

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning OCT 1, 2013 and ending SEP 30, 2014

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Alice Peck Day Memorial Hospital		D Employer identification number 02-0222791
	Doing Business As		E Telephone number (603) 448-3121
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 58,455,928.
	10 Alice Peck Day Drive		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code Lebanon, NH 03766-2647		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
F Name and address of principal officer: Susan E. Mooney, MD, MS same as C above		If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	
J Website: ▶ www.alicepeckday.org		L Year of formation: 1943 M State of legal domicile: NH	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Critical Access Hospital
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 23
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 20
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 702
	6 Total number of volunteers (estimate if necessary) 6 50
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
	b Net unrelated business taxable income from Form 990-T, line 34 7b 0.

		Prior Year	Current Year
		8 Contributions and grants (Part VIII, line 1h)	483,872.
9 Program service revenue (Part VIII, line 2g)	54,164,603.	56,525,205.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	150,290.	311,898.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,075.	3,185.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	54,811,840.	57,517,624.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	40,150.	30,150.	
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	31,282,308.	33,037,574.	
16a Professional fundraising fees (Part IX, column (A), line 11e)	11,502.	0.	
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 342,689.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	22,769,142.	23,833,252.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	54,103,102.	56,900,976.	
19 Revenue less expenses. Subtract line 18 from line 12	708,738.	616,648.	

		Beginning of Current Year	End of Year
		20 Total assets (Part X, line 16)	43,973,140.
21 Total liabilities (Part X, line 26)	26,451,784.	25,711,242.	
22 Net assets or fund balances. Subtract line 21 from line 20	17,521,356.	18,282,153.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date
	Evalie M. Crosby, CPA, FHFMA, VP Finance & CFO	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Nicholas E. Porto	Preparer's signature <i>Nicholas E. Porto</i>	Date 6/4/15	Check if self-employed <input type="checkbox"/>	PTIN P01310283
	Firm's name ▶ BAKER NEWMAN & NOYES, LLC	Firm's EIN ▶ 01-0494526	Firm's address ▶ 650 ELM STREET, SUITE 302 MANCHESTER, NH 03101		
	Phone no. (800) 244-7444				

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: The mission of Alice Peck Day Health Systems is to provide personalized, highest quality, patient-focused healthcare services which are responsive to community needs, promote wellness, and continually improve the quality of healthcare in the community.

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

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

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

4a (Code:) (Expenses \$ 53,251,313. including grants of \$ 30,150.) (Revenue \$ 56,525,205.) Alice Peck Day Memorial Hospital is a community-based critical access hospital operating in Lebanon, NH. The Hospital began as a small cottage hospital in 1932. From its humble beginnings, Alice Peck Day has continually demonstrated its commitment to provide patient-focused health care services which improve the quality of life within its community and promote wellness for all. Alice Peck Day Memorial Hospital is a charitable health care organization which is dedicated to serving its community. This commitment includes granting credit to patients, substantially all of whom are local residents. The Hospital provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than the established rates. Collections are not pursued for amounts determined to qualify

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 53,251,313.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
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?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27 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? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

X

Table with columns for question number, question text, and Yes/No columns. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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 or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	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?	X	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	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		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	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	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section 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 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **Evalie M. Crosby, CPA, FHFMA - (603) 448-3121**
10 Alice Peck Day Drive, Lebanon, NH 03766-2647

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Terri C. Dudley Trustee Emeritus (non-voting)	0.00 0.00	X						0.	0.	0.
(2) Closey F. Dickey Trustee Emeritus (non-voting)	0.00 0.00	X						0.	0.	0.
(3) Robert J. Bauman Trustee	1.00 1.00	X						0.	0.	0.
(4) Marty P. Candon Trustee	1.00 1.00	X						0.	0.	0.
(5) Curt A. Jacques, II Trustee	1.00 1.00	X						0.	0.	0.
(6) Richard S. Jennings Trustee	1.00 2.00	X						0.	0.	0.
(7) Edward T. Kerrigan Trustee	3.00 4.00	X						0.	0.	0.
(8) Michael F. Long Trustee	1.00 1.00	X					1,080.	0.	0.	0.
(9) Anne D. MacEwan Trustee	1.00 1.00	X						0.	0.	0.
(10) Miriam M. Maguire Trustee	0.50 1.50	X						0.	0.	0.
(11) Mark E. Melendy Trustee	1.00 2.50	X						0.	0.	0.
(12) Shelly L. Moses Trustee	1.00 1.00	X						0.	0.	0.
(13) Hildegard Z. Ojibway Trustee	1.00 1.00	X						0.	0.	0.
(14) Brett C. Peltzer Trustee	1.00 1.00	X						0.	0.	0.
(15) Wendell M. Smith Trustee	1.00 1.00	X						0.	0.	0.
(16) Michael J. Cryans Trustee	1.00 1.00	X						0.	0.	0.
(17) Michael R. Harris, Ph.D. Trustee	1.00 1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Judson T. Pierson Chair	5.00 2.00	X		X				0.	0.	0.
(19) Rev. Dr. Guy J.D. Collins Vice Chair	1.00 2.00	X		X				0.	0.	0.
(20) Bruce N. Johnstone Treasurer	2.00 5.00	X		X				0.	0.	0.
(21) Karen G. Kayen Secretary	1.00 1.00	X		X				0.	0.	0.
(22) Susan E. Mooney, MD, MS President & CEO	50.00 11.00	X		X				294,771.	15,514.	52,486.
(23) Daniel F. Jones, MD Med. Staff President (part year inco)	3.00 1.00	X		X				12,000.	0.	0.
(24) Deborah A. Glazer, MD Med. Staff President (part year outg)	12.00 1.00	X		X				76,167.	0.	0.
(25) Claudia C. Gibson President, Auxiliary	2.00		X	X				0.	0.	0.
(26) Beverley Rankin, RN, BSN VP Patient Care, CNO	60.00	X		X				154,537.	0.	51,516.
1b Sub-total								538,555.	15,514.	104,002.
c Total from continuation sheets to Part VII, Section A								2,415,626.	187,688.	307,413.
d Total (add lines 1b and 1c)								2,954,181.	203,202.	411,415.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **39**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Upper Valley Neurology 106 Hanover Street, Lebanon, NH 03766	Professional Services	2,327,725.
ARC Mechanical Contractors 229 Pot Street, Bradford, VT 05033	Mechanical Contracting	107,930.

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

See Part VII, Section A Continuation sheets

Part VIII Statement of Revenue

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

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 677,336.				
	g Noncash contributions included in lines 1a-1f: \$	6,573.				
	h Total. Add lines 1a-1f	▶ 677,336.				
	Program Service Revenue	2 a Patient services	Business Code 621400	56,232,491.	56,232,491.	
b Other operating		621400	205,686.	205,686.		
c Nutritional services		722210	87,028.	87,028.		
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		▶ 56,525,205.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶▶▶	122,999.		122,999.	
	4 Income from investment of tax-exempt bond proceeds	▶▶▶				
	5 Royalties	▶▶▶				
	6 a Gross rents	(i) Real	27,068.			
		(ii) Personal				
		b Less: rental expenses	23,883.			
		c Rental income or (loss)	3,185.			
	d Net rental income or (loss)	▶	3,185.		3,185.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	1,101,020.			
		(ii) Other	2,300.			
		b Less: cost or other basis and sales expenses	914,421.	0.		
		c Gain or (loss)	186,599.	2,300.		
d Net gain or (loss)	▶	188,899.		188,899.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
b Less: direct expenses	b					
c Net income or (loss) from fundraising events	▶					
9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities	▶					
10 a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory	▶					
Miscellaneous Revenue		Business Code				
11 a	_____					

