

Form 990

Return of Organization Exempt From Income Tax

2010

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2010 calendar year, or tax year beginning 10/01, 2010, and ending 09/30, 2011

Form header section containing organization name (NEWBRIDGE ON THE CHARLES, INC.), EIN (38-3707573), address (1200 CENTRE STREET, BOSTON, MA 02131), and principal officer (LEN FISHMAN).

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Includes rows for mission statement, revenue (Total: 39,510,956), expenses (Total: 22,094,158), and net assets (Total: 425,201,469).

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.

Signature block area with fields for officer signature and date.

Preparer information section including name (Benjamin J. Pitchkites), date (08/06/2012), firm name (ERNST & YOUNG U.S. LLP), and EIN (34-656596).

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III Yes No

1 Briefly describe the organization's mission:

ATTACHMENT 1

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 26,900,197. including grants of \$) (Revenue \$ 14,121,650.)

ATTACHMENT 2

4b (Code:) (Expenses \$ 7,518,108. including grants of \$) (Revenue \$ 7,959,060.)

ATTACHMENT 3

4c (Code:) (Expenses \$ 20,205,267. including grants of \$) (Revenue \$ 16,655,988.)

GLORIA ADELSON FIELD HEALTH CENTER - LONG TERM CARE AND SKILLED NURSING FACILITY -

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

(Expenses \$ 767,475. including grants of \$) (Revenue \$ 856,241.)

4e Total program service expenses ▶ 55,391,047.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-20b detailing various organizational requirements and reporting obligations.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Question text, Yes, No. Rows 21-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and Schedule O completion.

Part V **Statements Regarding Other IRS Filings and Tax Compliance**
 Check if Schedule O contains a response to any question in this Part V.

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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 in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b, 12c, 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 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 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. [] Own website [] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: MICHAEL HEFRON 5000 GREAT MEADOW ROAD DEDHAM, MA 02026 781-434-9081

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

Check if Schedule O contains a response to any question in this Part VII.

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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 (describe hours for related organizations in Schedule O)	(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			
(1) THOMAS ALPERIN CO-CHAIR	.50	X		X			0.	0.	0.	
(2) HOWARD COHEN CO-CHAIR	.50	X		X			0.	0.	0.	
(3) JAY L. WEBBER TREASURER	.50	X		X			0.	0.	0.	
(4) LEN FISHMAN CEO	10.00	X		X			0.	931,222.	17,555.	
(5) LOU WOOLF PRESIDENT	10.00	X		X			0.	437,913.	14,977.	
(6) JAMES D HART CFO AND SECRETARY	10.00	X		X			0.	275,766.	10,953.	
(7) LAURENCE GERBER BOARD CHAIR (TO 02/11)	1.00	X					0.	0.	0.	
(8) SYLVIA BAND DIRECTOR (TO 2/11)	1.00	X					0.	0.	0.	
(9) LILLIAN GLICKMAN DIRECTOR (TO 2/11)	1.00	X					0.	0.	0.	
(10) PETER GORDON DIRECTOR (TO 2/11)	1.00	X					0.	0.	0.	
(11) ED HERSHFIELD DIRECTOR (TO 2/11)	1.00	X					0.	0.	0.	
(12) JESSICA LANGSAM DIRECTOR (TO 2/11)	1.00	X					0.	0.	0.	
(13) CHERYL LAPPEN DIRECTOR (TO 2/11)	1.00	X					0.	0.	0.	
(14) MAHMOOD MALIHI DIRECTOR (TO 2/11)	1.00	X					0.	0.	0.	
(15) ROGER TACKEFF DIRECTOR (TO 2/11)	1.00	X					0.	0.	0.	
(16) STEVEN J. WEINSTEIN DIRECTOR (TO 2/11)	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) NATALIE WOLF DIRECTOR (TO 2/11)	1.00	X						0.	0.	0.
(18) ALESSANDRA DE VACA VICE PRESIDENT ADMINISTRATION	10.00			X				0.	195,635.	18,720.
(19) MICHELLE REZENDES ASSISTANT RECORDING SECRETARY	.50			X				0.	79,462.	13,605.
(20) CARA SPALLA EXECUTIVE DIRECTOR	50.00				X			0.	183,541.	2,234.
(21) STEPHEN COLWELL EXECUTIVE DIRECTOR	50.00					X		132,940.	0.	2,302.
(22) MICHAEL HEFRON FINANCE DIRECTOR	50.00					X		120,764.	0.	13,285.
(23) BARBARA RISSMAN EXECUTIVE DIRECTOR, ASSISTED L	50.00					X		115,272.	0.	7,511.
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total								368,976.	2,103,539.	101,142.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								368,976.	2,103,539.	101,142.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **▶** 3

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

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

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions) . .	1e					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f					
	g Noncash contributions included in lines 1a-1f: \$ _____						
	h Total. Add lines 1a-1f ▶			0.			
Program Service Revenue		Business Code					
	2a INDEPENDENT LIVING MONTHLY FEES		623000	10,998,200.	10,998,200.		
	b ASSISTED LIVING MONTHLY FEES		623000	7,959,060.	7,959,060.		
	c HEALTH CARE CENTER		623000	16,655,988.	16,655,988.		
	d EARNED ENTRANCE FEES		623000	3,123,450.	3,123,450.		
	e CULINARY		623000	305,557.	305,557.		
	f All other program service revenue		900099	550,684.	550,684.		
	g Total. Add lines 2a-2f ▶			39,592,939.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			16,944.			16,944.
	4 Income from investment of tax-exempt bond proceeds . . . ▶			744,939.			744,939.
	5 Royalties ▶			0.			
		(i) Real	(ii) Personal				
	6a Gross Rents	75,008.					
	b Less: rental expenses	0.					
	c Rental income or (loss)	75,008.					
	d Net rental income or (loss) ▶			75,008.			75,008.
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory		1,085,199.				
	b Less: cost or other basis and sales expenses		2,004,073.				
	c Gain or (loss)		-918,874.				
	d Net gain or (loss) ▶			-918,874.			-918,874.
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a						
	b Less: direct expenses b						
	c Net income or (loss) from fundraising events ▶			0.			
	9a Gross income from gaming activities. See Part IV, line 19 a						
	b Less: direct expenses b						
c Net income or (loss) from gaming activities ▶			0.				
10a Gross sales of inventory, less returns and allowances a							
b Less: cost of goods sold b							
c Net income or (loss) from sales of inventory ▶			0.				
Miscellaneous Revenue			Business Code				
11a _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d ▶			0.				
12 Total revenue. See instructions ▶			39,510,956.	39,592,939.		-81,983.	

