEDGES THAT HAVE BEEN FULLY RESERVED BASED ON DONOR-IMPOSED CONTINGENCIES. MANAGEMENT BELIEVES THAT THESE CONTINGENCIES WILL BE MET AND HAVE ADDED THE VALUE OF THE CONTINGENT PLEDGES BACK IN THE SCHEDULE BELOW:</p> <p>FUNDRAISING EXPENSES (HSL FORM 990, PART IX, LINE 25, COL. D) \$3,652,098</p> <p>CONTRIBUTION REVENUE: HSL CONTRIBUTIONS (HSL FORM 990, PART VIII, LINE 1H) \$13,607,220 CONTINGENT PLEDGE REVENUE \$640,000 HEBREW REHABILITATION CENTER (PART VIII, LINE 1F) \$3,895,442 HEBREW SENIORLIFE HOSPICE CARE, INC. \$0 ORCHARD COVE, INC. \$ 2,815,524 HRCA SENIOR HOUSING, INC. \$ 0 HRCA HOUSING FOR ELDERLY, INC. \$ 22,224 HRCA BROOKLINE HOUSING 1550 BEACON PLAZA, INC. \$ 50,621 HRCA BROOKLINE HOUSING 112-120 CENTRE COURT, INC. \$ 0 CENTER COMMUNITIES OF BROOKLINE, INC. \$82,094 NEWBRIDGE ON THE CHARLES, INC. \$608,608 HRCA BROOKLINE HOUSING 108 CENTRE STREET, INC. \$ 0 HEBREW SENIORLIFE AFFILIATED MEDICAL GROUP, INC. \$ 0</p> <p>TOTAL \$21,691,733</p>

Return Reference - Identifier	Explanation	
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	(a) Description	
	TRANSFER FROM AFFILIATES	(b) Amount 1,335,478
	OTHER ACTIVITY	- 1,409,775
	TRANFER TO AFFILIATES	- 1,000,000
FORM 990, PART XII, LINE 3A - LINES 3A & 3B	HSL ITSELF IS NOT REQUIRED TO UNDERGO THE AUDIT. THE ORGANIZATION, HOWEVER, IS A PARENT TO SEVERAL ORGANIZATIONS WHO WERE REQUIRED TO UNDERGO AN OMB CIRCULAR A-133 AUDIT FOR THE YEAR ENDED SEPTEMBER 30, 2022 AND THE AUDIT WAS PERFORMED ON A CONSOLIDATED BASIS.	

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
HEBREW SENIORLIFE, INC.

