# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

D Employer identification number

Open to Public

Department of the Treasury Internal Revenue Service

C Name of organization

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. A For the 2011 calendar year, or tax year beginning 10/01, 2011, and ending 09/30, 20 12

	песк пар	" L	AL:	ICE	PECK DA	Y LIFE	CARE CENTI	ER, INC	•			1					
	Addre chang		`		ness As					_			-0479				
	Name	e change	Num	ber ar	nd street (or P	O. box if ma	l is not delivered t	to street addre	ess)	Room/si	uite	E Tele	phone n	umber			
	Initial	l return	10	AL:	ICE PECK	DAY DI	RIVE					(603	) 44	8 – 74	174		
	Termi	inated	City	or tow	n, state or cou	ntry, and ZIP	+ 4										
	Amen		LEI	BANG	ON, NH O	3766						<b>G</b> Gros	s receipt	ts \$	7,	, 375	,440.
		cation	F Na	ame a	and address	of principal	officer: HARR	Y G. DO	RMAN III	I, FAC	HE	H(a) Is t	Yes	X No			
	pond.	9	10	AL	ICE PECK	DAY DI	RIVE LEBA	NON, NH	03766			H(b) Are	liates? e all affilia	tes inclu	ded?	Yes	☐ No
ī	Tax-ex	cempt sta	tus:	Х	501(c)(3)	501(c)	( ) <b>◀</b> (in	sert no.)	4947(a)(1)	) or	527	If "	No," attac	h a list.	(see instru	ctions)	
J	Websi	ite: 🕨 1	WWW.	ALI	CEPECKDA	Y.ORG	, , ,	,		,		H(c) Gro	up exemp	otion nur	mber >		
K	Form o	of organi	zation:	Х	Corporation	Trust	Association	Other	<b>&gt;</b>	LY	ear of forma					micile:	NH
	rt I		nmary												<u> </u>		
					e organizatio	n'e mieeio	n or most signif	icant activiti	06.								
	ļ ·						ENTER, IN			RVEST	HILL.	A 76	UNIT				
-Se														 Г			
Governance		ASSISTED LIVING FACILITY, AND THE WOODLANDS AT HARVEST HILL, A 66 UNIT INDEPENDENT LIVING FACILITY.															
ove	2	Check					n discontinued	its operation	ns or dispos	ed of mo	 re than 25%	of its ne	t assets				
Ğ	1					•	ing body (Part \	•	•					3			12.
es &	4	Numbe	er of in	dene	ndent votina	members	of the governin	n body (Par	t VI_line 1h)					4			9.
Ϋ́	5	Total n	umher	of in	idividuals em	nloved in a	calendar year 20	011 (Part V	line 2a)					5			129.
Activities &					olunteers (est									6			11.
٩	1				•		om Part VIII, col		e 12					7a			0
		-					om Form 990-T,							-			0
_		rtot un	rolatoc	2 500	mood taxable	7 111001110 1110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					Prior `			Cur	rent Ye	ar
	8	Contrib	outions	s and	grants (Part	VIII line 1h	)						59,84	4.		112	,271.
nue	9	Progra	Contributions and grants (Part VIII, line 1h)  Program service revenue (Part VIII, line 2g)  PROGRAM SERVICE INSPECTION										77,77		7		,161.
9 Program service revenue (Part VIII, line 2g) 0, 27										13,60				,008.			
ž							5, 6d, 8c, 9c,		. L				13,00	0			0
												6 75	51,21		7	375	,440.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)										0,75	71,21	0	, ,	3131	<u>, 110.</u> 0
	14	Benefit	ts naid	l to or	for members	(Part IX o	olumn (A), line	4)						0			0
"	4 -	Salarie	s othe	er cor	mpensation.	emplovee b	enefits (Part IX	., . column (A)	lines 5-10)		• •	3.09	91,71	8.	3 .	.235	,379.
Expenses	16a						mn (A), line 11					- ,	_,	0			0
ber	h						n (D), line 25)	~,	 	0	• •						
ш	17			-			11a-11d, 11f-2					3.94	12,50	3	. 964	,123.	
	18	Total e	xnens	es A	dd lines 13-1	7 (must ea	ual Part IX, colu	ımn (A) line	25)		• •		34,22			,502.	
							rom line 12						33,01			,938.	
or		11010111	40 1000	o oxp	onoco. Cabin	201 1110 101						nning of C			End	d of Yea	
Net Assets or Fund Balances	20	Total a	ssets (	Part 1	X, line 16)							40,24					,021.
Ass Bal	21		,		rt X, line 26)						••	38,84					,008.
E de	22						21 from line 20				• •		98,33				,013.
	rt II		natur			abtract in te	21 110111 11110 20	<u> </u>	· · · · · ·				,	• •		010,	0101
						examined th	nis return, includio officer) is based o	ng accompar	ying schedule	s and state	ements, and t	o the best	of my k	nowled	ge and b	elief, it i	s true,
cor	rect, ar	nd comp	lete. De	clarati	ion of preparer	(other than o	officer) is based o	n all informat	tion of which p	oreparer ha	as any knowl	edge.					
S	ign																
	ere	<b>P</b> 5	Signatu	re of c	officer							D	ate				
		E	:VAL]	IE N	M. CROSB	Y			VP FI	NANCE	& CFO						
		_			name and title												
_		Print/T	ype pre	eparer	's name		Preparer's s	ignature		Date		Check	c if		PTIN		
Paid												self- emplo	oyed <b>&gt;</b>	. $\square$	P00	18239	93
	parer	Firm's	name	<b>•</b>	BAKER	NEWMAN	NOYES					EIN		01-0	49452		
Use	Only		address	-			SUITE 302	2 MANCH	ESTER. N	NH 031	01	Phone n			44744		
Mav	the II						own above? (se						-		T I	es	No
_							rate instruction		,								(2010)
					, -												/

ALICE PECK DAY LIFECARE CENTER, INC. Form 990 (2011) Page 2 **Statement of Program Service Accomplishments** Part III 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 X 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 If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 6,348,064. including grants of \$\_\_\_\_\_ ) (Revenue \$ 7,257<u>,161.</u>) ALICE PECK DAY LIFECARE CENTER, INC. PROVIDES HOUSING FOR SENIOR CITIZENS IN AN ENVIRONMENT CONDUCIVE TO EXTENDING THE PERIOD THAT THEY CAN LIVE INDEPENDENTLY. SERVICES INCLUDE RESIDENTIAL SERVICES, NUTRITION, MEDICAL CARE, VARIOUS ACTIVITIES AND THE OPPORTUNITY TO EXPAND PERSONAL RELATIONSHIPS. 4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ 4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$

**4e Total program service expenses** ► 6,348,064. JSA 1E1020 1.000

Form 990 (2011)

Page 3

Part IV Chocklist of Paguired Schodules

Part	Checklist of Required Schedules		<b>V</b>	N1 -
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	١.	3.7	
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	_		
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l _		37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_		37
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			3.5
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	4.0		3.5
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	110	x	
L	Schedule D, Part VI	11a	Λ	
D	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," complete Schedule D, Part VII	11b		Х
•	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	110		21
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
ч	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
۵	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's separate of consolidated financial statements for the tax year module a roomote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes."			
	complete Schedule D, Parts XI, XII, and XIII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2011) Page 4