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21	0.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	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.			
7 Other salaries and wages	8,381,512.	7,680,682.	700,830.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0.			
9 Other employee benefits	3,005,251.	2,814,466.	190,785.	
10 Payroll taxes	0.			
11 Fees for services (non-employees):				
a Management	795,541.		795,541.	
b Legal	110,917.		110,917.	
c Accounting	56,925.		56,925.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	2,476,480.	2,068,665.	407,815.	
12 Advertising and promotion	0.			
13 Office expenses	184,969.	144,296.	40,673.	
14 Information technology	497,971.		497,971.	
15 Royalties	0.			
16 Occupancy	4,213,259.	4,082,325.	130,934.	
17 Travel	100,089.	97,085.	3,004.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	4,433.	1,210.	3,223.	
20 Interest	11,923,340.	11,913,109.	10,231.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	19,341,114.	18,229,062.	1,112,052.	
23 Insurance	352,691.		352,691.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <u>FOOD & BEVERAGE COST</u>	3,509,627.	3,499,085.	10,542.	
b <u>SKILLED NURSING FACILITY</u>	3,482,602.	3,482,602.		
c <u>SHARED SERVICES AFFILIATE</u>	1,789,933.		1,789,933.	
d <u>REAL ESTATE TAXES</u>	1,378,460.	1,378,460.		
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	61,605,114.	55,391,047.	6,214,067.	0.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	10,541,463.	1	4,587,113.
	2 Savings and temporary cash investments	41,904,163.	2	39,812,069.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	410,124.	4	439,108.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net	293,600.	7	0.
	8 Inventories for sale or use	43,264.	8	47,289.
	9 Prepaid expenses and deferred charges	69,430.	9	86,615.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 409,147,341.		
	b Less: accumulated depreciation	10b 41,322,060.		
		387,788,292.	10c	367,825,281.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	14,720,652.	15	12,403,994.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	455,770,988.	16	425,201,469.	
Liabilities	17 Accounts payable and accrued expenses	10,021,519.	17	7,128,436.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	307,140,000.	20	281,060,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	556,933.	21	606,282.
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	179,783,978.	25	194,952,970.
	26 Total liabilities. Add lines 17 through 25	497,502,430.	26	483,747,688.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-41,731,442.	27	-58,546,219.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	-41,731,442.	33	-58,546,219.	
34 Total liabilities and net assets/fund balances	455,770,988.	34	425,201,469.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	39,510,956.
2	Total expenses (must equal Part IX, column (A), line 25)	2	61,605,114.
3	Revenue less expenses. Subtract line 2 from line 1	3	-22,094,158.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-41,731,442.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	5,279,381.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	-58,546,219.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question 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 in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	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 in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis		
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?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization NEWBRIDGE ON THE CHARLES, INC.	Employer identification number 38-3707573
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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 11, 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.)
- 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 organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2010; 15 Public support percentage from 2009 Schedule A, Part II, line 14; 16a 33 1/3 % support test - 2010; b 33 1/3 % support test - 2009; 17a 10%-facts-and-circumstances test - 2010; b 10%-facts-and-circumstances test - 2009; 18 Private foundation.

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

(Complete only if you checked the box on line 9 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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			2,691,050.	21,622,870.	39,592,939.	63,906,859.
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			2,691,050.	21,622,870.	39,592,939.	63,906,859.
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.)						63,906,859.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6			2,691,050.	21,622,870.	39,592,939.	63,906,859.
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	33,226.	504,950.	281,827.	873,440.	836,891.	2,530,334.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	33,226.	504,950.	281,827.	873,440.	836,891.	2,530,334.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	33,226.	504,950.	2,972,877.	22,496,310.	40,429,830.	66,437,193.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	96.19%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	93.41%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	3.81%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	6.59%

- 19 a 33 1/3 % support tests - 2010.** 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 - 2009.** 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 **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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," to 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," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

Name of organization NEWBRIDGE ON THE CHARLES, INC.	Employer identification number 38-3707573
--	--

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 on behalf of or in opposition to candidates for public office in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

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 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.
- 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												
1 a	Total lobbying expenditures to influence public opinion (grass roots 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%; border-collapse: collapse;"> <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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

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

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

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

SEE PAGE 4

Horizontal dashed lines for supplemental information input.

Part IV Supplemental Information (continued)

LOBBYING ACTIVITIES

PART II-B, LINE 1F

HEBREW SENIORLIFE MAINTAINS MEMBERSHIPS WITH CERTAIN ASSOCIATIONS. OF THE
TOTAL DUES PAID, \$2,230 WAS USED FOR LOBBYING FOR ELDER CARE.

LEADING AGE MASSACHUSETTS	\$1,132
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MASSACHUSETTS ALFA	\$1,099
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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

Name of the organization

NEWBRIDGE ON THE CHARLES, INC.

Employer identification number

38-3707573

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees...

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIV, describe how the organization reports...

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

Table with 2 columns: Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report..., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

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

Schedule D (Form 990) 2010

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 are a 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 programs
- e Other _____

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

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" to 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 XI V and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XI V.

Part V Endowment Funds. Complete if organization answered "Yes" to 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		18,158,924.		18,158,924.
b Buildings		215,834,552.	12,087,229.	203,747,323.
c Leasehold improvements		158,825.	3,719.	155,106.
d Equipment		91,798,618.	13,548,737.	78,249,881.
e Other		83,196,422.	15,682,375.	67,514,047.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				367,825,281.