	d All other revenue					
e Total. Add lines 11a-11d	▶					
12 Total revenue. See instructions.	▶	57,517,624.	56,525,205.	0.	315,083.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	30,150.	30,150.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,253,921.	585,960.	667,961.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	26,282,086.	25,193,953.	857,126.	231,007.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	578,475.	552,015.	21,470.	4,990.
9 Other employee benefits	3,165,381.	3,061,877.	75,285.	28,219.
10 Payroll taxes	1,757,711.	1,648,908.	94,038.	14,765.
11 Fees for services (non-employees):				
a Management				
b Legal	56,487.	145.	56,342.	
c Accounting	52,382.		52,382.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	6,250,067.	5,903,788.	312,532.	33,747.
12 Advertising and promotion	13,106.		13,106.	
13 Office expenses	1,081,090.	733,837.	337,622.	9,631.
14 Information technology	146,277.	131,781.	13,375.	1,121.
15 Royalties				
16 Occupancy	1,225,565.	1,139,065.	75,356.	11,144.
17 Travel	202,293.	195,559.	5,813.	921.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	491,069.		491,069.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,975,320.	1,815,517.	159,803.	
23 Insurance	471,502.	464,569.	6,240.	693.
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.)				
a <u>Medical supplies/equipm</u>	6,493,782.	6,482,589.	7,170.	4,023.
b <u>Medicaid Enhancement ta</u>	2,183,103.	2,183,103.		
c <u>Provison for bad debt</u>	2,000,783.	2,000,783.		
d <u>Equipment rental/mainte</u>	592,210.	580,565.	11,482.	163.
e All other expenses	598,216.	547,149.	48,802.	2,265.
25 Total functional expenses. Add lines 1 through 24e	56,900,976.	53,251,313.	3,306,974.	342,689.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year		
Assets	1 Cash - non-interest-bearing	382,532.	1	61,240.		
	2 Savings and temporary cash investments	4,210,783.	2	8,381,042.		
	3 Pledges and grants receivable, net	1,347,100.	3	946,893.		
	4 Accounts receivable, net	8,282,884.	4	9,770,473.		
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5		
	6 Loans and other 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 instr). Complete Part II of Sch L			6		
	7 Notes and loans receivable, net			7		
	8 Inventories for sale or use	1,129,039.	8	1,138,741.		
	9 Prepaid expenses and deferred charges	440,197.	9	423,922.		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	43,698,228.				
	b Less: accumulated depreciation	26,777,551.				
	11 Investments - publicly traded securities	4,047,095.	10c	16,920,677.	11	4,611,444.
	12 Investments - other securities. See Part IV, line 11	8,500.	12	8,500.	12	
	13 Investments - program-related. See Part IV, line 11		13		13	
	14 Intangible assets	116,963.	14	110,795.	14	
	15 Other assets. See Part IV, line 11	5,606,619.	15	1,619,668.	15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	43,973,140.	16	43,993,395.	16		
Liabilities	17 Accounts payable and accrued expenses	8,372,064.	17	9,188,735.		
	18 Grants payable		18			
	19 Deferred revenue		19			
	20 Tax-exempt bond liabilities	14,830,040.	20	15,474,272.	20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		22	
	23 Secured mortgages and notes payable to unrelated third parties	837,113.	23	363,339.	23	
	24 Unsecured notes and loans payable to unrelated third parties		24		24	
	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	2,412,567.	25	684,896.	25	
	26 Total liabilities. Add lines 17 through 25	26,451,784.	26	25,711,242.	26	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27 Unrestricted net assets	16,878,683.	27	17,548,810.		
	28 Temporarily restricted net assets	612,221.	28	702,460.		
	29 Permanently restricted net assets	30,452.	29	30,883.		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30 Capital stock or trust principal, or current funds		30		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32		32	
	33 Total net assets or fund balances	17,521,356.	33	18,282,153.	33	
34 Total liabilities and net assets/fund balances	43,973,140.	34	43,993,395.	34		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	57,517,624.
2	Total expenses (must equal Part IX, column (A), line 25)	2	56,900,976.
3	Revenue less expenses. Subtract line 2 from line 1	3	616,648.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17,521,356.
5	Net unrealized gains (losses) on investments	5	57,473.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	86,676.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	18,282,153.

Part XII Financial Statements and Reporting

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

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

Form 990 (2013)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2013

Open to Public Inspection

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

Name of the organization **Alice Peck Day Memorial Hospital** Employer identification number **02-0222791**

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

OMB No. 1545-0047

2013

Name of the organization

Alice Peck Day Memorial Hospital

Employer identification number

02-0222791

Organization type (check one):

Filers of:

Section:

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 ▶ \$ _____

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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA 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) (2013)

Name of organization Alice Peck Day Memorial Hospital	Employer identification number 02-0222791
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	_____ _____ _____	\$ <u>48,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	_____ _____ _____	\$ <u>150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	_____ _____ _____	\$ <u>82,863.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	_____ _____ _____	\$ <u>61,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	_____ _____ _____	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	_____ _____ _____	\$ <u>35,005.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Alice Peck Day Memorial Hospital	Employer identification number 02-0222791
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>	_____ _____ _____	\$ <u>30,300.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>8</u>	_____ _____ _____	\$ <u>22,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>9</u>	_____ _____ _____	\$ <u>13,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>10</u>	_____ _____ _____	\$ <u>12,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>11</u>	_____ _____ _____	\$ <u>11,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>12</u>	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Alice Peck Day Memorial Hospital	Employer identification number 02-0222791
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Alice Peck Day Memorial Hospital	Employer identification number 02-0222791
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ 8,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23		\$ 6,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24		\$ 6,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Alice Peck Day Memorial Hospital	Employer identification number 02-0222791
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 6,643.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26		\$ 5,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Alice Peck Day Memorial Hospital	Employer identification number 02-0222791
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

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

Name of organization Alice Peck Day Memorial Hospital	Employer identification number 02-0222791
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization Alice Peck Day Memorial Hospital	Employer identification number 02-0222791
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

- ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
- ▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2013

Open to Public Inspection

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

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

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

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

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

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

Name of organization Alice Peck Day Memorial Hospital	Employer identification number 02-0222791
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2013

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

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

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	X		8,712.
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		3,750.
j Total. Add lines 1c through 1i			12,462.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Part II-B, Line 1, Lobbying Activities:

Explanation: The Organization pays dues to the New Hampshire Hospital Association and the American Hospital Association, a portion of which are attributable to lobbying activities.

Also, APD belongs to the 10 Mile CAH Coalition which engaged Strategic

Part IV Supplemental Information *(continued)*

Health Resources (SHR) for purposes of furthering lobbying efforts with regards to attempts to eliminate CAH status.

The CEO and CFO participated in regular weekly telephone calls with this group in attempts to keep the issue of rural healthcare in front of the various legislative delegations and the key role that CAHs play in rural healthcare. The CEO and CFO also participated in phone conference calls with SHR and other members of the Coalition for strategic planning purposes.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **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.**

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990**

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization Alice Peck Day Memorial Hospital **Employer identification number** 02-0222791

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

	(a) Donor advised funds	(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 advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____

- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	30,452.	27,686.	25,840.	28,065.	26,827.
b Contributions					
c Net investment earnings, gains, and losses	431.	2,766.	1,846.	-2,225.	1,238.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	30,883.	30,452.	27,686.	25,840.	28,065.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 0.00 %
 - b Permanent endowment 100.00 %
 - c Temporarily restricted endowment 0.00 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		927,577.		927,577.
b Buildings		19,808,639.	9,250,271.	10,558,368.
c Leasehold improvements		250,651.	222,807.	27,844.
d Equipment		20,656,566.	16,430,675.	4,225,891.
e Other		2,054,795.	873,798.	1,180,997.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				16,920,677.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Current Portion of Deferred Annuities	
(3) Interest Rate Swap	17,645.
(4) Liability Payable	100,448.
(5) Longterm Deferred Annuity	288,600.
(6) Estimated Third Party Settlements	39,911.
(7)	238,292.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	684,896.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
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	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

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:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	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:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information.

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

Part V, line 4:

Explanation: The Organization uses the income from its endowment funds for use in operations.

Part X, Line 2:

Explanation: 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 has 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

Part XIII Supplemental Information *(continued)*

statements. With few exceptions, the System is no longer subject to income tax examinations by the U.S. federal or state tax authorities for years before 2011.

Multiple horizontal lines for supplemental information.

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.**

**Open to Public
Inspection**

Name of the organization **Alice Peck Day Memorial Hospital** Employer identification number **02-0222791**

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>275</u> %		
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>275</u> %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		<input checked="" type="checkbox"/>
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			808,858.	0.	808,858.	1.47%
b Medicaid (from Worksheet 3, column a)			7261531.	6700401.	561,130.	1.02%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			8070389.	6700401.	1369988.	2.49%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			157,844.	0.	157,844.	.29%
f Health professions education (from Worksheet 5)			125,125.	0.	125,125.	.23%
g Subsidized health services (from Worksheet 6)			13447090.	6274854.	7172236.	13.06%
h Research (from Worksheet 7)			0.	0.		
i Cash and in-kind contributions for community benefit (from Worksheet 8)			66,594.	0.	66,594.	.12%
j Total. Other Benefits			13796653.	6274854.	7521799.	13.70%
k Total. Add lines 7d and 7j			21867042.	12975255.	8891787.	16.19%

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development			891.		891.	.00%
3 Community support			39,080.		39,080.	.07%
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			3,240.		3,240.	.01%
7 Community health improvement advocacy			2,458.		2,458.	.00%
8 Workforce development						
9 Other						
10 Total			45,669.		45,669.	.08%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	X	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	15,863,804.
6	Enter Medicare allowable costs of care relating to payments on line 5	15,741,787.
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	122,017.
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	X	
9b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	X	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number

1 Alice Peck Day Memorial Hospital
10 Alice Peck Day Drive
Lebanon, NH 03766
www.alicepeckday.org
00016

Table with columns: Licensed hospital, Gen. medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, Other (describe), Facility reporting group. Row 1: X, X, , , X, , X, , Physician Clinics.