in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Part	Checklist of Required Schedules (continued)			
in the United States on Part IX, column (A), line 17 lf "Yes," complete Schedule I, Parts I and II		·		Yes	No
22 Did the organization report more than \$5.000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.  23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part III.  24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24 bitmough 24d and complete Schedule K If "No." go to line 25.  25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  26 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  26 Did the organization maintain an escrow account other than a refunding escrow at any time during the year.  27 Did the organization during the year? If "Yes," complete Schedule I, Part II.  28 Did the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Ferme 990 or 990-EZZ? If "Yes," complete Schedule I, Part II.  29 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, highly compensated employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity of mainty member of any of these persons? If "Yes," complete Schedule I, Part IV.  29 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee? If "Yes," complete Schedule I, Part IV.  29 Did the organization feed or experiments that the part of the part of the organization	21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 I X Did the organization answer "Yes" to Part VIII, Section A, line 3, 4, or 5 about compensation of the organization for the organization and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, "Two," go to line 25.  24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K II" *Wes," go to line 25.  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Sa Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule I, Part II.  Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule I. Part III.  25b X  Was at loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or damper and the transaction has not been reported on any of these persons? If "Yes," complete Schedule I, Part III.  27c X  28d Was the organization aparty to a business transaction with one of the following parties (see Schedule L Part IV.  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I. Part IV.  c An entity of which a current or former officer, director, trustee, or key employee? If "Yes,"		in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		X
on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 I X Did the organization answer "Yes" to Part VIII, Section A, line 3, 4, or 5 about compensation of the organization for the organization and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, "Two," go to line 25.  24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K II" *Wes," go to line 25.  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Sa Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule I, Part II.  Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule I. Part III.  25b X  Was at loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or damper and the transaction has not been reported on any of these persons? If "Yes," complete Schedule I, Part III.  27c X  28d Was the organization aparty to a business transaction with one of the following parties (see Schedule L Part IV.  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I. Part IV.  c An entity of which a current or former officer, director, trustee, or key employee? If "Yes,"	22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.  24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer insea 24b through 24d and complete Schedule K. If "No." go to line 25.  25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any lax-exempt bonds?  26 Did the organization as an "on behalf of" issuer for bonds outstanding at any time during the year?  27 Did the organization as an "on behalf of" issuer for bonds outstanding at any time during the year?  28 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person outsord uring the year? If "Yes," complete Schedule L, Part I.  28 Use the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part II.  29 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax-year? If "Yes," complete Schedule L, Part II.  29 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part II).  29 A family member of any of these persons? If "Yes," complete Schedule L, Part IV.  29 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule R, Part IV.  29 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule R, Part IV.  29 Did the organization receive more than		- · · · · · · · · · · · · · · · · · · ·	22		X
organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.  24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K II "Yes," gro to line 25.  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  to defease any tax-exempt bonds?  4 b L S Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I.  b Is the organization and that the transaction has not been reported on any of the organizations prior Forms 99.0 or 990-E27 If "Yes," complete Schedule L. Part II.  The Very It "Yes," complete Schedule L. Part II.  Did the organization aparty to a business transaction with an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of those persons? If "Yes," complete Schedule L. Part IV.  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV.  b A family member of any of those persons? If "Yes," complete Schedule L. Part IV.  c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule R. Part IV.  29 Did the organization receive more than \$25,000 in non	23				
employees? If "Yes," complete Schedule J.  24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100.000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25.  b Did the organization miset any proceeds of itax-exempt bonds beyond a temporary period exception".  24b					
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\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No." go to line 25.  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24 a				
through 24d and complete Schedule K. If "No." go to line 25.  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		· · · · · · · · · · · · · · · · · · ·			
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  24d			24a	Х	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	b				Х
to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?					
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	·		24c		Х
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.  25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part II.  26c Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.  27c Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.  28c Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV.  28c Lyart V instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  28d A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  28d A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  28d A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  28d A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  28d A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  28d A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  39d Did the organization re	А				
with a disqualified person during the year? If "Yes," complete Schedule L, Part I					
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 / 16 "Yes," complete Schedule L, Part I	-0 u		25a		X
year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I.  Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.  National of the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  28a	h				
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Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	20		26		x
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related organization? If "Yes," complete Schedule R, Part V, line 2	36		555		
Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	50		36		x
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,  Part VI	27				
Part VI	31				
			37		x
	3.0		"		
19? Note. All Form 990 filers are required to complete Schedule O	55	· · · · · · · · · · · · · · · · · · ·	38	X	

Form 990 (2011) Page **5** 

Par				
	Check if Schedule O contains a response to any question in this Part V			. X
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in Box of Ferni 1999. Enter of inner applicable			
	Efficient the humber of Forms W-2G included in line 1a. Effect -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1 c	Х	
22	reportable gaming (gambling) winnings to prize winners?  Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10	21	
Za	Statements, filed for the calendar year ending with or within the year covered by this return 129			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
~	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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)?	4a		X
b	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.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			Х
<b>h</b>	organization solicit any contributions that were not tax deductible?  If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		
D	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.5		
	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?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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?	8		
	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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		
а	Is the organization licensed to issue qualified health plans in more than one state?	ısa		
h	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
Ŋ	the organization is licensed to issue qualified health plans  13b			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		

JSA 1E1040 1.000 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
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are 1a 12			
	material differences in voting rights among members of the governing body, or if the governing body			
	delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	,	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		3.5	
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-	Х	
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	450		X
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		
4.0-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
16a	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	104		
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16h		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶_NH,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5			 nlv)
. •	available for public inspection. Indicate how you made these available. Check all that apply.	(0)(	-,00	,,
	X Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict or	f inter	est r	olicv.
-	and financial statements available to the public during the tax year.			,
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne		
	organization: ▶ ROGER FORMIDONI 10 ALICE PECK DAY DRIVE LEBANON, NH 03766 603-448-3121			

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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 ....... x

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

- 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.

<b>(A)</b> Name and Title	(B) Average hours per week (describe hours for	box,	not ch unles	eck s pe	ition more	e than o	an	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
ATTACHMENT 2	related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) RICHARD S. JENNINGS										
CHAIR	1.00	Х		Х				С	0	0
(2) RONEY C. HOFFMAN										
VICE CHAIR	.50	X		Х				C	0	0
(3) JUDSON T. PIERSON TREASURER	2.00	X		х				C	0	0
(4) REV. GUY J.D. COLLINGS										
SECRETARY	1.00	Х		Х				C	0	0
(5) HARRY G. DORMAN III, FACHE PRESIDENT & CEO	15.00	Х		Х				C	323,433.	24,433.
(6) MARK E. MELENDY TRUSTEE	.50	Х						C	0	0
(7) MARGUERITE B. COLLIER HARVEST HILL RESIDENT MEMBER	1.00	Х						C	0	0
(8) JOHN S. NORTH WOODLANDS AT HARVEST HILL MEMB	1.00	Х						C	0	0
(9) MIRIAM M. MAGUIRE TRUSTEE	.50	Х						C	0	0
(10) ROLANDE ANDREWS ADMINISTRATOR (PART YEAR)	60.00	Х		Х				124,874.	0	18,684.
(11) KATHLEEN LABBE ADMINISTRATOR HARVEST HILL	50.00	Х		Х				33,696.	0	8,566.
(12) ROBIN SHAFFER ADMIN WOODLNDS (PART YEAR)	50.00	Х		Х				C	66,710.	21,267.
	.50	Х						C	0	0
(14) CLOSEY F. DICKEY TRUSTEE EMERITUS (NON VOTING)	1.00	Х						C	0	0

Form **990** (2011)

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Part VII Section A. Officers, Directors, Tru	ıstees. Ke	v En	nplo	ve	es.	and F	lia	hest Compensat	ed Employees (co		ge <b>8</b>
(A)  Name and title	(B) Average			((	C) sition		-· <b>5</b> '	(D) Reportable	(E) Reportable	(F) Estimated	
realite and title	hours per week (describe hours for	box,	unle er an	heck ss pe	mor erson direc	e than o is both tor/trust	an	compensation from the organization	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the	1
	related organizations in Schedule O)	Individual trustee or director	Institutional trustee	icer	Key employee	Highest compensated employee	mer	(W-2/1099-MISC)		organization and related organizations	
15) TERRI C. DUDLEY	1 00	v									
TRUSTEE EMERITUS (NON VOTING)  16) EVALIE M. CROSBY, CPA, FHFMA	1.00	X						C	0		(
VP FINANCE AND CFO	10.00			Х				C	144,859.	26,48	35.
1b Sub-total							<b>&gt;</b>	158,570.	390,143.	72,95	
c Total from continuation sheets to Part VII, S	ection A						<b>&gt;</b>	150 570	111,033.	26,48	_
d Total (add lines 1b and 1c)	limited to t	hose	liste				o re	158,570. eceived more than	535,002. \$100,000 of	99,43	5.
reportable compensation from the organization		-	<u> </u>							Yes	No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu											Х
4 For any individual listed on line 1a, is the organization and related organizations graindividual	sum of repeater than	oortab \$15	ole (	com 00?	per	nsatior "Yes	n aı s,"	nd other compens	sation from the	4 X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	sati	on i	fron	n any	un	related organizati	on or individual		X
Section B. Independent Contractors	o, comple	10 001	iGUL	1100	, 101	Sucil	μσι	3011		<u> </u>	
Complete this table for your five highest com- compensation from the organization. Report of year.											