Part VII Investments - Other Securities. 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) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	▶	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	▶	

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	▶

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount	
(1) Federal income taxes		
(2) NON-REFUNDABLE ENTRANCE FEES, NET	20,415,908.	
(3) REFUNDABLE ENTRANCE FEES	163,670,273.	
(4) INTEREST RATE SWAP	8,454,600.	
(5) ENTRANCE FEE DEPOSITS	2,412,190.	
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 194,952,970.	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

Table with 10 rows and 3 columns: Line number, Description, and Amount. Total revenue (39,510,956), Total expenses (61,605,114), Excess or (deficit) for the year (-22,094,158), Net unrealized gains (losses) on investments, Donated services and use of facilities, Investment expenses, Prior period adjustments, Other (5,279,384), Total adjustments (net) (5,279,384), Excess or (deficit) for the year per audited financial statements (-16,814,774).

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Table with 5 main rows and 3 columns: Line number, Description, and Amount. Total revenue, gains, and other support per audited financial statements (44,790,339), Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains on investments, Donated services and use of facilities, Recoveries of prior year grants, Other (5,279,383), Add lines 2a through 2d (5,279,383), Subtract line 2e from line 1 (39,510,956), Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b, Other, Add lines 4a and 4b, Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) (39,510,956).

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows and 3 columns: Line number, Description, and Amount. Total expenses and losses per audited financial statements (61,605,114), Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities, Prior year adjustments, Other losses, Other, Add lines 2a through 2d, Subtract line 2e from line 1 (61,605,114), Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b, Other, Add lines 4a and 4b, Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) (61,605,114).

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV Supplemental Information (continued)

ASC 740 DISCLOSURE

SCH D, PART X, LINE 2

NEWBRIDGE ON THE CHARLES' FINANCIAL STATEMENTS DO NOT INCLUDE A FOOTNOTE
RELATED TO ASC 740.

ESCROW LIABILITY

PART X, LINE 21

IN ACCORDANCE WITH MASSACHUSETTS LAW, LAST MONTH RENT DEPOSITS FOR THE
ASSISTED LIVING RESIDENTS ARE HELD IN ESCROW.

CHANGE IN NET ASSETS

SCH D, PART XI, LINE 8

CHANGE IN VALUE OF INTEREST RATE SWAP 5,297,384

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

NEWBRIDGE ON THE CHARLES, INC.

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Employer identification number

38-3707573

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input 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 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 (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment from the organization or a related organization? **4a** Yes No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** Yes No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** Yes No
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization? **5a** Yes No
- b** Any related organization? **5b** Yes No
- If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization? **6a** Yes No
- b** Any related organization? **6b** Yes No
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III **7** Yes No

8 Were any amounts reported in 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 **8** Yes No

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9** Yes No

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		X

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

Schedule J (Form 990) 2010

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 in 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 are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(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				
1 LEN FISHMAN	(i)	0.	0.	0.	0.	0.	0.
	(ii)	501,769.	265,627.	163,826.	4,900.	12,655.	948,777.
2 LOU WOOLF	(i)	0.	0.	0.	0.	0.	0.
	(ii)	437,913.	0.	0.	1,712.	13,265.	452,890.
3 JAMES D HART	(i)	0.	0.	0.	0.	0.	0.
	(ii)	275,766.	0.	0.	646.	10,307.	286,719.
4 ALESSANDRA DE VACA	(i)	0.	0.	0.	0.	0.	0.
	(ii)	195,635.	0.	0.	4,047.	14,674.	214,356.
5 CARA SPALLA	(i)	0.	0.	0.	0.	0.	0.
	(ii)	183,541.	0.	0.	1,992.	242.	185,775.
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

Part III Supplemental Information

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

SUPPLEMENTAL COMPENSATION INFORMATION

SCHEDULE J, PART I, LINE 1A

LEN FISHMAN, CEO, RECEIVES A HOUSING ALLOWANCE PROVIDED BY HEBREW SENIORLIFE. IT IS TREATED AS A TAXABLE ITEM, REPORTED AS WAGES PER HIS FORM W-2.

MR. FISHMAN'S OTHER REPORTABLE COMPENSATION INCLUDES THE FOLLOWING ITEM WITH GROSS-UP:

-DISABILITY INSURANCE PREMIUMS

SCHEDULE J, PART I, LINE 3

NEWBRIDGE ON THE CHARLES, INC. RELIES UPON HEBREW SENIORLIFE AS THE PARENT ORGANIZATION TO ESTABLISH THE COMPENSATION OF THE ORGANIZATIONS' CEO, PRESIDENT AND CFO. HSL UTILIZES THE FOLLOWING IN ESTABLISHING SUCH COMPENSATION:

COMPENSATION COMMITTEE

WRITTEN EMPLOYMENT CONTRACT

INDEPENDENT COMPENSATION CONSULTANT

COMPENSATION SURVEY OR STUDY

Part III Supplemental Information

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

APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

NEWBRIDGE ON THE CHARLES, INC.

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).**

▶ **Attach to Form 990.**

▶ **See separate instructions.**

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Employer identification number

38-3707573

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled Financing	
						Yes	No	Yes	No	Yes	No
A MASS HEALTH & EDUCATION FACILITIES AUTHORITY	04-2456011	57583RTQ8	12/19/2007	457,075,000.	SEE SCHEDULE O		X		X		X
B											
C											
D											

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue		463,238,677.						
4 Gross proceeds in reserve funds		17,539,186.						
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds		6,273,654.						
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds		439,425,837.						
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion		2009						
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X						
15 Were the bonds issued as part of an advance refunding issue?		X						
16 Has the final allocation of proceeds been made?	X							
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property	X							

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

Schedule K (Form 990) 2010

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b Are there any research agreements that may result in private business use of bond-financed property?		X						
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X						
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		.2100 %		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0.0000 %		%		%		%
6 Total of lines 4 and 52100 %		%		%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?		X						

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X						
2 Is the bond issue a variable rate issue?	X							
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
b Name of provider	BANK OF AMERICA							
c Term of hedge	3.000							
d Was the hedge superintegrated?		X						
e Was the hedge terminated?		X						
4a Were gross proceeds invested in a GIC?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?		X						
6 Did the bond issue qualify for an exception to rebate?		X						

Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

NEWBRIDGE ON THE CHARLES, INC.