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or facility reporting group Alice Peck Day Memorial Hospital

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

	Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	1 X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
2 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>12</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3 X	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	4 X	
5 Did the hospital facility make its CHNA report widely available to the public?	5 X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>www.alicepeckday.org/news/annual_reports</u>		
b <input type="checkbox"/> Other website (list url):		
c <input checked="" type="checkbox"/> Available upon request from the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year):		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input checked="" type="checkbox"/> Execution of the implementation strategy		
c <input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
e <input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Section C)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Section C which needs it has not addressed and the reasons why it has not addressed such needs	7	X
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	8a	X
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b	
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued) Alice Peck Day Memorial Hospital

Financial Assistance Policy		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care?	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>275</u> %			
If "No," explain in Section C the criteria the hospital facility used.			
11	Used FPG to determine eligibility for providing <i>discounted</i> care?	X	
If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>275</u> %			
If "No," explain in Section C the criteria the hospital facility used.			
12	Explained the basis for calculating amounts charged to patients?	X	
If "Yes," indicate the factors used in determining such amounts (check all that apply):			
a	<input checked="" type="checkbox"/> Income level		
b	<input checked="" type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input type="checkbox"/> State regulation		
h	<input type="checkbox"/> Residency		
i	<input checked="" type="checkbox"/> Other (describe in Section C)		
13	Explained the method for applying for financial assistance?	X	
14	Included measures to publicize the policy within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input checked="" type="checkbox"/> The policy was attached to billing invoices		
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available on request		
g	<input checked="" type="checkbox"/> Other (describe in Section C)		

Billing and Collections		Yes	No
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	X	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

Part V Facility Information (continued) Alice Peck Day Memorial Hospital

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):
- a Notified individuals of the financial assistance policy on admission
 - b Notified individuals of the financial assistance policy prior to discharge
 - c Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 - d Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 - e Other (describe in Section C)

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

	Yes	No
19	<input checked="" type="checkbox"/>	

If "No," indicate why:

- a The hospital facility did not provide care for any emergency medical conditions
- b The hospital facility's policy was not in writing
- c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
- d Other (describe in Section C)

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d Other (describe in Section C)

21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

21		<input checked="" type="checkbox"/>
22		<input checked="" type="checkbox"/>

If "Yes," explain in Section C.

22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Alice Peck Day Memorial Hospital:

Part V, Section B, Line 3: The 2013 Upper Valley Community Needs

Assessment Report was the product of an almost year-long process

coordinated by Alice Peck Day Memorial Hospital, Mount Ascutney Hospital

and Health Care, Dartmouth-Hitchcock Medical Center, and Granite United

Way.

Between November 2012 and October 2013, information on health, education

and economic needs of the Upper Valley region were gathered through

secondary data gathering, two forums with informed stateholders, a

stakeholders' survey, and six focus group discussions. The CAN process

was guided by a Steering Committee composed of individuals (including the

Community Health Director at Alice Peck Day Memorial Hospital) with

expertise in the areas of health, education and economic well being.

Alice Peck Day Memorial Hospital:

Part V, Section B, Line 4: Alice Peck Day Memorial Hospital

Mount Ascutney Hospital and Health Care

Dartmouth-Hitchcock Medical Center

Alice Peck Day Memorial Hospital:

Part V, Section B, Line 7: Through primary and secondary data analysis,

as well as qualitative research that was inclusive of a wide spectrum of

health and human services professionals and community residents, twelve

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

key community needs were identified:

1. Lack of quality jobs/income
2. Transportation access and cost
3. Housing cost
4. Tobacco/alcohol/drug use
5. Oral health
6. Mental health
7. Obesity/poor nutrition/lack of physical activity
8. All health/oral health /insurance access
9. Child care
10. Asthma
11. Isolation/less time for "community" and
12. Quality of/limited education

Clearly, many of those community needs (1, 2, 3, 9, 11, and 12) do not fall within the primary purview of the health care delivery system. While we acknowledge the growing evidence pointing to the interplay between economic and educational status and health, APD as a small, community-based rural hospital is not positioned to directly address those significant areas of concern (an exception to this is need 2, transportation access and cost: APD made a substantial cash donation to the Grafton County Senior Citizens Council, earmarked for the elderly/disabled bus service.)

As described in other sections of this report, Alice Peck Day Memorial Hospital focuses its community health resources in two major areas: oral health (need 5) and health access (need 8.)

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Alice Peck Day Memorial Hospital:

Part V, Section B, Line 12i: Alice Peck Day Memorial Hospital offers financial assistance to patients demonstrating need. In making the need determination, APD participates with and honors the founding principles and guidelines of the New Hampshire Health Access Network (NHHAN). Accordingly, decisions regarding the granting of financial assistance will be based primarily on a patient and his or her household income and assets. There will be minimal consideration of expenses except when they identify areas for further investigation or incomplete or inaccurate information. The value of a patient's principal residence is not considered in qualifying a patient for in-house assistance. APD requires exhaustion of other payment methodologies, including but not limited to, Worker's Compensation, Veterans Benefits, Medicaid, liability (auto accidents), victims of crime, and COBRA. When applicable, proof of determination may be required prior to consideration for financial assistance.

Alice Peck Day Memorial Hospital:

Part V, Section B, Line 14g: Please see Part V, Line 3 for a description of the financial assistance program and the efforts made to publicize and promote the program.

Alice Peck Day Memorial Hospital:

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Part V, Section B, Line 20d: The hospital facility provides uninsured patients with a 15% discount. At the time the discount was established, the discount approximated the average of the three lowest negotiated commercial insurance rates for services at the hospital facility. The average of the three lowest commercial insurance rates was approximately 87.5%; the rate applied to uninsured patients was lower than that rate, at 85%, representing a 15% discount.

Multiple horizontal lines for additional text entry.

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 8

Name and address	Type of Facility (describe)
1 RAM Center for Community Care 5 Alice Peck Day Drive Lebanon, NH 03766	Primary Care Physician Clinic
2 Women's Care Center 141 Mascoma Street Lebanon, NH 03766	OB/GYN Physician Clinic
3 APD Orthopaedic Clinic 17 Alice Peck Day Drive Lebanon, NH 03766	Orthopaedic Physician Clinic
4 General Surgery Clinic 10 Alice Peck Day Drive, #17A Lebanon, NH 03766	General Surgeon Clinic
5 Pain Management Clinic 17 Alice Peck Day Drive, B Lebanon, NH 03766	Pain Management Clinic
6 APD Hand & Upper Extremity Clinic 205 Billings Farm Road, Unit 3A White River Junction, NH 05001	Hand & Upper Extremity Orthopaedic Physician Clinic
7 Occupational Health Services 127 Mascoma Street, 2nd Floor Lebanon, NH 03766	Occupational Health Physician Clinic
8 Neurosurgery Services at APD (NSAPD) 106 Hanover Street Lebanon, NH 03766	Neurosurgery Physician Clinic

Schedule H (Form 990) 2013

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Part I, Line 3c:

Explanation: Family income limit for eligibility for discounted care ranges from 200%-275% of FPG.

Part I, Line 7:

Explanation: The costs of charity care and means-tested programs are calculated using the facility-wide cost to charge ratio as calculated in Worksheet 2. Subsidized health services are calculated using the cost to charge ratios per service area, using a step-down cost allocation methodology consistent with Medicare cost report methodology. The cost of financial assistance and other community benefits at cost are 9.89% of total expenditures on Form 990, Part IX, Column A, Line 25, excluding bad debt expense.

Part I, Line 7, Column (f):

The Bad Debt expense included on Form 990, Part IX, Line 25(A), but subtracted for purposes of calculating the percentage in this column is \$ 2,000,783.

Part VI Supplemental Information (Continuation)

Part II, Community Building Activities:

Explanation: Alice Peck Day actively promotes community-based leadership development. Staff members participate in the Lebanon Chamber of Commerce, Leadership Upper Valley, Vital Communities Corporate Council, Foundation for Healthy Communities, the Rural Health Coalition, and the Advocacy Task Force. As an active member of the community, APD works to be proactive concerning disaster readiness. Staff have participated in onsite training for disaster preparedness as well as off-site training with other regional hospitals. Collaborative efforts include all hazard regional training, emergency response training, and a regional mass casualty response program to help facilitate cooperative efforts if such needs arise.

Part III, Line 2:

Explanation: See narrative at Part III, Line 4.

Part III, Line 3:

Explanation: See narrative at Part III, Line 4.