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

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

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Pai	rt VII	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
ts ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		. odoratod odmpalgilo I I I I I I I I					
9, E	b						
iifts ar A	C .	. and along events I I I I I I I I					
a,e Eië	d	Related organizations 1d					
Sign	е	Government grants (contributions) 1e					
ber j	f	All other contributions, gifts, grants,					
풀		and similar amounts not included above . 1f	112,271.				
2 gr	g	Noncash contributions included in lines 1a-1f: \$					
	<u>h</u>	Total. Add lines 1a-1f		112,271.			
Ď			Business Code				
é	2a	RESIDENT SERVICES	623000	5,324,103.	5,324,103.		
Program Service Revenue	b	EARNED ENTRANCE FEES	623000	1,859,133.	1,859,133.		
ξ	С	OTHER OPERATING REVENUE	623000	73,925.	73,925.		
Se	d						
аш	е						
ogr	f	All other program service revenue					
<u> </u>	g	Total. Add lines 2a-2f	<u> </u>	7,257,161.			
	3	Investment income (including dividends, inter	est, and				
		other similar amounts) ATTACHMENT	3	6,008.			6,008.
	4	Income from investment of tax-exempt bond;		0			
	5	Royalties		0			
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	C	Rental income or (loss)					
	d	Net rental income or (loss)		0			
	"	(i) Securities	(ii) Other	o d			
	7a	Gross amount from sales of	. ,				
	١.	assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses					
	d	Gain or (loss)		0			
a				0			
ž	оа	Gross income from fundraising					
ĕ		events (not including \$					
Re		of contributions reported on line 1c).					
ē	١.	See Part IV, line 18 a  Less: direct expenses b					
Other Revenu	b	Net income or (loss) from fundraising events		0			
O		Gross income from gaming activities.		O O			
	9а	See Part IV, line 19					
		Less: direct expenses b					
	b	Net income or (loss) from gaming activities		0			
				Ü			
	10a	returns and allowances					
	L .						
	b	Less: cost of goods sold <b>b</b> Net income or (loss) from sales of inventory	<b></b>	0			
		Miscellaneous Revenue	Business Code				
	110						
	11a						
	b						
	C	All other revenue					
	d	Total. Add lines 11a-11d		0			
	12	Total revenue. See instructions			7,257,161.		6,008.
		. C.C. TOTOLIGO, COO III GUI GUI GUI		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,421,101.		0,000.

## 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).

	Check if Schedule O contains a resp	onse to any question in	this Part IX		<u></u> [
	not include amounts reported on lines 6b, , 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 United States. See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,	211,070.		211,070.	
•	trustees, and key employees	211,070.		211,070.	
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	2,426,261.	2,162,505.	263,756.	
8	Pension plan accruals and contributions (include section	_,,,	_,,_,		
•	401(k) and 403(b) employer contributions)	61,767.	52,573.	9,194.	
9	Other employee benefits	357,252.	328,908.	28,344.	
10	Payroll taxes	179,029.	145,636.	33,393.	
11	Fees for services (non-employees):				
а	Management	0			
b	Legal	20,414.	702.	19,712.	
С	Accounting	0			
d	Lobbying	0			
	Professional fundraising services. See Part IV, line 17	0			
	Investment management fees	0			
g	Other	66,111.	39,824.	26,287.	
12	Advertising and promotion	67,084.	2,000.	65,084.	
13	Office expenses	81,795.	66,887.	14,908.	
14	Information technology	0			
15	Royalties	1,232,825.	1,207,386.	25,439.	
16	Occupancy	1,232,825.	1,207,300.	25,439.	
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	1,415.	510.	905.	
20	Interest	415,609.	403,334.	12,275.	
21	Payments to affiliates	0	,	,,	
22	Depreciation, depletion, and amortization	1,417,085.	1,387,844.	29,241.	
23	Insurance	55,067.	53,931.	1,136.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	FOOD AND KITCHEN SUPPLIES	489,311.	489,202.	109.	
	ADMIN EXPENSE PAID TO AHS	70,943.		70,943.	
С	OTHER EXPENSE	46,464.	6,822.	39,642.	
d	The state of the s				
	All other expenses	7 100 500	6 240 254	051 400	
	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	7,199,502.	6,348,064.	851,438.	
20	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)	0			
JSA		U			Form <b>990</b> (2011

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Da	V	Balance Sheet			Page II
Ρá	rt X	Balance Sneet	(4)		(D)
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	438,350.	1	811,886.
	2	Savings and temporary cash investments	6,165,495.	2	5,345,628.
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	30,849.	4	52,276.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
	6	Schedule L 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)	0		0
Assets	7	Notes and loans receivable, net	0	7	0
SS	8	Inventories for sale or use	24,023.	8	24,584.
⋖	9	Prepaid expenses and deferred charges	53,945.	9	58,914.
	_	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D   10a   40,318,986.			
	ь	Less: accumulated depreciation 10b 8,522,594.	33,151,967.	10c	31,796,392.
	11	Investments - publicly traded securities		11	0
	12	Investments - other securities. See Part IV, line 11		12	0
	13	Investments - program-related. See Part IV, line 11		13	0
	14	Intangible assets		14	0
	15	Other assets. See Part IV, line 11	380,448.	15	338,341.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	40,245,077.	16	38,428,021.
	17	Accounts payable and accrued expenses	580,365.	17	513,860.
	18	Grants payable	0	18	0
	19	Deferred revenue ATCH 4	19,482,727.	19	20,024,888.
	20	Tax-exempt bond liabilities	17,016,632.	20	13,838,398.
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
Liabilities	22	Payables to current and former officers, directors, trustees, key			
abi		employees, highest compensated employees, and disqualified persons.			
		Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	1,767,023.	25	2,432,862.
	26	Total liabilities. Add lines 17 through 25	38,846,747.	26	36,810,008.
es		Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	874,700.	27	1,022,987.
Bal	28	Temporarily restricted net assets	523,630.	28	595,026.
힏	29	Permanently restricted net assets	0	29	0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	1,398,330.	33	1,618,013.
	34	Total liabilities and net assets/fund balances	40,245,077.	34	38,428,021.

Form 990 (2011) Page **12 Reconciliation of Net Assets** Part XI Check if Schedule O contains a response to any question in this Part XI............ 7,375,440. 1 1 7,199,502. 2 2 175,938. 3 3 1,398,330. 4 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . . . . 43,745. 5 5 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, 1,618,013. Part XII **Financial Statements and Reporting** No X Accrual Accounting method used to prepare the Form 990: Cash 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? 2a Χ **b** Were the organization's financial statements audited by an independent accountant? 2b Х c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 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: Both consolidated and separate basis X Consolidated basis 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?

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the 3a Χ 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)

# **Public Charity Status and Public Support**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Open to Public Inspection

Name of	the organization							Emplo	yer iden	tification number		
ALICE	PECK DAY LIFE	CARE CENTER,	INC.						02-	-0479094		
Part I	Reason for Pub	lic Charity Status	s (All organizations mu	st con	nplete	this pa	art.) Se	e instr	uctions			
The org	anization is not a priv	ate foundation bed	cause it is: (For lines 1 th	rough	11, che	ck only	one bo	x.)				
1	A church, convention	on of churches, or	association of churches	describ	ed in <b>s</b>	ection	170(b)(	1)(A)(i)				
2	A school described	d in section 170(b)	(1)(A)(ii). (Attach Schedul	e E.)								
3	A hospital or a coo	perative hospital s	ervice organization descri	ibed in	sectio	n 170(b	)(1)(A)	(iii).				
4	A medical researc	h organization op	erated in conjunction wi	th a h	ospita	I descr	ibed in	sectio	n 170(k	o)(1)(A)(iii). Ente	r the	
	hospital's name, cit											
5			nefit of a college or univ	ersity	owned	l or ope	erated b	oy a go	vernme	ntal unit describ	ed in	
• —	section 170(b)(1)(/							• > / >				
<u>6</u>		=	or governmental unit des							(1		
7	<u>-</u>		es a substantial part of it	s supp	ort fro	ım a go	vernme	entai un	iit or ire	om the general p	ublic	
•	described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8							0004"			arabin face and	~ " ~ ~ ~	
9 X	-		es: (1) more than 331/3% exempt functions - sub							-	-	
	•		·					, ,				
			ome and unrelated busine 30, 1975. See <b>section</b>						11 311	tax) Holli busilik	25565	
10	1		ted exclusively to test for						`			
11	-	= :	rated exclusively for the		-					or to carry ou	t the	
••	-	-	ipported organizations de			-				-		
		· · · · · · · · · · · · · · · · · · ·	es the type of supporting								01.0	
	a Type I	<b>b</b> Type		_			-		d	¬-		
е	,		the organization is not			•	•	irectly	_			
	·	=	gers and other than one			-		-	-			
	509(a)(1) or section				•	,	• •	Ü				
f	If the organization	received a writte	n determination from th	e IRS	that it	is a T	уре І, Т	ype II,	or Type	e III supporting		
	organization, check					•						
g			nization accepted any gift	or co	ntributi	on from	n any of	the				
	following persons?											
	(i) A person who	directly or indire	ectly controls, either alor	ne or t	ogethe	er with	person	s desc	ribed in	(ii) Yes	No	
	and (iii) below,	, the governing boo	dy of the supported organ	ization	?					11g(i)		
	(ii) A family memb	ber of a person des	scribed in (i) above?							11g(ii)		
	(iii) A 35% control	led entity of a pers	on described in (i) or (ii) a	bove?						11g(iii)		
h	Provide the following	ng information abo	ut the supported organiza	ation(s)	).							
(i)	Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv)	ls the zation in		ou notify		s the	(vii) Amount o	of	
	organization		above or IRC section	col. (i)	listed in overning		anization . (i) of		zation in rganized	support		
			(see instructions))	docu	ment?		upport?		U.S.?			
				Yes	No	Yes	No	Yes	No			
(A)												
(B)												
(C)												
(D)												
(E)												
<b>-</b>												
Total												