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Employer identification number

38-3707573

DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS

FORM 990, PART VI, QUESTION 6

HEBREW SENIORLIFE, INC. IS THE SOLE CORPORATE MEMBER OF NEWBRIDGE ON THE CHARLES AND PROVIDES MANAGEMENT OVERSIGHT AND FUNDRAISING SERVICES TO NEWBRIDGE AND TO ITS OTHER AFFILIATES. THE HEBREW SENIORLIFE BOARD ELECTS THE MEMBERS OF THE NEWBRIDGE BOARD OF DIRECTORS.

DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS

FORM 990, PART VI, QUESTION 7A

THE CHAIR OF THE BOARD OF HEBREW SENIORLIFE, WITH THE ADVICE AND CONSENT OF A MAJORITY OF THE EXECUTIVE COMMITTEE OF HEBREW SENIORLIFE, (INCLUDING THE CHAIR OF THE BOARD) SHALL APPOINT THE DIRECTORS AND OFFICERS OF ANY SUBSIDIARY CORPORATIONS AND AFFILIATED ORGANIZATIONS AND EXERCISE ALL OTHER RIGHTS OF THE CORPORATION AS MEMBER OF ANY SUBSIDIARY CORPORATIONS AND AFFILIATED ORGANIZATIONS.

DESCR CLASSES OF PERSONS, DECISIONS REQUIRING APPR & TYPE OF VOTING

RIGHTS

FORM 990, PART VI, QUESTION 7B

DECISIONS INVOLVING MAJOR CHANGES IN ORGANIZATION, DEBT PLACEMENT, SALE OF ASSETS, ETC. ARE ALSO SUBJECT TO APPROVAL BY HEBREW SENIORLIFE'S BOARD. ULTIMATELY, GOVERNANCE OF THE CORPORATION RESTS WITH THE BOARD OF DIRECTORS OF THE COMPANY'S SOLE CORPORATE MEMBER, HEBREW SENIORLIFE, INC.

Name of the organization NEWBRIDGE ON THE CHARLES, INC.	Employer identification number 38-3707573
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DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990 FORM 990, PART VI, QUESTION 11

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

DESCRIPTION OF POLICIES FOLLOWED

FORM 990, PART VI, QUESTION 12-14

THE POLICIES AS REFERENCED IN PART VI, LINES 12 TO 14 ARE APPROVED AT THE PARENT, HEBREW SENIORLIFE. NEWBRIDGE ON THE CHARLES, INC. FOLLOWS THESE POLICIES, BUT HAS NOT SPECIFICALLY APPROVED THE POLICIES AS ENACTED BY HEBREW SENIORLIFE.

DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST

FORM 990, PART VI, QUESTION 12C

THE CONFLICTS OF INTEREST POLICY IS RIGOROUSLY MONITORED BY THE CONFLICTS REVIEW COMMITTEE OF THE BOARD OF DIRECTORS. THIS INVOLVES ANNUALLY MAILING A CONFLICTS DISCLOSURE FORM TO ALL MEMBERS OF THE BOARD OF DIRECTORS, BOARD COMMITTEES AND SENIOR MANAGEMENT. THIS COMMITTEE

Name of the organization

NEWBRIDGE ON THE CHARLES, INC.

Employer identification number

38-3707573

REVIEWS SIGNED DISCLOSURE FORMS AND IDENTIFIES POTENTIAL CONFLICTS. THE COMMITTEE DISCUSSES THE POTENTIAL CONFLICT WITH THE INTERESTED PERSON AND RECEIVES ANY ADDITIONAL INFORMATION PERTAINING TO THE POTENTIAL CONFLICT.

THE INTERESTED PERSON LEAVES THE COMMITTEE ROOM, THE COMMITTEE DELIBERATES AND REACHES A CONCLUSION REGARDING THE POTENTIAL CONFLICT AND MAKES A RECOMMENDATION TO THE BOARD. THE RECOMMENDATION OF THE COMMITTEE SHALL BE DETERMINED GIVEN (I) THAT A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY ATTAINABLE UNDER CIRCUMSTANCES NOT GIVING RISE TO A CONFLICT OF INTEREST, (II) THAT THE TRANSACTION OR ARRANGEMENT IS IN THE BEST INTEREST OF THE ORGANIZATION AND FOR ITS OWN BENEFIT, AND (III) THAT THE TRANSACTION OR ARRANGEMENT IS FAIR AND REASONABLE TO THE ORGANIZATION. BASED ON THESE RECOMMENDATIONS MADE BY THE CONFLICTS REVIEW COMMITTEE, THE ENTIRE BOARD, EXCLUDING THE INTERESTED PERSON, WILL MAKE THE FINAL DETERMINATION TO AUTHORIZE THE TRANSACTION GIVING RISE TO THE POTENTIAL CONFLICT OF INTEREST.

IF EITHER THE CONFLICTS REVIEW COMMITTEE OR THE BOARD OF DIRECTORS HAS REASONABLE CAUSE TO BELIEVE AN INTERESTED PERSON HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, THE INTERESTED PERSON SHALL BE NOTIFIED AND ALLOWED AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. FOLLOWING SUCH DISCUSSION, THE COMMITTEE OR BOARD SHALL DELIBERATE AND DETERMINE IF A FAILURE TO DISCLOSE HAS OCCURRED AND SHALL TAKE APPROPRIATE CORRECTIVE ACTION.

OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN

Name of the organization NEWBRIDGE ON THE CHARLES, INC.	Employer identification number 38-3707573
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FORM 990, PART VI, QUESTION 15A AND 15B

THE COMPENSATION COMMITTEE OF THE HEBREW SENIORLIFE BOARD, WITH THE ASSISTANCE OF INDEPENDENT, EXPERT CONSULTANTS, HAS REVIEWED THE CEO'S TOTAL COMPENSATION, THE PRESIDENT'S TOTAL COMPENSATION AND THE COMPENSATION OF ALL OFFICERS AND KEY EMPLOYEES AS WELL AS HIGHLY COMPENSATED (>\$150,000) EMPLOYEES OF HSL AND ITS AFFILIATES. THIS PROCESS WAS LAST PERFORMED IN FISCAL YEAR 2011. THE FULL HSL BOARD FURTHER REVIEWED AND APPROVED THE COMPENSATION OF THE OFFICERS, KEY EMPLOYEES AND HIGHLY COMPENSATED EMPLOYEES OF HSL AND ITS AFFILIATES.

