Form 990-T	E	Exempt Organ	NDED TO NOVE	sine	ss Income T	ax Return	· L	OMB No 1545-0047			
-		(a	nd proxy tax und	er se	ction 6033(e))	(a10)		0040			
2	For ca	ilendar year 2019 or other tax yea	ar beginning		, and ending	10110	_	2019			
Department of the Treasury		•	•		ons and the latest inform			pen to Public Inspection for			
Internal Revenue Servica	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Open to Public Inspection 501(c)(3) Organizations Only										
A Check box if address changed		Name of organization (D Employer identification number (Employees' trust, see instructions)								
B Exempt under section	Print	LOOMIS SENI	04-3314106								
X 501(c√3)	Type	Number, street, and room		ed business activity code tructions)							
408(e) 220(e)	807 WILBRAHAM ROAD										
408A 530(a) 529(a)	City or town, state or province, country, and ZIP or foreign postal code SPRINGFIELD, MA 01109										
Book value of all assets		F Group exemption numb						_			
28,834,7	28,834,746. G Check organization type X 501(c) corporation 501(c) trust 401(a) to										
H Enter the number of the	related										
	trade or business here SEE STATEMENT 1 Describe the only (or first) unrelated If only one, complete Parts I-V. If more than one,										
		ace at the end of the previou	us sentence, complete Pa	rts I an	d II, complete a Schedule	M for each addition	al trade o	r			
business, then complete							1	T			
• • •	•	poration a subsidiary in an a		nt-subs	diary controlled group?	▶ [Yes	X No			
J The books are in care of		tifying number of the paren			Talanh	one number 🕨 (413)	532-5325			
		de or Business Inc			(A) Income	(B) Expenses		(C) Net			
1a Gross receipts or sale				I	(4)	(-)		1			
b Less returns and allow			c Balance	10				1			
2 Cost of goods sold (S	Schedule	A, line 7)		2							
3 Gross profit. Subtract	line 2 fi	rom line 1c		3							
4a Capital gain net incon	ne (attac	h Schedule D)		4a							
b Net gain (loss) (Form	4797, P	art II, line 17) (attach Form	1 4797)	4b				/			
c Capital loss deduction				4c				· · · · · · · · · · · · · · · · · · ·			
		ship or an S corporation (at	tach statement)	5							
6 Rent income (Schedu	•	(0.1.1.5)		6							
7 Unrelated debt-financ				8			- 				
	8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)										
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)											
•	10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J)						1-	·			
11 Advertising income (Schedule J) 12 Other income (See instructions; attach schedule) 11 12							T T				
•	10 To 1 Court of the Court of										
Part II Deductio	ns No	t Taken Elsewher	e (See instructions fo	r limita	itions on deductions)						
(Deductions	must b	pe directly connected wi	th the unrelated busin	ess inc	come)		, , , -				
14 Compensation of off	icers, di	rectors, and trustees (Sche	dule K)				14				
15 Salaries and wages							15				
16 Repairs and mainten	ance						16				
•	Interest (attach schedule) (see instructions) RECEIVED										
	The state of the s										
	Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return NOV 23 2020 2180										
22 Depletion	Less depreciation claimed on Schedule A and elsewhere on return Depletion										
•											
25 Excess exempt expe											
26 Excess readership co	26										
27 Other deductions (at	27										
28 Total deductions. A	28	0.									
29 Unrefated business t	29	0.									
· /	erating l	loss arising in tax years beg	jinning on or after Januai	ry 1, 20	18		00	0.			
(see instructions)	avahla	ncome. Subtract line 30 fro	m line 20				30	0.			
		work Reduction Act Notice			(4		14.	Form 990-T (2019)			