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

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 Page 2

Par	Support Schedule for Or (Complete only if you chec Part III. If the organization f	ked the box o	n line 5, 7, or	8 of Part I or if	f the organizat	tion failed to qu	
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  Public support. Subtract line 5 from line 4.						
_	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
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, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (	see instructions)				12	
13	First five years. If the Form 990 is f						
	organization, check this box and stop here						<u></u>
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2011 (I						%
15	Public support percentage from 2010						<u>%</u>
16a	331/3% support test - 2011. If the o						
	this box and <b>stop here.</b> The organizati	•		-			
D	331/3% support test - 2010. If the						
47-	check this box and <b>stop here.</b> The org	•					
114	10%-facts-and-circumstances test - 10% or more, and if the organization Part IV how the organization meets	meets the "fa	cts-and-circums	tances" test, ch	neck this box a	nd <b>stop here.</b> I	Explain in
b	organization	<b>2010.</b> If the or	ganization did r	not check a box	c on line 13, 16	Sa, 16b, or 17a	, and line
	15 is 10% or more, and if the org Explain in Part IV how the organzati						-
	supported organization				_	-	■ Publicly
18	Private foundation. If the organization	did not check	a box on line 13	3. 16a. 16b. 17a	a. or 17h. check	this box and see	<i>-</i> 🗀
	instructions						

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 Page **3** 

## 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.)

Sec	tion A. Public Support	,		,,		,	
	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	375,297.	14,628.	22,548.	459,844.	112,271.	984,588.
2	` ' ' '	37372371	11,020.	2273101	100 / 0 111	112/2/11	30173001
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose		2 254 522	4 500 050			04 640 654
3	Gross receipts from activities that are not an	3,104,082.	3,364,792.	4,638,868.	6,277,771.	7,257,161.	24,642,674.
3	· ·						
	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	3,479,379.	3,379,420.	4,661,416.	6,737,615.	7,369,432.	25,627,262.
7 a	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						25,627,262.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	3,479,379.	3,379,420.	4,661,416.	6,737,615.	7,369,432.	25,627,262.
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources	87,366.	24,236.	13,193.	13,600.	6,008.	144,403.
b	Unrelated business taxable income (less	2.,,		,		2,2221	
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b	87,366.	24,236.	13,193.	13,600.	6,008.	144,403.
11	Net income from unrelated business	87,300.	24,230.	13,193.	13,000.	0,008.	144,403.
• •	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						
4.2	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	3,566,745.	3,403,656.	4,674,609.	6,751,215.	7,375,440.	25,771,665.
14	First five years. If the Form 990 is for	· ·			•	•	^ ′
<u></u>	organization, check this box and stop here						
	tion C. Computation of Public Sup		<u> </u>	(0)			00 440
15	Public support percentage for 2011 (line 8,					15	99.44%
16	Public support percentage from 2010 Sche					16	98.58%
Sec	tion D. Computation of Investmen				Т		
17	Investment income percentage for 2011 (lin					17	.56%
18	Investment income percentage from 2010					18	1.42%
19a	331/3% support tests - 2011. If the org	ganization did no	ot check the box	on line 14, and	line 15 is more	than 331/3%, ar	
	17 is not more than 331/3%, check th	is box and <b>stop</b>	here. The orga	anization qualifies	as a publicly s	supported organiz	ation 🕨 🛛 X
b	331/3% support tests - 2010. If the orga	nization did not	check a box on I	ine 14 or line 19a	a, and line 16 is	more than 331/3	%, and
	line 18 is not more than 331/3%, check	this box and st	op here. The org	ganization qualifie	s as a publicly s	supported organiz	ation 🕨 🔃
20	Private foundation. If the organization	did not check a	a box on line 1	14, 19a, or 19b,	check this box	x and see instru	ctions >

Schedule A (Form 990 or 990-EZ) 2011 Page 4

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

#### Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2011

**Employer identification number** Name of the organization ALICE PECK DAY LIFECARE CENTER, INC. 02-0479094 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year  $\blacktriangleright$  \$\_

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization ALICE PECK DAY LIFECARE CENTER, INC.

Employer identification number 02-0479094

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is no	eeded.
--	--------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$12,951.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2_		\$64,200.	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3 _		\$15,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	(b) Name, address, and ZIP + 4	(c) Total contributions  \$15,000.	(d) Type of contribution  Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
No.	Name, address, and ZIP + 4	Total contributions	Person X Payroll Noncash (Complete Part II if there is
No4(a)	Name, address, and ZIP + 4	\$15,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
No4(a)	Name, address, and ZIP + 4	\$15,000.  (c) Total contributions	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)  (d) Type of contribution  Person Payroll Noncash  (Complete Part II if there is

Name of organization ALICE PECK DAY LIFECARE CENTER, INC.

Employer identification number

02-0479094

a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		   \$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		  \$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		  \$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		    \$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Name of organization ALICE PECK DAY LIFECARE CENTER, INC.

Employer identification number

02-0479094

Part III	Exclusively religious, charitable, etc., that total more than \$1,000 for the y	, <b>individual contribu</b> ear. Complete colur	utions to section 5 mns (a) through (e	501(c)(7), (8), or (10) organizations e) and the following line entry.
	For organizations completing Part III, econtributions of \$1,000 or less for the	e year. (Enter this inf	formation once. Se	charitable, etc., ee instructions.) ►\$
	Use duplicate copies of Part III if addition	onal space is neede	d.	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transi nd ZIP + 4		onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transi	fer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relatio	onship of transferor to transferee
			-	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		·		
		(e) Transi		
	Transferee's name, address, a	nd ZIP + 4	Relatio	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transi		onship of transferor to transferee
	Transièree S fiame, audress, ai	IU 4IF † 4	Relatio	mainp of transferor to transferee

# SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

2011

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name	e of the organization					En	nployer identification number
AL]	CE PECK DAY LIFECARE CENTER, INC.						02-0479094
Pa	Organizations Maintaining Donor Advisorganization answered "Yes" to Form 99		Sin	nilar F	unds o	r Acc	ounts. Complete if the
		(a) Donor advi	sed f	unds			(b) Funds and other accounts
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 and donor a	dvisors in writing tha	the	assets	s held ir	n dono	or advised
	funds are the organization's property, subject to the	organization's exclusi	ve le	egal co	ntrol? .		Yes No
6	Did the organization inform all grantees, donors, an		_				
	only for charitable purposes and not for the benefit						
_	conferring impermissible private benefit?						Yes No
	conservation Easements. Complete if					orm !	990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the	-	that	1			
	Preservation of land for public use (e.g., recre	ation or education)	Н				historically important land area
	Protection of natural habitat		Ш	Prese	rvation	of a c	ertified historic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization he	ld a qualified conserv	atior	n contri	ibution i	n the f	form of a conservation
	easement on the last day of the tax year.						Hold at the End of the Tay Year
							Held at the End of the Tax Year
а	Total number of conservation easements						
b	Total acreage restricted by conservation easements						
С	Number of conservation easements on a certified h					2c	
d	Number of conservation easements included in (c)					١	
_	historic structure listed in the National Register						
3	Number of conservation easements modified, trans	sterred, released, exti	ngui	shed, c	or termir	nated	by the organization during the
_	tax year >						
4	Number of states where property subject to conser						
5	Does the organization have a written policy regardi		_				-
^	violations, and enforcement of the conservation eas						
6	Staff and volunteer hours devoted to monitoring, in	specting, and enforcing	g cc	onserva	ation ea	semei	nts during the year
7	Amount of expenses incurred in monitoring, inspect	ing and enforcing co	ocor	votion	oocomo	onto di	uring the year
′	S ====================================	ing, and emorcing co	1561	valion	easeme	ills u	uring the year
8	Does each conservation easement reported on line	2(d) ahove satisfy th	o roc	nuirema	ente of e	ection	170(b)(4)(B)
Ū	(i) and section 170(h)(4)(B)(ii)?						
9	In Part XIV, describe how the organization reports	conservation easeme	nte in	n its rev	/enue ar	nd eyn	ense statement and
3	balance sheet, and include, if applicable, the text of						
	organization's accounting for conservation easemer		guii	Lation	o man	olal ol	atomonia that accombce the
Pa	rt III Organizations Maintaining Collections	of Art, Historical Tr	eas	ures,	or Othe	er Sin	nilar Assets.
	Complete if the organization answered						
1a	If the organization elected, as permitted under SF	AS 116 (ASC 958). r	ot t	o repo	rt in its	rever	nue statement and balance sheet
	If the organization elected, as permitted under SF works of art, historical treasures, or other simila public service, provide, in Part XIV, the text of the fo	r assets held for pul	olic	exhibit	ion, edu	ucatio	n, or research in furtherance of
b	If the organization elected, as permitted under S works of art, historical treasures, or other simila public service, provide the following amounts relating	r assets held for pul ng to these items:	olic	exhibit	ion, edu	ucatio	n, or research in furtherance of
	(i) Revenues included in Form 990, Part VIII, line 1						<b></b> ▶ \$
	(ii) Assets included in Form 990, Part X						
2	If the organization received or held works of ar						
	following amounts required to be reported under SF						- · ·
а	Revenues included in Form 990, Part VIII, line 1						<b>▶</b> \$
b	Assets included in Form 990, Part X						

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011 Page **2** 

Par	t III Organizations Maintaining Colle	ections of	Art, Histo	orical Tre	easures	s, or	Other	Similar Assets (	continue	d)	
3	Using the organization's acquisition, access collection items (check all that apply):	ssion, and o	other reco	rds, checl	k any o	f the	follow	ing that are a sig	nificant u	se o	f its
а	Public exhibition		d	Loa	an or ex	chan	ge prog	rams			
b	Scholarly research		e	Oth	ner						
С	Preservation for future generations	6		_							
4	Provide a description of the organization's		and expl	ain how t	they fur	ther	the org	ganization's exemp	t purpos	e in	Part
	XIV.		•		,		·				
5	During the year, did the organization solicit	or receive of	donations	of art. hist	orical tr	easu	res. or o	other similar			
	assets to be sold to raise funds rather than t							_	Yes		No
Par	Escrow and Custodial Arrangen line 9, or reported an amount or	nents. Cor	mplete if	the orgar						V,	
	·										
1 a	Is the organization an agent, trustee, custod	lian or othe	r intermed	iary for co	ontributi	ons c	or other	assets not			
	included on Form 990, Part X?							[	Yes		No
b	If "Yes," explain the arrangement in Part XIV	and comp	lete the fo	llowing tal	ble:			•			•
		·						Amount			
С	Beginning balance					1c					
d	Additions during the year										
е	Distributions during the year					_					
f	Ending balance					_					
2a	Did the organization include an amount on								Yes		No
	If "Yes," explain the arrangement in Part XIV		,								, -
Par			nization a	nswered	"Yes" t	o Fo	rm 990	). Part IV. line 10.			
	•	irrent year	<b>(b)</b> Pri		(c) Tw			(d) Three years back	(e) Four	ears l	back
1a	Beginning of year balance			-	,,			,,,,,,			
b	Contributions										
С	Net investment earnings, gains,										
	and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cui	rrant vaar a	nd halanc	o (lino 1a	column	(2))	hald as	•			
- а	Board designated or quasi-endowment ►_	ironi your o	%	c (iiiic 1g,	Column	(α))	ncia as	•			
b	Permanent endowment >%		_ ′0								
c	Temporarily restricted endowment	%									
·	The percentages in lines 2a, 2b, and 2c sho		<b>00%</b>								
3a	Are there endowment funds not in the poss	-		ation that	are hel	d and	d admin	nistered for the			
•	organization by:	10331011 01 11	ic organiz	ation that	are ner	a and	adiiiii	iistered for the	Ī,	'es	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organization								3b		
4			•						35		—
Par	Describe in Part XIV the intended uses of the Land, Buildings, and Equipment										—
Fai				T '		. T					—
	Description of property		other basis tment)		or other ba other)	isis		cumulated (eciation	<b>d)</b> Book valu	ie	
1 -	Land	(111700	,	<u> </u>		52	20p1		2.4	Q 1	62
1a	Buildings			+	348,16	_	E 0	20 600			63.
b	_			35,	132,04	13.	5,9.	20,688.	29,21	⊥,3	<u>55.</u>
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Schedule D (Form 990) 2011

Schedule D (Form 990) 2011 Page 3

(a) Description of security or category (collegory reacted value)  (b) Book value  (c) Method of valuation: Cost or end-of-year market value)  (d) Financial derivatives  (d) Other (A)  (d)  (g)  (g)  (g)  (g)  (g)  (g)  (g	Part VII	Investments - Other Securities. See	Form 990, Part	X, line 12.		·
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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).

JSA 1E1270 1.000 Schedule D (Form 990) 2011 Page 4

Conoac	(i b) (i o)	r age 👍
Part		ents
1		1
2		2
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3
4		4
5		5
6		6
7	Prior period adjustments	7
8	Other (Describe in Part XIV.)	8
9	Total adjustments (net). Add lines 4 through 8	9
10		0
Part		_
1	Total revenue, gains, and other support per audited financial statements	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments 2a	
b	Donated services and use of facilities 2b	-
C	Recoveries of prior year grants 2c	-
d		-
e		- 32
		2e
3	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :	3
4		
а	Investment expenses not included on Form 990, Part VIII, line 7b	_
b	Other (Describe in Part XIV.)	_
C	Add lines 4a and 4b	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret	urn
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities 2a	
b	Prior year adjustments 2b	
С	Other losses 2c	
d	Other (Describe in Part XIV.)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIV.)	
С	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
<b>Part</b>	XIV Supplemental Information	
Part V	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part , 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 Iditional information.	IV, lines 1b and 2b; te this part to provide
SEE_	PAGE 5	
	·	<b>-</b>
	·	<b>-</b>

Page 5

SCHEDULE D, PART X, LINE 2:

THE SYSTEM CONSISTS OF NOT-FOR-PROFIT CORPORATIONS AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, ALL OF WHICH ARE EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE. MANAGEMENT EVALUATED THE SYSTEM'S TAX POSITIONS AND CONCLUDED THE SYSTEM MAINTAINED ITS TAX EXEMPT STATUS, DOES NOT HAVE ANY SIGNIFICANT UNRELATED BUSINESS INCOME, AND HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS. WITH FEW EXCEPTIONS, THE SYSTEM IS NO LONGER SUBJECT TO INCOME TAX EXAMINATION BY THE U.S. FEDERAL OR STATE TAX AUTHORITIES FOR YEARS PRIOR TO 2009.

## **SCHEDULE J** (Form 990)

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 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ALICE PECK DAY LIFECARE CENTER, INC.