ALL OF THESE COMMITTEE MEMBERS ARE INDEPENDENT DIRECTORS. DOCUMENTATION AND RECORDS OF COMPENSATION COMMITTEE MEETINGS ARE MAINTAINED WITH RESPECT TO DELIBERATIONS AND COMPENSATION DECISIONS.

AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC

FORM 990, PART VI, QUESTION 19

GOVERNING DOCUMENTS ARE AVAILABLE AT THE COMM OF MASS WEBSITE. THESE AND CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE ALSO AVAILABLE UPON REQUEST AT THE OFFICES OF HSL AT 1200 CENTRE ST. BOSTON, MA 02131. WE HAVE ALSO RESPONDED TO TELEPHONE AND EMAIL REQUESTS FOR DOCUMENTS.

HOURS WORKED FOR RELATED ORGANIZATION

FORM 990, PART VII, SECTION A

THOMAS ALPERIN DEVOTES AN AVERAGE OF 1 HOUR PER WEEK TO HEBREW SENIORLIFE, .5 HOURS PER WEEK TO HEBREW REHABILITATION CENTER, AND .5 HOURS PER WEEK TO ORCHARD COVE. ALL ARE RELATED ORGANIZATIONS OF THE

Name of the organization NEWBRIDGE ON THE CHARLES, INC.	Employer identification number 38-3707573
--	--

FILING ENTITY. THOMAS ALPERIN IS THE CO-CHAIR FOR EACH ENTITY.

HOWARD COHEN DEVOTES AN AVERAGE OF 1 HOUR PER WEEK TO HEBREW SENIORLIFE,
.5 HOURS PER WEEK TO HEBREW REHABILITATION CENTER, AND .5 HOURS PER WEEK
TO ORCHARD COVE. ALL ARE RELATED ORGANIZATIONS OF THE FILING ENTITY.

HOWARD COHEN IS THE CO-CHAIR FOR EACH ENTITY.

JAY L. WEBBER DEVOTES AN AVERAGE OF 1 HOUR PER WEEK TO HEBREW SENIORLIFE,
.5 HOURS PER WEEK TO HEBREW REHABILITATION CENTER, AND .5 HOURS PER WEEK
TO ORCHARD COVE. ALL ARE RELATED ORGANIZATIONS OF THE FILING ENTITY. JAY
L. WEBBER IS THE TREASURER FOR EACH ENTITY.

LEN FISHMAN DEVOTES AN AVERAGE OF 20 HOURS PER WEEK TO HEBREW SENIORLIFE,
10 HOURS PER WEEK TO HEBREW REHABILITATION CENTER, 5 HOURS PER WEEK TO
ORCHARD COVE, AND 5 HOURS PER WEEK TO HOUSING ENTITIES. ALL ARE RELATED
ORGANIZATIONS OF THE FILING ENTITY. LEN FISHMAN IS THE CEO FOR EACH
ENTITY.

LOU WOOLF DEVOTES AN AVERAGE OF 10 HOURS PER WEEK TO HEBREW SENIORLIFE,
20 HOURS PER WEEK TO HEBREW REHABILITATION CENTER, 5 HOURS PER WEEK TO
ORCHARD COVE, AND 5 HOURS PER WEEK TO HOUSING ENTITIES. ALL ARE RELATED
ORGANIZATIONS OF THE FILING ENTITY. LOU WOOLF IS THE PRESIDENT FOR EACH
ENTITY.

JAMES D HART DEVOTES AN AVERAGE OF 10 HOURS PER WEEK TO HEBREW

Name of the organization NEWBRIDGE ON THE CHARLES, INC.	Employer identification number 38-3707573
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SENIORLIFE, 20 HOURS PER WEEK TO HEBREW REHABILITATION CENTER, 5 HOURS PER WEEK TO ORCHARD COVE, AND 5 HOURS PER WEEK TO HOUSING ENTITIES. ALL ARE RELATED ORGANIZATIONS OF THE FILING ENTITY. JAMES D HART IS THE PRESIDENT FOR HEBREW SENIORLIFE, PRESIDENT AND SECRETARY FOR HEBREW REHABILITATION CENTER, CFO AND SECRETARY FOR ORCHARD COVE.

ALESSANDRA DE VACA DEVOTES AN AVERAGE OF 10 HOURS PER WEEK TO HEBREW SENIORLIFE, 20 HOURS PER WEEK TO HEBREW REHABILITATION CENTER, 5 HOURS PER WEEK TO ORCHARD COVE, AND 5 HOURS PER WEEK TO HOUSING ENTITIES. ALL ARE RELATED ORGANIZATIONS OF THE FILING ENTITY. ALESSANDRA DE VACA IS THE VICE PRESIDENT OF ADMINISTRATION FOR EACH ENTITY.

MICHELLE REZENDES DEVOTES AN AVERAGE OF 40 HOURS PER WEEK TO HEBREW SENIORLIFE AND 10 HOURS PER WEEK TO HEBREW REHABILITATION CENTER. BOTH ARE RELATED ORGANIZATIONS OF THE FILING ENTITY. MICHELLE REZENDES IS THE ASSISTANT RECORDING SECRETARY FOR EACH ENTITY.

OTHER CHANGES IN NET ASSETS

FORM 990, PART XI, LINE 5

CHANGE IN VALUE OF INTEREST RATE SWAP - \$5,279,381.