Part III, Line 4:

Explanation: Bad debt cost is calculated using a cost to charge ratio using a step-down cost allocation methodology consistent with Medicare cost reporting. In FY14, accounts written off to bad debt included gross charges being written off less any payments received against those charges. Any cash collected on accounts previously written off is included as an offset to bad debt expense as recoveries of bad debt. We estimated the amount of charity care in bad debt expense based on the

Part VI Supplemental Information (Continuation)

number of applications for charity care. We believe the amount is minimal based on our extensive efforts to educate our patients and staff about our various payment plans and charity care to ensure that patients who qualify for any of our programs utilize them. Depending on the specific circumstances, a patient may be eligible for charity care, discounted care, time-payment programs, or a combination of the above. Due to these efforts, we feel that amounts written off to bad debt that could qualify as charity care are minimal. Footnote 1 to the audited consolidated financial statements of Alice Peck Day Health Systems, Corp. includes the following to address bad debt: Accounts receivable are stated at the amount management expects to collect on outstanding balances. Management provides for possible uncollectible amounts through a charge to operations and a credit to the valuation allowed based on its assessment of individual accounts and historical adjustments. Accounts deemed uncollectible are written off through a charge against the established allowance.

Part III, Line 8:

Explanation: Medicare allowable costs for the Medicare Cost Report are reported in accordance with CMS guidelines using the cost to charge ratio methodology.

Part III, Line 9b:

Explanation: Our bad debts collection policy applies to all patient accounts in a consistent manner. The policy specifically indicates that, after a second statement is sent with no payment received, a patient accounts representative will contact the patient by phone to determine if a financial assistance application or payment plan is appropriate. This

Part VI Supplemental Information (Continuation)

is completed to avoid further escalation of past due account(s) if the patient may qualify for full or partial relief under the charity care policy. If the application is successful, then the qualifying balance or balances are classified as charity care and no longer pursued for collections. Once a patient balance is classified as charity care, it is not subject to collection activities. Alice Peck Day is committed to helping our patients obtain quality healthcare, regardless of ability to pay. Our financial assistance programs encourage and enable our patients to make healthcare decisions free of financial barriers. We educate our patients about our programs and provide assistance prior to their receiving services, at registration for services, and during our billing process to ensure that any and all patients in need of assistance are provided with the help they qualify for under APD programs. Brochures and signs are placed in high traffic areas such as the ER and Registration. Our staff is trained to identify patients during registration, provide information, and offer assistance in completing the necessary forms. During our billing process, calls are made to patients with outstanding balances. APD staff work with patients to identify problems they are facing in dealing with outstanding balances. Patients are notified again of the many types of financial assistance available for which they may qualify. Programs are explained and assistance is offered, if needed, in completing the applications. Due to this multi-level approach and staff that is trained to identify clients who may need financial assistance, very few qualifying patients reach the point of bad debt. Our collection policies and procedures, in conjunction with our small size, allow our organization to place great emphasis on helping all patients who may be in need to apply for, and obtain, the appropriate level of financial assistance.

Part VI Supplemental Information (Continuation)

Part VI, Line 2:

Explanation: Due to our rural location and size, a collaborative effort between the United Way, Dartmouth Hitchcock Memorial Hospital, Mount Ascutney Hospital, Granite United Way and Alice Peck Day Memorial Hospital created the 2012 Community Needs Assessment that formed the basis for the FY 2014 Community Benefits Plan. Priority needs and health concerns for our community were based upon information collected from community needs assessments and community surveys. Identified population health concerns included tobacco/alcohol/drug use, oral health, mental health, obesity/poor nutrition/lack of physical activity, access to care and asthma. Alice Peck Day used this information to help focus its community benefit efforts to meet the priority needs identified in the Community Benefit Plan. Of special note is the Upper Valley Smiles Program that has served a priority need to oral health within our local community. Upper Valley Smiles has touched the lives of many children ages newborn to eighteen in our community and provided much needed care, particularly for the uninsured.

Part VI, Line 3:

Explanation: Alice Peck Day believes that quality health care should be available to all, regardless of ability to pay. Our financial assistance programs and staff are dedicated to helping people obtain the care they need. We reach out to our patients in many different ways to ensure that they are aware that help is available and to help guide them through the process. Brochures and signage are posted in high traffic areas such as the Emergency Room, Registration, and the lobby. Registration staff are trained to identify patients who may be in need of financial assistance.

Part VI Supplemental Information (Continuation)

Once identified, staff notify the patient that APD has various forms of financial assistance and explain that assistance is available for anyone who might require help or guidance in completing any necessary paperwork. In addition to the above, our billing staff are trained to help identify and offer assistance to anyone who might require financial assistance. Patients with outstanding claims are contacted by our credit coordinator who works with them to clear up balances through the variety of programs we offer. Assistance is also provided in applying for federal/state programs to those who qualify. Specially trained staff guide applicants through the process to ensure forms are filled out correctly, all required documentation is attached, and the applicants understand what they can expect to happen along the way.

Part VI, Line 4:

Explanation: Alice Peck Day Memorial Hospital is part of the Lebanon Health Care service area. The Lebanon service area comprises cities and towns in New Hampshire and Vermont. APD's service area in NH comprises 15 towns in addition to the city of Lebanon, including Canaan, Cornish, Croydon, Dorchester, Enfield, Grafton, Grantham, Hanover, Lyme, Newport, Orange, Orford, Piermont, Plainfield and Warren. Vermont towns include East Thetford, Fairlee, Hartford, Hartland, North Hartland, North Thetford, Post Mills, Quechee, Sharon, South Strafford, Strafford, Thetford, Thetford Center, Vershire, West Vershire, West Fairlee, West Hartford, White River Junction and Woodstock.

Part VI, Line 5:

Explanation: Alice Peck Day actively promotes community-based leadership development. Staff members participate in the Lebanon Chamber of

Part VI Supplemental Information (Continuation)

Commerce, Leadership Upper Valley, Vital Communities Corporate Council, Foundation for Healthy Communities, the Rural Health Coalition, and the Advocacy Task Force. As an active member of the community, APD works to be proactive concerning disaster readiness. Staff have participated in onsite training for disaster preparedness as well as off-site training with other regional hospitals. Collaborative efforts include all hazard regional training, emergency response training, and a regional mass casualty response program to help facilitate cooperative efforts if such needs arise.

Part VI, Line 6:

Explanation: Alice Peck Day Memorial Hospital is a critical access hospital located in Lebanon, NH. The Hospital is served by a board of trustees consisting of local citizens active in community activities and organizations. The majority of board members are not employed by the Hospital, and include local government and business representatives as well as practicing independent physicians. Despite its small size, APD is committed to giving back to the community to the greatest extent possible. During FY14, cash donations were given to organizations to help those in need. Local financial contributions helped support free primary care clinics for the uninsured, provided transportation for the elderly and disabled to receive medical care, and provided local nonprofit organizations with meeting space and refreshments. Alice Peck Day supported community flu clinics, provided emergency prescription drug vouchers, provided childbirth education classes, offered a dedicated office space for a local public health collaborative, provided space for a satellite free clinic, and worked toward the expansion of local public transportation to ensure all those in need of medical care could receive

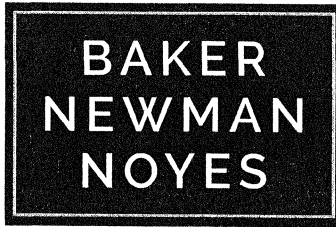
Part VI Supplemental Information (Continuation)

it. One of APD's most exciting and celebrated programs is the Upper Valley Smiles Dental Program. This program provides an oral health safety net for disadvantaged residents within our service area. In 6 different schools, over 1,600 students received oral health education, with nearly 400 of those children receiving screenings from a dental team.

Additionally, over 1,200 preventative sealants were given to 239 low-income, uninsured children. Referrals for follow-up restorative treatment were given to 97 of the 239 children. With grant support, APD continued its Women, Infants and Children (WIC) Oral Health Initiative in Lebanon and Enfield New Hampshire, and in Hartford, Vermont. Under the WIC initiative, a total of 104 low-income children aged 0-10 received oral health education, a dental screening, and preventative care. Individuals were provided with assistance in applying for NH/VT Medicaid to ensure increased access to medical care for this needy population. As a result, a significant number of people were successfully enrolled and received ongoing care. To promote health professional education, APD provided clinical undergraduate training to students from Bay Path College, Geisel School of Medicine at Dartmouth, George Washington University, Lebanon College, New England Institute of Technology, River Valley Community College, the University of Vermont and Yale University. APD annually sponsors district-wide professional development for school nurses in our local area and for others within our region. These initiatives and ongoing efforts continue to address several of the most pressing community needs as identified in our community needs assessment.