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number
90-0183119

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CCB TOWNHOMES 120 CENTRE, LLC (82-3577049) 1200 CENTRE STREET, BOSTON, MA 02131	ELDER HOUSING	MA	338,174	1,975,369	HSL
(2) HSL GUARANTOR, LLC (82-3421494) 1200 CENTRE STREET, BOSTON, MA 02131	GUARANTOR	MA	300	1,004,160	HSL
(3) HSL CONSTRUCTION GUARANTOR, LLC (87-4097430) 1200 CENTRE STREET, BOSTON, MA 02131	GUARANTOR	MA	127	1,000,127	HSL
(4) HSL 370 HARVARD ST., LLC (83-4173929) 1200 CENTRE STREET, BOSTON, MA 02131	ELDER HOUSING	MA	0	0	HSL
(5) HSL FIREMAN PARTNER, LLC (84-3264877) 1200 CENTRE STREET, BOSTON, MA 02131	ELDER HOUSING	MA	0	0	HSL
(6) (SEE STATEMENT)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) HRCA BROOKLINE HOUSING 108 CENTRE (81-0612222) 1200 CENTRE STREET, BOSTON, MA 02131	ELDER HOUSING	MA	501(C)(3)	12 TYPE II	HSL	✓	
(2) HEBREW REHABILITATION CENTER (04-2104298) 1200 CENTRE STREET, BOSTON, MA 02131	HOSPITAL	MA	501(C)(3)	3	HSL	✓	
(3) HEBREW SENIORLIFE HOSPICE CARE, INC. (46-1309228) 1200 CENTRE STREET, BOSTON, MA 02131	HOSPICE CARE	MA	501(C)(3)	10	HSL	✓	
(4) HEBREW SENIORLIFE AFFILIATED MED GROUP (82-3654673) 1200 CENTRE STREET, BOSTON, MA 02131	PHYSICIAN SVC	MA	501(C)(3)	10	HSL	✓	
(5) ORCHARD COVE, INC. (22-3080006) ONE DEL POND DRIVE, CANTON, MA 02021	CONT. CARE	MA	501(C)(3)	10	HSL	✓	
(6) HRCA SENIOR HOUSING, INC. (04-2765428) 1200 CENTRE STREET, BOSTON 02131	ELDER HOUSING	MA	501(C)(3)	10	HSL	✓	
(7) (SEE STATEMENT)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) (SEE STATEMENT)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
CCB COHEN 112 CENTRE LLC	Q	512,961	ACTUAL
(1) CCB COHEN 112 CENTRE LLC	S	399,000	ACTUAL
(2) CCB COHEN 112 CENTRE LLC	L	167,812	CONTRACT
(3) CCB TOWNHOMES 120 CENTRE LLC	S	350,000	REGULATOR APPROVED
(4) CCB TOWNHOMES 120 CENTRE LLC	Q	180,102	ACTUAL
(5) (SEE STATEMENT)			
(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 I**Identification of Disregarded Entities** (continued)

(a) Name, address and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total Income	(e) End-of-year assets	(f) Direct controlling entity
(6) FIREMAN EXPANSION MANAGER, LLC (85-4035423) 1200 CENTRE STREET, BOSTON, MA 02131	ELDER HOUSING	MA	0	0	HSL
(7) FIREMAN EXPANSION, LLC (85-4016758) 1200 CENTRE STREET, BOSTON, MA 02131	ELDER HOUSING	MA	0	0	HSL
(8) HSL LEYLAND MM, LLC (87-3973297) 1200 CENTRE STREET, BOSTON, MA 02131	ELDER HOUSING	MA	0	0	HSL

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

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(7) CTR COMMUNITIES OF BROOKLINE, INC. (01-0569404) 1200 CENTRE STREET, BOSTON, MA 02131	ELDER HOUSING	MA	501(C)(3)	10	HSL	✓	
(8) HRCA BROOKLINE HOUSING 112-120 CENTRE CO (03-0372998) 1200 CENTRE STREET, BOSTON, MA 02131	ELDER HOUSING	MA	501(C)(3)	10	HSL	✓	
(9) HRCA BROOKLINE HOUSING 1550 BEACON (01-0569403) 1200 CENTRE STREET, BOSTON, MA 02131	ELDER HOUSING	MA	501(C)(3)	10	HSL	✓	
(10) HRCA HOUSING FOR ELDERLY, INC (04-2543731) 1200 CENTRE STREET, BOSTON, MA 02131	ELDER HOUSING	MA	501(C)(3)	10	HSL	✓	
(11) NEWBRIDGE ON THE CHARLES, INC. (38-3707573) 1200 CENTRE STREET, BOSTON, MA 02131	ELDER HOUSING	MA	501(C)(3)	10	HSL	✓	

Part III

Identification of Related Organizations Taxable as a Partnership (continued)

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income related, unrelated, excluded from tax under sections 512-514	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) CCB COHEN 112 CENTRE MM LLC (82-1763395) 1200 CENTRE ST, BOSTON, MA 02131	ELDER HOUSING	MA	HSL	RELATED	30,647	29,642,363		✓			✓	55.00
(2) HSL FIREMAN OPERATING LP (84-4212813) 640 N. MAIN ST., RANDOLPH, MA 02368	ELDER HOUSING	MA	HSL	N/A	116,800	15,974,351		✓			✓	99.99