PURPOSE OF BONDS

SCHEDULE K, PART 1F

DURING DECEMBER 2007, NEWBRIDGE ISSUED \$457,075,000 OF TAX-EXEMPT BONDS TO PAY FOR PROJECT CONSTRUCTION AND OTHER PROJECT-RELATED COSTS. PROCEEDS OF THE TAX-EXEMPT BONDS WERE USED TO REPAY THE \$75,000,000 LOAN FROM THE

Name of the organization NEWBRIDGE ON THE CHARLES, INC.	Employer identification number 38-3707573
--	--

LENDERS, PAY FOR CERTAIN ISSUANCE COSTS, PAY FOR THE PORTION OF THE HSL DEVELOPMENT FEE WHICH WAS DUE, AND ESTABLISH CERTAIN FUNDS, INCLUDING THE PROJECT FUND AND THE DEBT SERVICE FUND.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

IN THE SPIRIT OF THE FIFTH COMMANDMENT, AS ILLUMINATED BY THE TRADITIONS OF THE JEWISH PEOPLE, OUR MISSION 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. EVERYTHING WE DO FLOWS FROM THESE TENETS AND IS FURTHER INSPIRED BY THE DUTY OF TIKKUN OLAM-TO HEAL THE WORLD. WE SEEK TO FULFILL THIS MISSION BY:

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

Name of the organization

NEWBRIDGE ON THE CHARLES, INC.

Employer identification number

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ATTACHMENT 2FORM 990, PART III - PROGRAM SERVICE, LINE 4A

INDEPENDENT LIVING -

WHEN MOVING TO NEWBRIDGE ON THE CHARLES, RESIDENTS ENJOY THE FREEDOM FROM HOME OWNERSHIP, THE CONVENIENCE OF SERVICES AND AMENITIES, AND THE FLEXIBILITY TO ENJOY A WIDE RANGE OF ACTIVITIES. BUT PERHAPS THE BIGGEST BENEFIT IS PEACE OF MIND THAT COMES WITH KNOWING THEY HAVE A FULL SPECTRUM OF HEALTH CARE SERVICES AND LIVING ACCOMMODATIONS AS THEIR NEEDS CHANGE OVER TIME.

THIS CONTINUUM OF CARE EXTENDS FROM INDEPENDENT LIVING TO ASSISTED LIVING, TO SKILLED REHABILITATIVE AND LONG-TERM NURSING CARE - ALL IN ONE COMMUNITY. A MEDICAL PRACTICE AS WELL AS HOME HEALTH CARE IS PROVIDED ON THE CAMPUS. IN OUR HEALTH CARE CENTER, CARE IS PROVIDED FROM AN INTERDISCIPLINARY TEAM OF SPECIALISTS FROM HEBREW REHABILITATION CENTER/HEBREW SENIORLIFE - AN INTERNATIONALLY RECOGNIZED LEADER IN GERIATRIC RESEARCH, TRAINING AND EDUCATION. THIS TEAM INCLUDES GERIATRICIANS/PHYSICIANS AND GERIATRIC NURSE PRACTITIONERS, REHABILITATION SPECIALISTS, SOCIAL WORKERS, AND CERTIFIED NURSE ASSISTANTS, WORKING TOGETHER TO ENSURE AN INDIVIDUAL'S CARE PLAN IS COMPREHENSIVE AND SEAMLESS.

AT NEWBRIDGE, IT'S ALL ABOUT BUILDING A LIFESTYLE THAT BEST SUITS YOUR PREFERENCES AND NEEDS. FOR EXAMPLE, IF ONE SPOUSE REQUIRES ASSISTANCE WITH DAILY LIVING WHILE THE OTHER IS INDEPENDENT, OR, IF BOTH WANT TO LIVE INDEPENDENTLY BUT NEED SPECIALIZED CARE OR

Name of the organization NEWBRIDGE ON THE CHARLES, INC.	Employer identification number 38-3707573
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ATTACHMENT 2 (CONT'D)

SUPPORT, NEWBRIDGE OFFERS HOME HEALTH CARE SERVICES AND SPECIALTY OUTPATIENT CLINICS. RESIDENTS ALSO HAVE OPTIONS WHEN IT COMES TO RECUPERATIVE SERVICES IN SHORT- OR LONG-TERM CARE. WE OFFER RESIDENTS PRIORITY AND FLEXIBILITY IN HELPING THEM MAKE DECISIONS WHEN THEY ARE FACED WITH MEDICAL CARE ISSUES.

INDEPENDENT LIVING

NEWBRIDGE IS A COMMUNITY DESIGNED FOR INDEPENDENT LIVING, OFFERING FLEXIBILITY TO RESIDENTS WHO ENJOY SCHEDULING THEIR OWN DAILY ACTIVITIES WHILE KNOWING THEY CAN BE SPONTANEOUS AT ANY GIVEN MOMENT. WE CONTINUALLY OFFER NEW PROGRAMS, WORKSHOPS, AND EVENTS AS PART OF OUR COMMITMENT TO LIFELONG LEARNING.

OUR PHILOSOPHY OF LIFELONG LEARNING GOES HAND IN HAND WITH OUR APPROACH TO PROVIDING A CONTINUUM OF WELLNESS - ADDRESSING THE "WHOLE PERSON" AND INTEGRATING THE PHYSICAL, EMOTIONAL, AND SPIRITUAL DIMENSIONS OF AGING.

THE COTTAGE COMMUNITY AT NEWBRIDGE IS DESIGNED FOR OLDER ADULTS WHO VALUE AN ACTIVE, INDEPENDENT LIFESTYLE. LIFE IN THE COTTAGES OFFERS A COMBINATION OF PRIVATE HOME LIVING AND CLOSE PROXIMITY TO NEWBRIDGE'S SELECTION OF PROGRAMS, AMENITIES, AND ACTIVITIES.

COTTAGE RESIDENTS CAN SELECT FROM THREE HOME MODELS, EACH OFFERING DIFFERENT FINISHES AND FLOOR PLAN CHOICES. HOMES RANGE FROM 1,475 TO 2,700 SQUARE FEET. SOME INCLUDE A LOWER LEVEL, A LOFT, OR BOTH

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ATTACHMENT 2 (CONT'D)

- INCREASING THE LIVING SPACE UP TO 3,200 SQUARE FEET. HOMES ALSO FEATURE A PRIVATE ONE- OR TWO-CAR GARAGE.