Part VI, Line 7, List of States Receiving Community Benefit Report:

NH



**Alice Peck Day Health Systems Corp.
and Subsidiaries**

Audited Consolidated Financial Statements
and Additional Information

*Years Ended September 30, 2014 and 2013
With Independent Auditors' Report*

Baker Newman & Noyes, LLC

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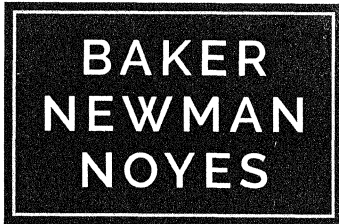
ALICE PECK DAY HEALTH SYSTEMS CORP. AND SUBSIDIARIES

Audited Consolidated Financial Statements and Additional Information

Years Ended September 30, 2014 and 2013

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INDEPENDENT AUDITORS' REPORT

The Board of Trustees
Alice Peck Day Health Systems Corp. and Subsidiaries

We have audited the accompanying consolidated financial statements of Alice Peck Day Health Systems Corp. and Subsidiaries (the System), which comprise the consolidated balance sheets as of September 30, 2014 and 2013, and the related consolidated statements of operations, changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of the System as of September 30, 2014 and 2013, and the results of its operations, changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Baker Newman & Noyes

Limited Liability Company

Manchester, New Hampshire
February 23, 2015

ALICE PECK DAY HEALTH SYSTEMS CORP. AND SUBSIDIARIES

CONSOLIDATED BALANCE SHEETS

September 30, 2014 and 2013

ASSETS

	<u>2014</u>	<u>2013</u>
Current assets:		
Cash and cash equivalents	\$11,153,477	\$ 9,646,850
Short-term investments	6,605,439	6,701,579
Accounts receivable, less allowance for bad debts and contractual allowances of \$8,719,635 in 2014 and \$10,374,440 in 2013	9,788,460	8,324,722
Current portion of pledges receivable, less allowance for bad debts of \$22,855 in 2014 and \$33,108 in 2013	472,373	541,475
Estimated third-party payor settlements	—	1,831,736
Supplies	1,163,052	1,152,991
Prepaid expenses and other current assets	<u>489,529</u>	<u>531,208</u>
Total current assets	29,672,330	28,730,561
Assets whose use is limited or restricted	3,067,059	1,599,535
Property and equipment, net	46,101,121	49,015,375
Resident unit deposits	183,000	160,000
Long-term investments	30,898	30,452
Pledges receivable, net of current portion, less allowance for bad debts of \$22,705 in 2014 and \$80,063 in 2013	474,520	805,625
Deferred financing costs, net of accumulated amortization of \$21,241 in 2014 and \$15,073 in 2013	110,795	116,963
Other assets	270,719	2,071,941
	-----	-----
Total assets	<u>\$79,910,442</u>	<u>\$82,530,452</u>

LIABILITIES AND NET ASSETS

	<u>2014</u>	<u>2013</u>
Current liabilities:		
Line of credit	\$ —	\$ 300,000
Accounts payable and accrued expenses	6,184,644	6,300,187
Accrued salaries and related amounts	3,747,403	2,858,876
Estimated third-party payor settlements	238,290	—
Current portion of deferred annuities	17,645	17,645
Current portion of capital lease obligation	113,352	117,015
Current portion of long-term debt	<u>587,308</u>	<u>569,974</u>
Total current liabilities	10,888,642	10,163,697
Long-term debt, net of current portion	27,435,821	28,022,935
Capital lease obligation, net of current portion	249,987	420,098
Resident unit deposits	183,000	160,000
Deferred revenue from entrance fees, net of accumulated amortization of \$8,597,026 in 2014 and \$7,156,930 in 2013	19,410,887	20,502,933
Interest rate swap	185,557	360,756
Other liabilities	<u>328,513</u>	<u>2,207,798</u>
Total liabilities	58,682,407	61,838,217
Net assets:		
Unrestricted	19,989,054	19,512,379
Temporarily restricted	1,208,098	1,149,404
Permanently restricted	<u>30,883</u>	<u>30,452</u>
Total net assets	<u>21,228,035</u>	<u>20,692,235</u>
Total liabilities and net assets	<u>\$79,910,442</u>	<u>\$82,530,452</u>

See accompanying notes.

ALICE PECK DAY HEALTH SYSTEMS CORP. AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF OPERATIONS

Years Ended September 30, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Net patient service revenues, net of contractual allowances and discounts	\$56,232,491	\$53,729,634
Provision for bad debts	<u>(2,000,783)</u>	<u>(2,085,471)</u>
Net patient service revenues less provision for bad debts	54,231,708	51,644,163
Resident service revenue	5,669,356	5,532,214
Earned entrance fees	1,787,695	1,740,535
Other revenue	1,525,880	981,814
Net assets released from restrictions used for operations	<u>89,929</u>	<u>60,718</u>
Total unrestricted revenues, gains and other support	63,304,568	59,959,444
Expenses:		
Salaries and benefits	37,141,102	34,956,744
Provider fees	3,225,235	2,776,458
Supplies and other	17,826,860	16,615,738
Insurance	558,639	1,073,795
Depreciation and amortization	3,408,823	3,379,048
Interest expense	<u>849,147</u>	<u>862,372</u>
Total expenses	<u>63,009,806</u>	<u>59,664,155</u>
Income from operations	294,762	295,289
Nonoperating income:		
Impact of interest rate swap	<u>175,199</u>	<u>185,938</u>
Excess of revenues, gains and other support over expenses	469,961	481,227
Change in net unrealized gains on investments	6,714	529,330
Net assets released from restrictions used for purchases of property and equipment	<u>—</u>	<u>223,152</u>
Increase in unrestricted net assets	<u>\$ 476,675</u>	<u>\$ 1,233,709</u>

See accompanying notes.

ALICE PECK DAY HEALTH SYSTEMS CORP. AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF CHANGES IN NET ASSETS

Years Ended September 30, 2014 and 2013

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
Balances at September 30, 2012	\$18,278,670	\$ 1,053,602	\$27,686	\$ 19,359,958
Excess of revenues, gains and other support over expenses	481,227	—	—	481,227
Change in net unrealized gains on investments	529,330	—	2,766	532,096
Restricted contributions	—	379,672	—	379,672
Net assets released from restrictions used for operations	—	(60,718)	—	(60,718)
Net assets released from restrictions used for purchase of property and equipment	<u>223,152</u>	<u>(223,152)</u>	<u>—</u>	<u>—</u>
	<u>1,233,709</u>	<u>95,802</u>	<u>2,766</u>	<u>1,332,277</u>
Balances at September 30, 2013	19,512,379	1,149,404	30,452	20,692,235
Excess of revenues, gains and other support over expenses	469,961	—	—	469,961
Change in net unrealized gains on investments	6,714	—	—	6,714
Restricted contributions	—	148,623	431	149,054
Net assets released from restrictions used for operations	<u>—</u>	<u>(89,929)</u>	<u>—</u>	<u>(89,929)</u>
	<u>476,675</u>	<u>58,694</u>	<u>431</u>	<u>535,800</u>
Balances at September 30, 2014	<u>\$19,989,054</u>	<u>\$ 1,208,098</u>	<u>\$30,883</u>	<u>\$21,228,035</u>

See accompanying notes.

ALICE PECK DAY HEALTH SYSTEMS CORP. AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF CASH FLOWS

Years Ended September 30, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Cash flows from operating activities:		
Increase in net assets	\$ 535,800	\$ 1,332,277
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Amortization of deferred entrance fees	(1,440,096)	(1,219,185)
Depreciation and amortization	3,408,823	3,379,048
Provision for bad debts, net of recoveries	2,000,783	2,085,471
Net realized and unrealized gains on investments	(423,317)	(706,378)
Adjustment of interest rate swap to fair value	(175,199)	(185,938)
Loss on sale of equipment	300	2,521
Restricted contributions	(149,054)	(379,672)
Resident unit deposits	(23,000)	22,998
Changes in operating assets and liabilities:		
Accounts receivable	(3,464,521)	(2,829,800)
Supplies	(10,061)	110,449
Prepaid expenses, other current assets, and other assets	1,842,901	(1,540,508)
Accounts payable and accrued expenses	(115,543)	842,919
Accrued salaries and related amounts	888,527	(40,060)
Estimated third-party payor settlements	2,070,026	(2,054,858)
Other liabilities	<u>(1,879,285)</u>	<u>1,885,792</u>
Net cash provided by operating activities	3,067,084	705,076
Cash flows from investing activities:		
Purchases of property and equipment	(491,001)	(891,343)
Proceeds from sale of property and equipment	2,300	1,521
Purchases of investments	(1,717,157)	(1,955,123)
Proceeds from sales of investments	2,236,168	2,375,572
Increase in assets whose use is limited	<u>(1,467,524)</u>	<u>(145,262)</u>
Net cash used by investing activities	(1,437,214)	(614,635)
Cash flows from financing activities:		
Entrance fees received	2,344,550	4,364,735
Refunds of entrance fees	(1,973,500)	(2,690,503)
Payments on long-term debt	(569,780)	(546,352)
Payments on capital lease	(173,774)	(68,139)
Advances (repayments) on lines of credit, net	(300,000)	300,000
Proceeds from restricted contributions	<u>549,261</u>	<u>866,311</u>
Net cash (used) provided by financing activities	<u>(123,243)</u>	<u>2,226,052</u>
Net increase in cash and cash equivalents	1,506,627	2,316,493
Cash and cash equivalents at beginning of year	<u>9,646,850</u>	<u>7,330,357</u>
Cash and cash equivalents at end of year	<u>\$11,153,477</u>	<u>\$ 9,646,850</u>
Supplemental information:		
Interest paid	<u>\$ 851,438</u>	<u>\$ 859,416</u>
Noncash transaction:		
Assets acquired under capital lease	<u>\$ —</u>	<u>\$ 605,752</u>

See accompanying notes.