		LOOMIS SENIOR LIVIN		_		04	-3314106 Page 2
Part		Total Unrelated Business Taxal	ble Income				
		f unrelated business taxable income computed	from all unrelated trades or businesses (see	instructions)	•	32	0.
33,	Amour	às paid for disallowed fringes				43	
34	Charita	ble contributions (see instructions for limitatio	n rules)			34	0.
35	Total u	nrelated business taxable income before pre-20	118 NOLs and specific deduction Subtract lin	e 34 from the su	ım of lines 32 and 33	35	
36	Deduct	tion for net operating loss arising in tax years b	eginning before January 1, 2018 (see instruc	ctions)			
37	Total o	f unrelated business taxable income before spe	ecific deduction. Subtract line 36 from line 35	5		37	
38	Specifi	c deduction (Generally \$1,000, but see line 38	instructions for exceptions)		•	8 38	1,000.
39	Unrela	ted business taxable income. Subtract line 3	8 from line 37. If line 38 is greater than line 3	37,			· · · · · ·
	enter ti	ne smaller of zero or line 37				39	0.
Part	IV.	Tax Computation				1	
		zations Taxable as Corporations. Multiply line	e 39 by 21% (0.21)			▶ 40	0.
	•	Taxable at Trust Rates. See instructions for ta	· · · · · · · · · · · · · · · · · · ·	n line 39 from	1:		
	$\overline{}$	ax rate schedule or Schedule D (Form	·			▶ 41	
42		ax. See instructions	, , , , , , , , , , , , , , , , , , , ,			▶ 42	
	•	tive minimum tax (trusts only)			•	43	
		Noncompliant Facility Income. See instruction	nns			44	
		Add lines 42, 43, and 44 to line 40 or 41, which				45	0.
		Tax and Payments				70	<u></u>
		tax credit (corporations attach Form 1118; tru	ists attach Form 1116)	46a			
		redits (see instructions)	2.000.1000	46b			
		I business credit. Attach Form 3800		46c			
			or 9997\	46d			
		or prior year minimum tax (attach Form 8801) redits. Add lines 46a through 46d	01 0027)	400]		460	
_		•	46e	0.			
		ct line 46e from line 45	Form 8611 Form 8697 Form 8	occ 🗀 0+		47	
			Form 8611 Form 8697 Form 8	000 L UI	her (attach schedule		
		ax. Add lines 47 and 48 (see instructions)	005 D. D. All. and and (1) Land			49	0.
		et 965 tax liability paid from Form 965-A or For	rm 965-B, Part II, column (k), line 3	11		50	
	-	nts: A 2018 overpayment credited to 2019		51a			
		stimated tax payments		51b			
	•	posited with Form 8868		51c		 } 	
	_	organizations: Tax paid or withheld at source					
		withholding (see instructions)					
f	Credit f	or small employer health insurance premiums		51f			
9	Other c	redits, adjustments, and payments; Fo	orm 2439				
	F	orm 4136 Ot	ther Total >	51g		_ ==	
52	Total p	ayments. Add lines 51a through 51g				52	<u> </u>
53	Estimat	ed tax penalty (see instructions). Check if Forn	n 2220 is attached 🕨 🔛			53	
		e. If line 52 is less than the total of lines 49, 50			•	▶ 54	
		yment. If line 52 is larger than the total of line	•		•	► 55	
		ne amount of line 55 you want. Credited to 202			Refunded	▶ 56	<u> </u>
(Part	VII :	Statements Regarding Certain	Activities and Other Information	on (see ins	structions)		
57	At any 1	time during the 2019 calendar year, did the org	anization have an interest in or a signature o	r other author	rity		Yes No
	over a 1	inancial account (bank, securities, or other) in	a foreign country? If "Yes," the organization i	may have to fi	ıle		
	FinCEN	Form 114, Report of Foreign Bank and Financi	al Accounts. If "Yes," enter the name of the fo	oreign country	y		
	here	>					X
58	During	the tax year, did the organization receive a dist	ribution from, or was it the grantor of, or tra	nsferor to, a fe	oreign trust?		<u> </u>
	If "Yes,"	see instructions for other forms the organization	on may have to file.				
59	Enter th	e amount of tax-exempt interest received or ac	ccrued during the tax year 🕨 💲				
	Uı	nder penalties of perjury, I declare that I have examined wrect, and complete Declaration of preparer (other than	this return, including accompanying schedules and st	tatements, and to	o the best of my know	vledge and b	pelief, it is true,
Sign	"			er nasany knowi	leage	May the IDS	SIGN HER
Here		Margaret R Manton		s discuss this return with r shown below (see			
		Signature of officer	11/16/2020 PRESIDE			, ,	s)? X Yes No
		Print/Type preparer's name	Preparer's signature D	ate	Check	ıf PTII	
Paid					self- employe		
		BRENDA L. BOOTH	Bruda J. Beake 1:	1/16/20			01342395
ricpaici i		Firm's name ► CBIZ MHM, LL		, _	Firm's EIN		6-3753134
use	Uniy	500 BOYLST			, i, ii 3 LiiV	<u> </u>	<u> </u>
		Firm's address BOSTON, MA			Phone no.	617-	761-0600
923711 0	11-27-20	jumitation P DODION ; IM			1	 /	Form 990-T (2019)
							. 5.111 (2015)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

N/A - NONE NOTED. PROTECTIVE FILING ONLY. SEE FORM 990 FOR DISCLOSURES.

TO FORM 990-T, PAGE 1