SITUATED ON A QUIET, PRIVATE SETTING, THE VILLAS AT NEWBRIDGE ARE CONVENIENTLY ACCESSIBLE TO THE COMMUNITY CENTER BY AN UNDERGROUND WALKWAY OR THROUGH THE COURTYARD GARDEN. THE SPACIOUS INTERIORS OFFER HIGH CEILINGS, EXCEPTIONAL AMENITIES, LARGE WINDOWS, AND UNDERGROUND PARKING. THE TWO-BEDROOM VILLAS, WHICH ARE MORE INTIMATE VERSIONS OF OUR APARTMENTS, RANGE IN SIZE FROM 1,589 TO 1,800 SQUARE FEET.

EACH VILLA IS A CORNER RESIDENCE TO ALLOW FOR PLENTY OF LIGHT, WITH EACH HOME SERVED BY AN ELEVATOR LOCATED IN A LOBBY IN THE CENTER OF THE BUILDING.

FOR OPTIMAL CONVENIENCE, THE NEWBRIDGE APARTMENTS ARE LOCATED WITHIN THE CARL J. AND RUTH SHAPIRO COMMUNITY CENTER AND TWO ADJACENT BUILDINGS. THESE HOMES OFFER COZY AND INNOVATIVE FLOOR PLANS RANGING IN SIZE FROM NEARLY 1,000 TO JUST OVER 2,000 SQUARE FEET. THEY FEATURE GOURMET KITCHENS, NINE-FOOT CEILINGS, AND EXPANSIVE WINDOWS PROVIDING EXCEPTIONAL VIEWS OF THE MEADOWS, GARDENS AND COURTYARDS. ALL APARTMENTS HAVE ACCESS TO UNDERGROUND PARKING SPACES AND SPACIOUS STORAGE LOCKERS, WHILE OTHER FEATURES INCLUDE SCREENED-IN PORCHES, FIREPLACES, AND A GREAT ROOM

Name of the organization NEWBRIDGE ON THE CHARLES, INC.	Employer identification number 38-3707573
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ATTACHMENT 2 (CONT'D)

ASSISTED LIVING

THE TRADITIONAL ASSISTED LIVING PROGRAM AT NEWBRIDGE IS A KEY COMPONENT OF OUR CONTINUING CARE RETIREMENT COMMUNITY (CCRC) PROVIDING THE OPPORTUNITY FOR THOSE WHO WISH TO LIVE IN A SUPPORTIVE COMMUNITY OR FOR CURRENT INDEPENDENT LIVING RESIDENTS TO CONTINUE RESIDING ON OUR CAMPUS.

IN 51 TRADITIONAL ASSISTED LIVING APARTMENTS, NEWBRIDGE FOSTERS A DEEP SENSE OF COMMUNITY AND HOME AWAY FROM HOME IN A COMPASSIONATE ENVIRONMENT FOR SENIORS. AT THE CORE OF THIS AREA IS A FULL SERVICE DINING ROOM AND LIBRARY AS WELL AS ACTIVITY AND MEETING ROOMS.

IN ADDITION TO PROVIDING PERSONALIZED SUPPORTIVE SERVICES IN A WARM AND INVITING SETTING, OUR TRADITIONAL ASSISTED LIVING PROGRAM REFLECTS THE MANY SERVICES, PROGRAMS AND AMENITIES UNIQUE TO NEWBRIDGE ON THE CHARLES. FOR EXAMPLE, RESIDENTS HAVE PLENTY OF OPPORTUNITIES TO ENJOY A WIDE RANGE OF LIFELONG LEARNING ACTIVITIES, MUSIC AND ART PRESENTATIONS, WELLNESS PROGRAMS AND MULTIGENERATIONAL ACTIVITIES WITH STUDENTS FROM THE NEIGHBORING RASHI SCHOOL.

THE NEWBRIDGE MEMORY SUPPORT ASSISTED LIVING PROGRAM IS A NATIONALLY RENOWNED MODEL OF COMPREHENSIVE CARE DESIGNED TO ENHANCE COGNITIVE AND PHYSICAL ABILITIES IN A SAFE ENVIRONMENT. AS

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ATTACHMENT 2 (CONT'D)

A KEY COMPONENT OF THE ASSISTED LIVING PROGRAM, THERE ARE 41 APARTMENTS ON THE NEWBRIDGE CAMPUS FOR THOSE WITH DEMENTIA-RELATED CONDITIONS.

WE OFFER AN INDIVIDUALIZED CARE PLAN FOR EACH RESIDENT, FOCUSING ON THERAPIES AND APPROACHES THAT ARE SPECIFIC TO EACH INDIVIDUAL'S STRENGTHS AND NEEDS THROUGHOUT DAILY ACTIVITIES. ONE OF THE MANY BENEFITS WE OFFER IS THE CONVENIENCE OF NOT HAVING TO TRAVEL FOR MEDICAL APPOINTMENTS. RESIDENTS MAY CHOOSE TO JOIN OUR ONSITE PRIMARY CARE PRACTICE, LOCATED IN THE HEALTH CARE CENTER. OUR HARVARD MEDICAL SCHOOL-AFFILIATED GERIATRICIANS PROVIDE CONTINUOUS, COORDINATED AND SEAMLESS CARE.