**Questions Regarding Compensation** 

Employer identification number

02-0479094

			Yes	No
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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)			
	If any of the house on line to are checked did the agreemention follows a written notice reproduct normant			
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	1b		
2	explain			
	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
_				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director. Explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  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:			
2	Receive a severance payment or change-of-control payment?	4a		Х
a b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	The second second second persons and provide the approximation and approximation and the second seco			
	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:			
а	The organization?	5a	Х	
b	Any related organization?	5b		Х
	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:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	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		X
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		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2011

ALICE PECK DAY LIFECARE CENTER, INC. 02-0479094

Schedule J (Form 990) 2011

## 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
(i)	0	(	0				
1 HARRY G. DORMAN III, FA	278,317.	(	45,116.	9,800.	14,633.	347,866.	
(i)		(	0				
2 EVALIE M. CROSBY, CPA, (ii)		(	13,731.	5,992.	20,493.	171,344.	
(i)							
_3 (ii)							
(i)		L					L
4 (ii)	)						
(i)							
5 (ii)							
(i)							
6 (ii)							
(i)							
7 (ii)							
(i)							
8 (ii)							
(i)			ļ				
9 (ii)							
(i)			ļ				
(i)							
(i)							
(i)							
(i)			<b> </b>				
14 (ii)							
(i)							
15 (ii)							
(i)							
	)						1.1.1/5 200) 2014

ALICE PECK DAY LIFECARE CENTER, INC. 02-0479094

Schedule J (Form 990) 2011

#### Part III Supplemental Information

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

PART I, LINE 5:

SCHEDULE J

ROLANDE ANDREWS, PART YEAR ADMINISTRATOR OF THE ORGANIZATION, AND ROBIN SHAFFER, PART YEAR ADMINISTRATOR OF WOODLANDS, EACH SERVED AS SALES AGENTS FOR THE NEW WOODLANDS FACILITY. EACH WAS PAID AN INCENTIVE BASED UPON UNITS SOLD.

FORM 990, SCHEDULE J, PART II:

SALARY AND BENEFIT EXPENSE FOR THE CEO AND CFO ARE CHARGED TO APD HEALTH SYSTEMS, CORP. AND THEN ALLOCATED TO ALICE PECK DAY MEMORIAL HOSPITAL AND ALICE PECK DAY LIFECARE CENTER, INC. BASED ON THE RELATIVE SHARE OF SERVICES PERFORMED FOR THOSE ENTITIES. ON THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS THESE EXPENSES ARE INCLUDED IN SALARIES AND BENEFITS EXPENSE. ON LINE 24(B) OF FORM 990, SCHEDULE IX, THESE EXPENSES (\$70,943) HAVE BEEN RECLASSIFIED FROM SALARY AND BENEFIT EXPENSE TO LINE 24(B).

#### **SCHEDULE K** (Form 990)

Department of the Treasury

# **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 in Part VI.

► Attach to Form 990.

► See separate instructions.

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization **Employer identification number** ALICE PECK DAY LIFECARE CENTER, INC. 02-0479094 **Bond Issues** (i) Pooled (h) On (c) CUSIP # (a) Issuer name (b) Issuer EIN (d) Date issued (e) Issue price (f) Description of purpose (q) Defeased behalf of financing issuer Yes Nο Yes Nο Yes No A BUSINESS FINANCE AUTHORITY OF THE STATE OF NH 52-1304598 11/30/2010 17,211,000. CURRENT REFUND EXISTING BONDS В C **Proceeds** R C D Α 17,211,000. 17,148,036. 6 Proceeds in refunding escrows.................. 62,964. 9 Working capital expenditures from proceeds ............. 2010 Yes No Yes No Yes No Yes No Χ Χ 15 Were the bonds issued as part of an advance refunding issue?.......... Χ 17 Does the organization maintain adequate books and records to support the final allocation of proceeds? • • • • Part | Private Business Use В С D Α Yes 1 Was the organization a partner in a partnership, or a member of an LLC, which owned Yes No No Yes No Yes No property financed by tax-exempt bonds? Х 2 Are there any lease arrangements that may result in private business use of bond-financed property? Χ

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

Schedule K (Form 990) 2011

			_						Page 2
Part III Private Business Use (Continued)	20	10 BOND			_				
		,	A		В		С		)
<b>3a</b> Are there any management or service contracts that may result in private use of bond-financed property?		Yes	No X	Yes	No	Yes	No	Yes	No
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other out to review any management or service contracts relating to the financed property?	side counsel								
c Are there any research agreements that may result in private business us financed property?			X						
d If "Yes" to line 3c, does the organization routinely engage bond couns outside counsel to review any research agreements relating to the financed process.	el or other								
4 Enter the percentage of financed property used in a private business use other than a section 501(c)(3) organization or a state or local government.			%		%		%		%
<ul> <li>Enter the percentage of financed property used in a private business result of unrelated trade or business activity carried on by your or another section 501(c)(3) organization, or a state or local government</li> <li>Total of lines 4 and 5</li> </ul>	rganization, ►		% %		<u>%</u> %		%		9/
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?		Х							
D / II/ Aultitus are									
Part IV Arbitrage					_				
			Α		В		С		<b>)</b>
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty Arbitrage Rebate, been filed with respect to the bond issue?	in Lieu of	Yes	No X	Yes	No	Yes	No	Yes	No
2 Is the bond issue a variable rate issue?		Х							
3a Has the organization or the governmental issuer entered into a qualified respect to the bond issue?		Х							
<b>b</b> Name of provider		TD BANKNOR'	TH, N.A.						
c Term of hedge			5.000						
d Was the hedge superintegrated?			X						
e Was the hedge terminated?			X						
4a Were gross proceeds invested in a guaranteed investment contract (GIC)? .			X						
b Name of provider									
c Term of GIC									
d Was the regulatory safe harbor for establishing the fair market value of the G									
5 Were any gross proceeds invested beyond an available temporary period? .			Х						
6 Did the bond issue qualify for an exception to rebate?		Х							
Part V Procedures To Undertake Corrective Action  Check the box if the organization established written procedures to ensure that vi									ary
closing agreement program if self-remediation is not available under applicable re  Part VI Supplemental Information. Complete this part to provide add									No

JSA 1E1296 1.000

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

# Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

Employer identification number

02-0479094

Name of the organization

ALICE PECK DAY LIFECARE CENTER, INC.

FORM 990. PART VI, LINE 15A

CEO'S COMPENSATION:

THE ORGANIZATION'S CEO/PRESIDENT IS COMPENSATED BY A RELATED

ORGANIZATION, ALICE PECK DAY HEALTH SYSTEMS, CORP. A COMPENSATION REVIEW

IS NOT CONDUCTED BY ALICE PECK DAY LIFECARE CENTER, INC.; HOWEVER THE

COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES FOR ALICE PECK DAY HEALTH

SYSTEMS CORP. IS RESPONSIBLE FOR DETERMINING THE COMPENSATION OF THE

CHIEF EXECUTIVE OFFICER/PRESIDENT. THE VICE PRESIDENT OF HUMAN RESOURCES

AND ORGANIZATIONAL DEVELOPMENT PROVIDES COMPENSATION SURVEY DATA OF

COMPARABLE ORGANIZATIONS WITH APPROXIMATELY THE SAME-SIZE STAFF AND

SPENDING IN A LOCATION OF SIMILAR SIZE. THE COMMITTEE DETERMINES THE

APPROPRIATE COMPENSATION AND APPROVES AN AMOUNT THAT IS THEN COMMUNICATED

TO THE VICE PRESIDENT OF HUMAN RESOURCES AND ORGANIZATIONAL DEVELOPMENT

FOR ADJUSTMENT.

FORM 990, PART VI, SECTION A, LINE 6:

ALICE PECK DAY HEALTH SYSTEMS, CORP., A CHARITABLE CORPORATION, ACTING BY AND THROUGH ITS BOARD OF TRUSTEES, IS THE SOLE MEMBER OF THE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7A:

ALL TRUSTEES SHALL BE ELECTED BY THE BOARD OF TRUSTEES OF THE MEMBER AT

THE ANNUAL MEETING OF THE MEMBER. A NOMINATION SLATE FOR THE TRUSTEES

SHALL BE SUBMITTED BY THE GOVERNANCE COMMITTEE OF THE MEMBER. ANY

02-0479094

TRUSTEE MAY BE REMOVED AT ANY TIME, WITH OR WITHOUT CAUSE, BY THE MEMBER. VACANCIES ON THE BOARD OF TRUSTEES DUE TO DEATH, RESIGNATION, OR OTHER CAUSE EXCEPT REMOVAL SHALL BE FILLED BY ELECTION BY THE REMAINING MEMBERS OF THE BOARD. VACANCIES CAUSED BY REMOVAL SHALL BE FILLED BY ELECTION BY THE MEMBER. TRUSTEES ELECTED TO FILL VACANCIES SHALL HOLD OFFICE UNTIL THE NEXT ANNUAL MEETING OF THE MEMBER, AT WHICH TIME SUCCESSORS SHALL BE ELECTED IN THE MANNER PROVIDED FOR IN THE CASE OF ORIGINAL ELECTIONS.