ALICE PECK DAY HEALTH SYSTEMS CORP. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2014 and 2013

1. Description of Organization and Summary of Significant Accounting Policies

Organization

Alice Peck Day Health Systems Corp. (the Parent) is a not-for-profit corporation organized under the laws of the State of New Hampshire. The Parent was established in January 1995 as a tax-exempt holding company whose purpose is to provide and promote health care and health education provided by the Parent's subsidiaries, Alice Peck Day Memorial Hospital (Hospital), Alice Peck Day Lifecare Center, Inc., d/b/a Harvest Hill, and The Woodlands at Harvest Hill (Lifecare). The Parent has additional subsidiaries, Alice Peck Day Realty Corp. (Realty) and Alice Peck Day Health Management Services, Inc. (Management). Management and Realty are currently inactive.

Principles of Consolidation

The consolidated financial statements of Alice Peck Day Health Systems Corp. and Subsidiaries (the System) include the accounts of the Parent and its wholly-controlled subsidiaries. All significant intercompany balances and transactions have been eliminated in consolidation.

Use of Estimates

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates. The most significant areas which are affected by the use of estimates include the allowance for bad debts and contractual adjustments, estimated third-party payor settlements, insurance-related reserves and recoverables, and self-insured health care costs.

Concentrations of Credit Risk

Financial instruments which subject the System to credit risk consist primarily of cash equivalents, accounts receivable, amounts receivable under irrevocable trusts, and investments. The risk with respect to cash equivalents is minimized by the System's policy of investing in financial instruments with short-term maturities issued by highly rated financial institutions. The System's accounts receivable are primarily due from third-party payors and amounts are presented net of expected contractual allowances and uncollectible amounts (see also note 12). Amounts due under irrevocable trusts are evaluated for collectibility and presented net of any required allowances. The System's investment portfolio consists of diversified investments, which are subject to market risk. At September 30, 2014, thirteen mutual funds comprised 65% of total investments. At September 30, 2013, three mutual funds comprised 17% of total investments.

Cash and Cash Equivalents

Cash and cash equivalents include money market funds and secured repurchase agreements with original maturities of three months or less, excluding assets whose use is limited or restricted.

The System maintains its cash in bank deposit accounts which, at times, may exceed federally insured limits. The System has not experienced any losses on such accounts.

ALICE PECK DAY HEALTH SYSTEMS CORP. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2014 and 2013

1. Description of Organization and Summary of Significant Accounting Policies (Continued)

Investments and Investment Income

Investments are carried at fair value in the accompanying consolidated balance sheets. Investment income (including realized gains and losses on investments, interest and dividends) is included in the excess of revenues, gains and other support over expenses unless the income is restricted by donor or law. Gains and losses on investments are computed on a specific identification basis. Unrealized gains and losses on investments are excluded from the excess of revenues, gains and other support over expenses unless the investments are classified as trading securities or losses are considered other-than-temporary. Periodically, management reviews investments for which the market value has fallen significantly below cost and recognizes impairment losses where they believe the declines are other-than-temporary. At September 30, 2014 and 2013, the System had certain investments that were below cost by approximately \$21,400 and \$60,300, respectively, which were deemed by management to be temporary.

Investments are exposed to various risks, such as interest rate, credit, and overall market volatility. As such, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the accompanying consolidated balance sheets and statements of operations.

Assets Whose Use is Limited or Restricted

Assets whose use is limited or restricted include assets designated by the Board for construction costs, agency funds, and donor-restricted funds.

Accounts Receivable and the Allowance for Bad Debts

Accounts receivable are reduced by an allowance for bad debts. In evaluating the collectibility of accounts receivable, the System analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for bad debts and provision for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for bad debts. For receivables associated with services provided to patients who have third-party coverage, the System analyzes contractually due amounts and provides an allowance for bad debts and a provision for bad debts, if necessary (for example, for expected uncollectible deductibles and copayments on accounts for which the third-party payor has not yet paid, or for payors who are known to be having financial difficulties that make the realization of amounts due unlikely). For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the System records a provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for bad debts.

ALICE PECK DAY HEALTH SYSTEMS CORP. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2014 and 2013

1. Description of Organization and Summary of Significant Accounting Policies (Continued)

The System's allowance for bad debts for self-pay patients decreased from 82.5% of self-pay accounts receivable at September 30, 2013 to 80.6% of self-pay accounts receivable at September 30, 2014. The System's self-pay bad debt writeoffs decreased \$100,315 from \$2,277,024 in 2013 to \$2,176,709 in 2014. The decrease in the allowance as a percentage of self-pay accounts receivable and bad debt writeoffs was a result of collection trends related to the outsourcing of the self-pay collection function.

Supplies

Supplies are carried at the lower of cost (determined by the first-in, first-out method) or market.

Property and Equipment

Property and equipment is stated at cost or, if contributed, at fair market value determined at the date of donation, less accumulated depreciation. Property and equipment under capital leases is amortized over the estimated useful lives of the assets or lease term, whichever is shorter. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed using the straight-line method.

Interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets.

Gifts of long-lived assets such as land, buildings, or equipment are reported as unrestricted support, and are excluded from the excess of revenues, gains and other support over expenses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

Deferred Financing Costs

The costs incurred to obtain long-term financing are being amortized by the straight-line method over the period during which the debt is outstanding.

Derivative and Hedging Activities

The System uses interest rate swap contracts to eliminate the cash flow exposure of interest rate movements on variable-rate debt. The System applies the requirements of Financial Accounting Standards Board (FASB), Accounting Standards Codification (ASC) 815, *Derivatives and Hedging* to account for its interest rate swap contract described in note 9. The interest rate swap contract has not been designated as a cash flow hedge. Gains and losses on derivative financial instruments not designated as cash flow hedges are required to be included in the performance indicator. As a result, any gains or losses on the interest rate swap for 2014 and 2013 have been included in the excess of revenues, gains and other support over expenses.

ALICE PECK DAY HEALTH SYSTEMS CORP. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2014 and 2013

1. Description of Organization and Summary of Significant Accounting Policies (Continued)

Employee Fringe Benefits

The System has an "earned time" plan which provides benefits to employees for paid leave hours. Under this plan, each employee earns paid leave for each period worked. These hours of paid leave may be used for vacations, holidays, or illnesses. Hours earned, but not used, are vested with the employee, limited to three hundred hours carryover at year end. The System accrues a liability for such paid leave as it is earned.

Retirement Plan

The System's employees participate in a tax-sheltered annuity retirement plan. There is no minimum age or service requirement to participate in the employee deferral contributing portion of the plan. Contributions were made by the System on behalf of all full-time participants who had completed one year of service and attained age 21 at a rate of 4% of each participant's basic annual compensation until June 30, 2012. Effective July 1, 2012, the Plan was modified to define W-2 wages as eligible compensation, implement automatic enrollment for new and current employees, and change to a discretionary employer contribution. Plan expense for the years ended September 30, 2014 and 2013 was approximately \$701,000 and \$506,000, respectively.

Resident Entrance Fees

For residents who took occupancy through September 30, 2001, this amount represented deposits from residents, which were 90% refundable upon reoccupancy of a contract holder's apartment. The refundable portion was amortized over 25 years which is the estimated remaining life of the building. The remainder (10%) was the nonrefundable portion and was amortized into income on a straight-line basis, over the remaining expected life of the resident's occupancy, which management has estimated to be 7 years.

For new residents of Harvest Hill, as of October 1, 2001, this amount represents entry deposits from residents, which are 75% refundable upon reoccupancy of a contract holder's apartment. The refundable portion is amortized over 25 years which is the estimated remaining life of the building. The remainder (25%) is the nonrefundable portion and is amortized into income on a straight-line basis, over the remaining expected life of the resident's occupancy, which management has estimated to be 7 years.

For residents of The Woodlands at Harvest Hill, this amount represents entry deposits from residents, which are 90% refundable upon reoccupancy of a contract holder's apartment. The refundable portion is amortized over 25 years which is the estimated remaining life of the building. The remainder (10%) is the nonrefundable portion and is amortized into income on a straight-line basis, over the remaining expected life of the resident's occupancy, which management has estimated to be 7 years.