WE OFFER SPECIAL SERVICES FOR RESIDENTS REQUIRING MEMORY SUPPORT THROUGH OUR SPECIALIZED APPROACH FOR INDIVIDUALS WHO NEED MEMORY SUPPORT, WE FOCUS ON ENCOURAGEMENT, DIGNITY, AND CREATING FEELINGS OF SUCCESS. AMONG OUR MANY BENEFITS, WE OFFER:

- INDIVIDUALIZED SERVICE PLANS
- PRIVATE STUDIO APARTMENTS WITH INDIVIDUAL BATHS
- THREE NUTRITIOUS "HEALTHY MIND" MEALS AND SNACKS
- RESIDENT-SECURE ENTRY AND EXIT
- ENCLOSED COURTYARD AND GARDENS
- REGULARLY SCHEDULED ENRICHMENT AND FITNESS PROGRAMS
- 24-HOUR PROFESSIONAL RESIDENT CARE STAFF
- ON-SITE NURSING STAFF

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ATTACHMENT 2 (CONT'D)

- INCONTINENCE CARE
- MEDICATION MANAGEMENT

ATTACHMENT 3FORM 990, PART III - PROGRAM SERVICE, LINE 4B

ASSISTED LIVING -

RECUPERATIVE SERVICES UNIT/SNF

HEBREW REHABILITATION CENTER (HRC) AT NEWBRIDGE - LOCATED IN THE GLORIA ADELSON FIELD HEALTH CENTER - IS A PIONEERING, STATE-OF-THE-ART GERIATRIC HEALTH CARE CENTER THAT OFFERS COMPREHENSIVE SHORT-TERM REHABILITATIVE SERVICES, LONG-TERM CARE, AND A MEMORY CARE UNIT.

BUILDING ON HEBREW SENIORLIFE'S HOLISTIC APPROACH TO CARE, HRC SERVES AS GROUND-BREAKING MODEL IN CREATING AN OPTIMAL LIVING ENVIRONMENT AND PROVIDING THE TYPES OF SERVICES AND PROGRAMS THAT SENIORS BEST RESPOND TO PHYSICALLY AND EMOTIONALLY WHEN IN SHORT-OR LONG-TERM CARE. THE PRIVATE ROOMS AND COMMON LIVING SPACES RESEMBLE ALL THE CHARM AND COZINESS OF HOME, PROVIDING PLENTY OF NATURAL LIGHT, WARMTH, AND COMFORT.

WE OFFER THE COMMUNITY ACCESS TO AN OUTSTANDING ARRAY OF REHABILITATION OPTIONS THROUGH OUR RECUPERATIVE SERVICES (RSU), A SKILLED NURSING UNIT. ON THE NEWBRIDGE CAMPUS THERE ARE 48 BEDS FOR SHORT-TERM REHABILITATION CARE. PHYSICIANS REPRESENTING DOZENS

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ATTACHMENT 3 (CONT'D)

OF MEDICAL SPECIALTIES, AS WELL AS NURSES AND THERAPISTS, ARE
 AVAILABLE FOR CONSULTATION TO ENSURE THAT EVERY PATIENT NEED IS
 ADDRESSED.

OUR INTAKE COORDINATOR AND CASE MANAGERS WILL SCREEN THE PATIENT
 AND EITHER ACCEPT OR DENY ADMISSION. IF THE REFERRAL IS ACCEPTED,
 WE WILL ARRANGE A TRANSFER TIME WITH THE APPROPRIATE CASE MANAGER
 AT THE HOSPITAL. MOST MAJOR INSURANCES ARE ACCEPTED.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization

NEWBRIDGE ON THE CHARLES, INC.

Employer identification number

38-3707573

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

(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
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) HEBREW SENIORLIFE, INC. 90-0183119 1200 CENTRE STREET BOSTON, MA 02131	MGMT SERVICE	MA	501 (C) (3)	7	N/A		X
(2) HRC A SENIOR HOUSING, INC. 04-2765428 640 NORTH MAIN STREET RANDOLPH, MA 02368	ELDER HOUSING	MA	501 (C) (3)	9	HSL	X	
(3) CENTER COMMUNITIES OF BROOKLINE, INC. 01-0569404 100 CENTRE STREET BROOKLINE, MA 02446	ELDER HOUSING	MA	501 (C) (3)	9	HSL	X	
(4) HRC A BROOKLINE HOUSING, 112-120 CENTRE 03-0372998 112-120 CENTRE STREET BROOKLINE, MA 02446	ELDER HOUSING	MA	501 (C) (3)	9	HSL	X	
(5) HRC A BROOKLINE HOUSING 1550 BEACON 01-0569403 1550 BEACON STREET BROOKLINE, MA 02446	ELDER HOUSING	MA	501 (C) (3)	9	HSL	X	
(6) HRC A HOUSING FOR ELDERLY, INC. 04-2543731 420 REVERE BEACH BOULEVARD REVERE, MA 02151	ELDER HOUSING	MA	501 (C) (3)	9	HSL	X	
(7) ORCHARD COVE, INC. 22-3080006 ONE DEL POND DRIVE CANTON, MA 02021	CONT. CARE	MA	501 (C) (3)	9	HSL	X	

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

Schedule R (Form 990) 2010

JSA

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

▶ **See separate instructions.**

Name of the organization

NEWBRIDGE ON THE CHARLES, INC.

Employer identification number

38-3707573

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

(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
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) HRCA BROOKLINE HOUSING 108 CENTRE 81-0612222 1200 CENTRE STREET BOSTON, MA 02131	ELDER HOUSING	MA	501 (C) (3)	9	HSL	X	
(2) HEBREW REHABILITATION CENTER 04-2104298 1200 CENTRE STREET BOSTON, MA 02131	HOSPITAL	MA	501 (C) (3)	3	HSL	X	
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

Schedule R (Form 990) 2010

JSA

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) -----												
(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
(1) -----							
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

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

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) HEBREW SENIORLIFE, INC.	E	10,000,000.	ACTUAL
(2) HEBREW REHABILITATION CENTER	I	7,211,395.	ACTUAL
(3) HEBREW REHABILITATION CENTER	L	476,778.	ACTUAL
(4) HEBREW SENIORLIFE, INC.	O	1,437,074.	ACTUAL
(5) HEBREW REHABILITATION CENTER	O	3,172,254.	ACTUAL
(6) HEBREW REHABILITATION CENTER	P	4,245,678.	ACTUAL

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

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

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 other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) HEBREW REHABILITATION CENTER	R	7,827,503.	ACTUAL
(2) HEBREW SENIORLIFE, INC.	L	795,418.	ACTUAL
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No
(1) -----										
(2) -----										
(3) -----										
(4) -----										
(5) -----										
(6) -----										
(7) -----										
(8) -----										
(9) -----										
(10) -----										
(11) -----										
(12) -----										
(13) -----										
(14) -----										
(15) -----										
(16) -----										

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).