FORM 990, PART VI, SECTION A, LINE 7B THE ORGANIZATION'S ANNUAL OPERATING BUDGET AND ALL CAPITAL BUDGETS SHALL BE SUBJECT TO APPROVAL BY THE MEMBER. ANY OVERALL STRATEGIC PLAN FOR THE ORGANIZATION, INCLUDING THE DEVELOPMENT OF OFF-SITE FACILITIES OR THE ADDITION OF NEW PROGRAMS AND AFFILIATIONS WITH OTHER INSTITUTIONS, SHALL BE CONSISTENT WITH THE STRATEGIC PLAN OF THE MEMBER AS DETERMINED BY THE MEMBER. THE BORROWING OF ANY SUM IN EXCESS OF \$50,000 WHICH HAS A STATED TERM OF GREATER THAN ONE YEAR OR WHICH IS SECURED BY A MORTGAGE OF ALL OR ANY PORTION OF THE ORGANIZATION'S REAL PROPERTY OR BY A SECURITY INTEREST IN THE ORGANIZATION'S ASSETS OR REVENUES SHALL BE SUBJECT TO APPROVAL BY THE MEMBER, PROVIDED, HOWEVER, THAT THE APPROVAL BY THE MEMBER SHALL NOT BE NECESSARY FOR ANY BORROWING TO PURCHASE OR LEASE EQUIPMENT OR OTHER PERSONAL PROPERTY SECURED BY A PURCHASE MONEY LIEN OR TITLE RETENTION OR SECURITY AGREEMENT EXCEPT AS INCIDENT TO THE REVIEW OF THE CAPITAL BUDGET. ANY VOLUNTARY DISSOLUTION, MERGER OR CONSOLIDATION OF THE ORGANIZATION OR THE SALE OR TRANSFER OF ALL OR SUBSTANTIALLY ALL OF THE ORGANIZATION'S ASSETS OR THE CREATION OR ACQUISITION OF ANY SUBSIDIARY OR AFFILIATE CORPORATION SHALL BE SUBJECT TO APPROVAL BY THE MEMBER. THE

02-0479094

BOARD SHALL SELECT CERTIFIED PUBLIC ACCOUNTANTS FOR THE ORGANIZATION
WHICH WILL AUDIT THE BOOKS AND RECORDS OF THE MEMBER. THE BOARD SHALL
SELECT THE PRESIDENT WHO MUST BE CONFIRMED BY THE MEMBER.

FORM 990, PART VI, SECTION B, LINE 11

THE COMPLETED FORM 990 IS PROVIDED TO ALL MEMBERS OF THE FINANCE AND

GOVERNANCE COMMITTEES OF THE BOARD OF TRUSTEES IN ADVANCE OF THE FILING

DEADLINE TO ENABLE A DETAILED AND CONSCIENTIOUS REVIEW BY ALL MEMBERS OF

THE COMMITTEES. THE COMPLETED FORM 990 IS ALSO DISTRIBUTED TO ALL MEMBERS

OF THE FULL BOARD FOR REVIEW NO LATER THAN THE FINAL REGULARLY SCHEDULED

BOARD MEETING PRIOR TO THE FILING DEADLINE. ALL QUESTIONS AND CONCERNS

ARE ADDRESSED BY THE CHIEF FINANCIAL OFFICER AND INCORPORATED INTO THE

FORM 990 AS DEEMED APPROPRIATE. AFTER ALL INPUT FROM THE BOARD,

FINANCE, AND GOVERNANCE COMMITTEES HAS BEEN APPROPRIATELY ADDRESSED AND

INCORPORATED INTO THE FINAL FORM 990, A VOTE OF ACCEPTANCE OF THE FINAL

DOCUMENT IS REQUIRED. THE VOTE IS RECORDED IN THE MINUTES OF THE BOARD

OF TRUSTEES PRIOR TO THE FILING OF THE FORM 990. ONCE APPROVED, SENIOR

MANAGEMENT FILES THE FINAL FORM 990 WITH THE INTERNAL REVENUE SERVICE AS

REQUIRED.

FORM 990, PART VI, SECTION B, LINE 12C

ALICE PECK DAY HAS A MULTI-FACETED CONFLICT OF INTEREST POLICY. MEMBERS

OF THE BOARD OF TRUSTEES COMPLETE CONFLICT OF INTEREST QUESTIONNAIRES ON

AN ANNUAL BASIS AND ANY NEW MEMBERS COMPLETE THE QUESTIONNAIRE UPON

JOINING THE BOARD. AS PART OF OUR ONGOING MONITORING PROCESS, OUR

EXECUTIVE ASSISTANT REVIEWS ALL BOARD QUESTIONNAIRES AND DISCLOSURES TO

IDENTIFY ANY POTENTIAL CONFLICTS BEFORE THEY ARISE. IN ADDITION, OUR
EXECUTIVE ASSISTANT ATTENDS ALL BOARD MEETINGS TO ENSURE THAT IF ANY
CONFLICTS ARISE, THEY ARE HANDLED APPROPRIATELY. IF SUCH CONFLICTS
ARISE, THE ORGANIZATION COMPLIES WITH THE NEW HAMPSHIRE AND FEDERAL
REQUIREMENTS FOR DISCLOSURES OF SUCH EVENTS. THE ORGANIZATION IS
COMMITTED TO CONDUCTING ITS BUSINESS IN A MANNER THAT IS BOTH ETHICAL AND
LEGAL. AS PART OF THIS COMMITMENT, A STANDARD OF CONDUCT FORM IS
REQUIRED OF ALL EMPLOYEES OF THE ORGANIZATION. THIS IS REVIEWED WITH ALL
EMPLOYEES UPON HIRE AND ON AN ANNUAL BASIS THEREAFTER. THE STANDARD OF
CONDUCT COVERS CONFLICT OF INTEREST AND OTHER VITAL MATTERS TO ENSURE ALL
BUSINESS ACTIVITY IS CONDUCTED IN A MANNER THAT IS CONSISTENT WITH THE
HIGHEST STANDARDS OF HONESTY, INTEGRITY AND FAIRNESS.

FORM 990, PART VI, SECTION B, LINE 15B:

THE CEO/PRESIDENT IS RESPONSIBLE FOR REVIEWING THE PERFORMANCE OF THE SENIOR MANAGEMENT STAFF. THE INFORMATION IS BROUGHT TO THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES OF ALICE PECK DAY HEALTH SYSTEMS, CORP. ALONG WITH A RECOMMENDATION FOR THE SALARY OF EACH INDIVIDUAL. THE COMPENSATION IS DETERMINED THROUGH AN ANALYSIS OF SALARY DATA AND PERFORMANCE. INDIVIDUAL SALARY INCREASES ARE THEN BASED ON OVERALL PERFORMANCE, WITHIN BUDGETED WAGE INCREASES FOR THE ORGANIZATION. THE COMPENSATION COMMITTEE APPROVES THE BASE COMPENSATION AND SALARY INCREASE AMOUNT.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES IT GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VII, SECTION A, COLUMN E

REPORTABLE COMPENSATION FROM RELATED ORGANIZATIONS:

THE COMPENSATION REPORTED FOR HARRY G. DORMAN III, FACHE, AND EVALIE M.

CROSBY, CPA, FHFMA, WAS PAID BY ALICE PECK DAY HEALTH SYSTEMS, CORP. FOR

THEIR SERVICES AS FULL-TIME EXECUTIVES. THESE INDIVIDUALS WORKED AN

AVERAGE OF 62 HOURS PER WEEK, OF WHICH MR. DORMAN SPENT AN AVERAGE OF 15

HOURS PER WEEK AND MS. CROSBY SPENT AN AVERAGE OF 10 HOURS A WEEK

DEDICATED TO ALICE PECK DAY LIFECARE CENTER, INC.

PART I, LINE 5 AND PART V, LINE 2A

COMMON PAYMASTER

FOR ADMINISTRATIVE PURPOSES, THE EMPLOYEES OF ALICE PECK DAY LIFECARE CENTER, INC. ARE PAID THROUGH ALICE PECK DAY MEMORIAL HOSPITAL, WHICH ACTS AS THE COMMON PAYMASTER.