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

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) HSL PAYROLL SERVICES, INC. (04-2684823) 100 CENTRE STREET, BROOKLINE, MA 02446	PAYROLL SERVICES	MA	CCB	C CORPORATION	0	52,679	100.00	✓	
(2) HEBREW SENIORLIFE REAGE SOLUTIONS, INC. (81-4906048) 1200 CENTRE STREET, BOSTON, MA 02131	MGMT & CONS. SVCS	DE	HSL	C CORPORATION	0	23,485	100.00	✓	

Part V

Transactions with Related Organizations (continued)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount Involved	(d) Method of determining amount involved
(6) CCB TOWNHOMES 120 CENTRE LLC	S	145,000	ACTUAL
(7) CENTER COMMUNITIES OF BROOKLINE, INC.	Q	706,470	ACTUAL
(8) CENTER COMMUNITIES OF BROOKLINE, INC.	S	638,000	ACTUAL
(9) CENTER COMMUNITIES OF BROOKLINE, INC.	L	327,145	ACTUAL
(10) CENTER COMMUNITIES OF BROOKLINE, INC.	L	254,286	CONTRACT
(11) HEBREW REHABILITATION CENTER	R	10,600,000	ACTUAL
(12) HEBREW REHABILITATION CENTER	L	5,662,391	CONTRACT
(13) HEBREW REHABILITATION CENTER	L	3,895,441	ACTUAL
(14) HEBREW REHABILITATION CENTER	L	2,419,492	ACTUAL
(15) HEBREW REHABILITATION CENTER	M	1,046,762	ACTUAL
(16) HEBREW REHABILITATION CENTER	K	300,000	ACTUAL
(17) HEBREW SENIORLIFE HOSPICE CARE, INC.	L	327,764	CONTRACT
(18) HEBREW SENIORLIFE HOSPICE CARE, INC.	R	135,000	ACTUAL
(19) HEBREW SENIORLIFE HOSPICE CARE, INC.	Q	131,993	ACTUAL
(20) HRCA BROOKLINE HOUSING 112-120 CENTRE COURT, INC.	S	983,334	REGULATOR APPROVED
(21) HRCA BROOKLINE HOUSING 1550 BEACON PLAZA, INC.	S	791,000	ACTUAL
(22) HRCA BROOKLINE HOUSING 1550 BEACON PLAZA, INC.	Q	635,823	ACTUAL
(23) HRCA BROOKLINE HOUSING 1550 BEACON PLAZA, INC.	L	291,046	ACTUAL
(24) HRCA BROOKLINE HOUSING 1550 BEACON PLAZA, INC.	L	236,443	CONTRACT
(25) HRCA HOUSING FOR ELDERLY, INC.	Q	706,052	ACTUAL
(26) HRCA HOUSING FOR ELDERLY, INC.	L	375,979	CONTRACT
(27) HRCA HOUSING FOR ELDERLY, INC.	L	315,606	ACTUAL
(28) HSL CONSTRUCTION GUARANTOR LLC	R	1,500,000	ACTUAL
(29) HSL FIREMAN OPERTING LIMITED PARTNERSHIP	Q	371,096	ACTUAL
(30) HSL FIREMAN OPERTING LIMITED PARTNERSHIP	L	254,912	ACTUAL
(31) HSL FIREMAN OPERTING LIMITED PARTNERSHIP	L	151,715	CONTRACT
(32) HSL PAYROLL SERVICES LLC	R	1,973,000	ACTUAL
(33) NEWBRIDGE ON THE CHARLES	L	1,952,892	ACTUAL
(34) NEWBRIDGE ON THE CHARLES	L	1,216,886	CONTRACT
(35) ORCHARD COVE, INC.	Q	7,242,540	ACTUAL
(36) ORCHARD COVE, INC.	L	2,470,767	ACTUAL
(37) ORCHARD COVE, INC.	L	806,987	CONTRACT
(38) ORCHARD COVE, INC.	J	720,000	CONTRACT
(39) ORCHARD COVE, INC.	L	600,946	ACTUAL