FORM 990, PART XI, LINE 5

IMPACT OF INTEREST RATE SWAPS: 43,745

FORM 990, PART IV, LINE 34

ALICE PECK DAY HEALTH SYSTEMS, CORP. IS THE DIRECT CONTROLLING PARENT COMPANY OF ALICE PECK DAY LIFECARE CENTER, INC. (02-0479094) AND ALICE PECK DAY MEMORIAL HOSPITAL (02-0222791). ALICE PECK DAY HEALTH SYSTEMS, CORP. IS ALSO THE DIRECT CONTROLLING PARENT COMPANY OF ALICE PECK DAY REALTY CORP. (EIN 02-0485369) AND ALICE PECK DAY HEALTH MANAGEMENT CORP.

Name of the organization ALICE PECK DAY LIFECARE CENTER, INC.

Employer identification number

02-0479094

(EIN 02-0485370), BOTH ENTITIES ARE INACTIVE AND HOLD NO ASSETS.

FORM 990. PART XII, LINE 2C:

OVERSIGHT OF AUDIT PROCESS:

9/30/12.

THE FINANCE COMMITTEE ACTS AS THE AUDIT COMMITTEE AND OVERSEES THE AUDIT PROCESS FOR THE ALICE PECK DAY ENTITIES. THE AUDIT PROCESS FOR THE FINANCIAL STATEMENTS DID NOT CHANGE FROM THE PRIOR YEAR. INDEPENDENT ACCOUNTANTS PERFORMED THE AUDIT FOR THE FISCAL YEARS ENDED 9/30/11 AND

ATTACHMENT 1

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

ALICE PECK DAY LIFECARE CENTER, INC. (D/B/A HARVEST HILL AND THE WOODLANDS AT HARVEST HILL) IS A NOT-FOR-PROFIT INDEPENDENT AND ASSISTED LIVING RETIREMENT COMMUNITY LOCATED ON THE CAMPUS OF ALICE PECK DAY MEMORIAL HOSPITAL. LIFECARE'S MISSION IS TO CREATE A HOME-LIKE ENVIRONMENT THAT FOSTERS THE HIGHEST ATTAINABLE QUALITY OF LIFE FOR ITS RESIDENTS WHILE ENSURING THEIR AUTONOMY, DIGNITY, AND SECURITY.

ATTACHMENT 2

#### FORM 990, PART VII, COLUMN B - ESTIMATED AVERAGE PER WEEK

NAME AND TITLE

HOURS DEVOTED FOR RELATED ORGANIZATION

HARRY G. DORMAN III, FACHE PRESIDENT & CEO EVALIE M. CROSBY, CPA, FHFMA VP FINANCE AND CFO

47.00

52.00

Schedule O (Form 990 or 990-EZ) 2011 Page 2

Name of the organization			Employer identification	number
ALICE PECK DAY LIFECARE CENTER, INC.			02-0479094	
FORM 990, PART VIII - INVESTMENT INCOME	_		ATTACHMENT 3	
DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INVESTMENT INCOME	6,00	8.		6,008.
TOTALS =	6,00	8.	_	6,008.
FORM 990, PART X - DEFERRED REVENUE			ATTACHMENT 4	
<u>DESCRIPTION</u>		NNING VALUE	ENDING BOOK VALUE	
DEFERRED REVENUE	19,	482,727.	20,024,888.	
TOTALS	19,	482,727.	20,024,888.	

#### SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

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.

Open to Public	•
Inspection	

Name of th	e organization	Employer identification number
ALICE	PECK DAY LIFECARE CENTER, INC.	02-0479094
Part I	Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)	

(a) Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	(e) End-of-year assets	(f) Direct controlling entity
<u>(1)</u>					
_(2)					
_(3)					
_(4)					
_(5)					
_(6)					

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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>(b)</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	Section 5	g) 512(b)(13) rolled tity?
						Yes	No
(1) ALICE PECK DAY HEALTH SYSTEMS, CORP. 02-0479095							
10 ALICE PECK DAY DRIVE LEBANON, NH 03766	PROMOTE HEALT	NH	501(C)3	LINE 11B,II	N/A		X
(2) ALICE PECK DAY MEMORIAL HOSPITAL 02-0222791							
10 ALICE PECK DAY DRIVE LEBANON, NH 03766	HOSPITAL	NH	501(C)3	LINE 3	APDHS		Х
(3) ALICE PECK DAY REALTY CORP. 02-0485369							
10 ALICE PECK DAY DRIVE LEBANON, NH 03766	INACTIVE	NH	501(C)2		APDHS		Х
_(4)							
<u>(5)</u>							
<u></u>							

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

Schedule R (Form 990) 2011

Schedule R (Form 990) 2011

Part III	Identification of Relate because it had one or r	ed Organizations nore related orga	Taxable inizations	as a Partnersh treated as a pa	<b>ip</b> (Complete if tartnership during	he organization the tax year.)	answered "Yes"	to F	orm	990, Part IV	, line	34	
	(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	t controlling Predominant Share of total Sha	Predominant Share of total income (related, unrelated, excluded from tax under		Disprop	h) portionate ations?	(i) Code V-UBI amount in box 2 of Schedule K-1 (Form 1065)	Ger 20 mai	(j) neral or naging rtner?	(k) Percentage ownership
			oou,		,			Yes	No	(1 0 1000)	Yes	No	
_(1)													
(2)													
(3)													
<u>(4)</u>													
(5)													
(6)													
<u>(7)</u>													
Part IV	Identification of Relate	ed Organizations one or more rela	Taxable ted organ	as a Corporati	on or Trust (Com	nplete if the org	anization answer the tax year.)	ed "	Yes"	to Form 990	), Par	t IV,	
(a)  Name, address, and EIN of related organization		<b>(b)</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) are of t		(g) hare of year as		(h) Percentage ownership		
(1) AL	ICE PECK DAY HEALTH MANAGEMEN	IT CORP. 04-	0485370										
	ALICE PECK DAY DRIVE LEBANON	I, NH 03766		INACTIVE	NH	N/A	C CORP.						
<u>(2)</u>				-									

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(3)

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							$\overline{}$			
Pa	Transactions With Related Organizations (Complete if the organization answered "Y	es" to Form 990, Pa	ort IV, line 34, 35, 35a, or	36.)						
No	te. 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									
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		Х			
b	Gift, grant, or capital contribution to related organization(s)				1b		Х			
С	Gift, grant, or capital contribution from related organization(s)				1 c		Х			
d	Loans or loan guarantees to or for related organization(s)				1d	Х				
е	Loans or loan guarantees by related organization(s)				1 e	Х				
f	Sale of assets to related organization(s)				1f		Х			
g	Purchase of assets from related organization(s)				1g		Х			
h	Exchange of assets with related organization(s)				1h		X			
i	Lease of facilities, equipment, or other assets to related organization(s)				1i		Х			
j	Lease of facilities, equipment, or other assets from related organization(s)				1j		Х			
k	k Performance of services or membership or fundraising solicitations for related organization(s)									
- 1	Performance of services or membership or fundraising solicitations by related organization(s)				11		X			
m					1 m		Х			
n	Sharing of paid employees with related organization(s)				1n		Х			
0	Reimbursement paid to related organization(s) for expenses				10	Х				
р	Reimbursement paid by related organization(s) for expenses				1p		X			
•										
q	Other transfer of cash or property to related organization(s)				1q		Х			
r	Other transfer of cash or property from related organization(s)				1r		X			
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete t					L				
	(a)	(b)	(c)		(d)	-				
	Name of other organization	Transaction	Amount involved	Method	of dete		g			
		type (a-r)		amot	ınt invo	oivea				
(1)										
(2)										
<u>(3)</u>							—			
(4)										
<u>(4)</u>							_			
(5)										
· /		1								

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(6)

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## 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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?		Are all partners section 501(c)(3)		Are all partners section 501(c)(3)		Are all partners section 501(c)(3)		Are all partners section 501(c)(3)		Are all partners section 501(c)(3)		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?			(j) General or managing partner?		(k) Percentage ownership
			section 512-514)	Yes	No			Yes	No	(1 0 1000)	Yes	No											
(1)																							
(2)																							
(3)																							
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#### Supplemental Information Part VII

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