ALICE PECK DAY HEALTH SYSTEMS CORP. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2014 and 2013

1. Description of Organization and Summary of Significant Accounting Policies (Continued)

Temporarily and Permanently Restricted Net Assets

Gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of donated assets. Temporarily restricted net assets are those whose use has been limited by donors to a specific time period or purpose. When a donor restriction expires (when a stipulated time restriction ends or purpose restriction is accomplished), temporarily restricted net assets are reclassified as unrestricted net assets and reported as either net assets released from restrictions (for noncapital related items) or as net assets released from restrictions used for capital purchases (capital related items). Permanently restricted net assets have been restricted by donors to be maintained in perpetuity.

Excess of Revenues, Gains and Other Support Over Expenses

The consolidated statements of operations include excess of revenues, gains and other support over expenses. Changes in unrestricted net assets which are excluded from this performance indicator, consistent with industry practice, include the change in net unrealized gains and losses on investments other than trading securities, permanent transfers of assets to and from affiliates for other than goods and services, and contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purposes of acquiring such assets).

Health Insurance

The System is partially self-insured with respect to health care coverage. This coverage provides medical health benefits to eligible employees and their eligible dependents. The System estimates an accrual for claims incurred but not reported which is included in accrued salaries and related amounts in the accompanying consolidated balance sheets. Health insurance expense approximated \$3,113,000 and \$2,026,000 in 2014 and 2013, respectively.

Net Patient Service Revenues

The System has agreements with third-party payors that provide for payments to the System at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, per diem payments and fee schedules. Net patient service revenues are reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined. Changes in these estimates are reflected in the consolidated financial statements in the year in which they occur. For the years ended September 30, 2014 and 2013, net patient service revenues in the accompanying consolidated statements of operations changed by approximately \$63,000 and \$(450,000), respectively, due to actual settlements and changes in assumptions underlying estimated future third-party settlements for prior years.

ALICE PECK DAY HEALTH SYSTEMS CORP. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2014 and 2013

1. Description of Organization and Summary of Significant Accounting Policies (Continued)

The System recognizes patient service revenues associated with services provided to patients who have third-party payor coverage on the basis of contractual rates for the services rendered. For uninsured patients, the System provides a discount approximately equal to that of its largest private insurance payors. On the basis of historical experience, a significant portion of the System's uninsured patients will be unable or unwilling to pay for the services provided. Thus, the System records a significant provision for bad debts related to uninsured patients in the period the services are provided.

Medicaid Enhancement Tax and Medicaid Disproportionate Share

Under the State of New Hampshire's tax code, the State imposes a Medicaid enhancement tax equal to 5.5% of net patient service revenues, with certain exclusions. The amount of tax recorded by the System for fiscal years 2014 and 2013 was \$2,095,787 and \$2,434,000, respectively.

The State also administers a disproportionate share funding (DSH) program. For years prior to 2010, the DSH payment to the Hospital equaled the Medicaid enhancement tax for the year. During 2010, in connection with a federal government audit of the State's 2004 fiscal year, it was indicated that the State's DSH approach was not in compliance with federal regulations and, as a result, a \$35.8 million payment was required from the State to the federal payor. The amount of estimated DSH revenue recorded by the Hospital for fiscal 2014 and 2013 was \$3,708,743 and \$4,426,448, respectively.

As part of the State's biennial budget process for the two-year period ending June 30, 2013, it eliminated disproportionate share payments to certain New Hampshire hospitals, excluding hospitals classified as critical access. The System received approximately \$4,542,000 in disproportionate share payments in December 2012 and May 2013 covering the State's fiscal year July 1, 2012 to June 30, 2013. The System received approximately \$3,709,000 in disproportionate share payments in total in December 2013 covering the State's fiscal year July 1, 2013 to June 30, 2014.

During 2014, the Centers for Medicare and Medicaid Services (CMS) began an audit of the State's program and the disproportionate share payments made by the State in 2011, the first year that those payments reflected the amount of uncompensated care provided by New Hampshire hospitals. It is possible that subsequent years will also be audited by CMS. At the date of these consolidated financial statements, CMS's audit was still in process, and the System has not received final indication of adjustments, if any, that may be made to disproportionate share payments received in prior years. As such, no amounts have been reflected in the accompanying consolidated financial statements related to this contingency.

In addition, the System has amended MET returns for State fiscal years 2009 through 2013 based upon further guidance that certain exclusions can be deducted from net patient service revenues. The State has audited the amended returns. The Hospital reached a final settlement with the State on these appeals in July 2013 with the Hospital receiving a credit of \$50,192 which was applied to its MET payment due in October 2013. This credit is included in estimated third-party payor settlements in the accompanying consolidated balance sheets.

ALICE PECK DAY HEALTH SYSTEMS CORP. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2014 and 2013

1. **Description of Organization and Summary of Significant Accounting Policies (Continued)**

Charity Care

The Hospital has a formal charity care policy under which patient care is provided without charge or at amounts less than its established rates to patients who meet certain criteria. The Hospital does not pursue collection of amounts determined to qualify as charity care and, therefore, they are not reported as revenue. See note 3 with respect to costs of charity care.

Donor-Restricted Gifts

Unconditional promises to give cash and other assets to the System are reported at fair value at the date the promise is received. Conditional promises to give and intentions to give are reported at fair value at the date the condition is met. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of donated assets.

Donor-restricted endowment gifts are reported as long-term investments.

Any future annuity payments resulting from contributions received which are life income gifts or annuity gifts are determined actuarially and through present value techniques. The future liability for these payments is reflected as a deferred annuity in the consolidated balance sheets. As of September 30, 2014 and 2013, the liability for these gift annuities was \$57,556 and \$67,910, respectively. The long-term portion of these deferred annuities is included in other liabilities in the accompanying consolidated balance sheet.

Income Taxes

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 has 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 examinations by the U.S. federal or state tax authorities for years before 2011.

Advertising Costs

Advertising costs are expensed as incurred. Advertising expense was approximately \$80,700 and \$125,000 in 2014 and 2013, respectively.

ALICE PECK DAY HEALTH SYSTEMS CORP. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2014 and 2013

1. **Description of Organization and Summary of Significant Accounting Policies (Continued)**

Recent Accounting Pronouncements

In July 2012, the FASB issued ASU No. 2012-01, *Health Care Entities (Topic 954), Continuing Care Retirement Communities - Refundable Advance Fees* (ASU 2012-01), which requires an advance fee to be classified as deferred revenue when a continuing care retirement community has a resident contract that provides for payment of the refundable advance fee upon reoccupancy by a subsequent resident, if such amount is limited to the proceeds of reoccupancy. Refundable advance fees that are contingent upon reoccupancy by a subsequent resident but are not limited to the proceeds of reoccupancy are to be accounted for and reported as a liability. The estimated amount of advance fees that is expected to be refunded to current residents under the terms of the contracts is accounted for and reported as a liability. The remaining amount of refundable advance fees is accounted for as deferred revenue within the liability section of an entity's balance sheet. The System will adopt this accounting pronouncement effective October 1, 2014. The impact of adoption, although not quantified by management of the System at the date of these consolidated financial statements, could have a material impact on the System's financial position and results from operations. The impact of adoption will be comparatively shown as of September 30, 2015 for the years ended 2015 and 2014.

Subsequent Events

Events occurring after the consolidated balance sheet date are evaluated by management to determine whether such events should be recognized or disclosed in the consolidated financial statements. Management has evaluated subsequent events through February 23, 2015 which is the date the consolidated financial statements were available to be issued.

2. **Net Patient Service Revenues**

Patient service revenues and contractual and other allowances consisted of the following for the years ended September 30:

	<u>2014</u>	<u>2013</u>
Patient services:		
Routine services	\$ 4,518,782	\$ 4,295,827
Ancillary services	<u>77,148,569</u>	<u>69,953,558</u>
Gross patient service revenues	81,667,351	74,249,385
Provision for contractual allowances	(24,167,290)	(19,259,271)
Provision for charity care	<u>(1,267,570)</u>	<u>(1,260,480)</u>
	<u>(25,434,860)</u>	<u>(20,519,751)</u>
Net patient service revenues, net of contractual allowances and discounts	56,232,491	53,729,634
Provision for bad debts	<u>(2,000,783)</u>	<u>(2,085,471)</u>
Net patient service revenues less provision for bad debts	<u>\$ 54,231,708</u>	<u>\$ 51,644,163</u>

ALICE PECK DAY HEALTH SYSTEMS CORP. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2014 and 2013

2. Net Patient Service Revenues (Continued)

An estimated breakdown of patient service revenues, net of contractual allowances, discounts and provision for bad debts recognized from major payor sources, is as follows:

	Gross Patient Service <u>Revenues</u>	Contractual Allowances and Discounts	Provision for Bad <u>Debts</u>	Net Patient Service Revenues Less Provision for <u>Bad Debts</u>
2014				
Private payors (includes coinsurance and deductibles)	\$44,749,645	\$12,246,325	\$ 267,709	\$32,235,611
Medicaid	8,095,295	5,397,326	539,568	2,158,401
Medicare	26,287,826	8,994,476	64,302	17,229,048
Self-pay	2,534,585	2,246,668	1,129,204	(841,287)
Disproportionate share funding	<u> —</u>	<u>(3,449,935)</u>	<u> —</u>	<u>3,449,935</u>
	<u>\$81,667,351</u>	<u>\$25,434,860</u>	<u>\$2,000,783</u>	<u>\$54,231,708</u>
2013				
Private payors (includes coinsurance and deductibles)	\$42,699,521	\$11,947,229	\$ 776,543	\$29,975,749
Medicaid	6,899,415	4,951,733	102,462	1,845,220
Medicare	21,640,041	6,415,014	74,079	15,150,948
Self-pay	3,010,408	1,632,223	1,132,387	245,798
Disproportionate share funding	<u> —</u>	<u>(4,426,448)</u>	<u> —</u>	<u>4,426,448</u>
	<u>\$74,249,385</u>	<u>\$20,519,751</u>	<u>\$2,085,471</u>	<u>\$51,644,163</u>

Revenues from the Medicare and Medicaid programs accounted for approximately 32% and 4%, respectively, of the System's net patient service revenues for the year ended September 30, 2014 and 28% and 4%, respectively, for the year ended September 30, 2013. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. The System believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing.

The System has agreements with third-party payors that provide for payments at amounts different from its established rates. A summary of the payment arrangements with major third-party payors follows:

Medicare

The Hospital is a Critical Access Hospital (CAH) and is reimbursed 101% of allowable costs for its inpatient and outpatient services provided to beneficiaries with a decrease of 2% beginning April 1, 2013 related to sequestration. The Hospital is reimbursed at tentative interim rates with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the fiscal intermediary. The Hospital's cost reports have been audited by the fiscal intermediary through 2010 with final settlements processed through 2010.

ALICE PECK DAY HEALTH SYSTEMS CORP. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2014 and 2013

2. **Net Patient Service Revenues (Continued)**

Medicaid

Inpatient services rendered to Medicaid program beneficiaries are reimbursed at prospectively determined rates per day of hospitalization. The prospectively determined per-diem rates are not subject to retroactive adjustment. Outpatient services rendered to Medicaid program beneficiaries are reimbursed under a fee schedule methodology. The Hospital is reimbursed at a tentative rate with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the fiscal intermediary. The Hospital's Medicaid cost reports have been audited by the fiscal intermediary through 2010 with final settlements processed through 2010.

Anthem Blue Cross

Inpatient and outpatient services rendered to Anthem Blue Cross subscribers are reimbursed at submitted charges less a negotiated discount. The amounts paid to the Hospital are not subject to any retroactive adjustments.

3. **Charity Care (Unaudited)**

The Hospital provided charity care to eligible patients. Estimated costs incurred to provide charity care were approximately \$852,000 and \$868,000 for the years ended September 30, 2014 and 2013, respectively. The System determines the costs associated with providing charity care by calculating a ratio of cost to gross charges, and then multiplying that ratio by the gross uncompensated charges associated with providing care to patients eligible for free care. The Hospital also provides other community benefit services as follows:

	<u>2014</u>	<u>2013</u>
Estimated costs incurred in excess of payment for inpatient and outpatient services	\$3,050,000	\$3,770,000
Estimated cost of community health improvement sources, community benefit operations, health professions education and cash and in-kind contributions to community groups	<u>395,232</u>	<u>247,000</u>
	<u>\$3,445,232</u>	<u>\$4,017,000</u>

ALICE PECK DAY HEALTH SYSTEMS CORP. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2014 and 2013

4. Investments

The composition of assets whose use is limited or restricted and other investments at September 30, 2014 and 2013 is set forth in the following table:

	<u>Cost</u> <u>2014</u>	<u>Fair Value</u> <u>2014</u>	<u>Cost</u> <u>2013</u>	<u>Fair Value</u> <u>2013</u>
Cash and cash equivalents	\$3,067,059	\$3,067,059	\$1,599,535	\$1,599,535
U.S. government securities	45,760	49,413	45,760	50,863
Marketable equity securities	14,903	17,984	28,752	43,524
Mutual funds	<u>5,666,541</u>	<u>6,568,940</u>	<u>5,755,100</u>	<u>6,637,644</u>
Total assets	<u>\$8,794,263</u>	<u>\$9,703,396</u>	<u>\$7,429,147</u>	<u>\$8,331,566</u>

Assets Whose Use is Limited or Restricted

Assets whose use is limited or restricted consist of the following at September 30:

	<u>2014</u>	<u>2013</u>
Donor restricted:		
Cash and cash equivalents	\$ 628,955	\$ 528,039
Board designated for Hospital renovation:		
Cash and cash equivalents	2,381,090	1,016,004
Agency funds:		
Cash and cash equivalents	<u>57,014</u>	<u>55,492</u>
	<u>\$3,067,059</u>	<u>\$1,599,535</u>

Other Investments

Other investments, stated at fair value, include the following at September 30:

	<u>2014</u>	<u>2013</u>
U.S. government securities	\$ 49,413	\$ 50,863
Marketable equity securities	17,984	43,524
Mutual funds	<u>6,568,940</u>	<u>6,637,644</u>
	6,636,337	6,732,031
Less long-term investments	<u>(30,898)</u>	<u>(30,452)</u>
	<u>\$6,605,439</u>	<u>\$6,701,579</u>

ALICE PECK DAY HEALTH SYSTEMS CORP. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2014 and 2013

4. Investments (Continued)

Investment income, net realized gains and losses from assets whose use is limited, cash equivalents, and other investments are included in other revenue and are comprised of the following:

	<u>2014</u>	<u>2013</u>
Income:		
Interest and dividend income	\$196,197	\$164,056
Realized gains on sales of securities	<u>416,603</u>	<u>174,282</u>
	<u>\$612,800</u>	<u>\$338,338</u>
Other changes in net assets:		
Unrealized gains:		
Unrestricted	\$ 6,714	\$529,330
Permanently restricted	<u>—</u>	<u>2,766</u>
	<u>\$ 6,714</u>	<u>\$532,096</u>

The System's long-term investment objective is to preserve and enhance the real value of the investment assets over time, in order to provide a sufficient rate of return for fulfilling the philanthropic purposes of the System.

5. Fair Value Measurements

Fair value of a financial instrument is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. In determining fair value, the System uses various methods including market, income and cost approaches. Based on these approaches, the System often utilizes certain assumptions that market participants would use in pricing the asset or liability, including assumptions about risk and or the risks inherent in the inputs to the valuation technique. These inputs can be readily observable, market corroborated, or generally unobservable inputs. The System utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs. Based on the observability of the inputs used in the valuation techniques, the System is required to provide the following information according to the fair value hierarchy. The fair value hierarchy ranks the quality and reliability of the information used to determine fair values. Financial assets and liabilities carried at fair value will be classified and disclosed in one of the following three categories:

Level 1 – Valuations for assets and liabilities traded in active exchange markets, such as the New York Stock Exchange. Valuations are obtained from readily available pricing sources for market transactions involving identical assets or liabilities.

Level 2 – Valuations for assets and liabilities traded in less active dealer or broker markets. Valuations are obtained from third party pricing services for identical or similar assets or liabilities.

ALICE PECK DAY HEALTH SYSTEMS CORP. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2014 and 2013

5. Fair Value Measurements (Continued)

Level 3 – Valuations for assets and liabilities that are derived from other valuation methodologies, including option pricing models, discounted cash flow models and similar techniques, and not based on market exchange, dealer or broker traded transactions. Level 3 valuations incorporate certain assumptions and projections in determining the fair value assigned to such assets or liabilities.

In determining the appropriate levels, the System performs a detailed analysis of the assets and liabilities that are subject to fair value measurements. At each reporting period, all assets and liabilities for which the fair value measurement is based on significant unobservable inputs are classified as Level 3.

For the fiscal years ended September 30, 2014 and 2013, the application of valuation techniques applied to similar assets and liabilities has been consistent.

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<u>2014</u>				
Assets:				
Assets whose use is limited or restricted:				
Cash and cash equivalents	\$3,067,059	\$ –	\$ –	\$3,067,059
Investments:				
Marketable equity securities:				
Industrials	1,057	–	–	1,057
Consumer discretionary	2,715	–	–	2,715
Consumer staples	716	–	–	716
Energy	981	–	–	981
Healthcare	1,743	–	–	1,743
Commodities	10,772	–	–	10,772
Mutual funds:				
Domestic equity	3,489,530	–	–	3,489,530
Foreign equity	1,943,948	–	–	1,943,948
Fixed income	1,135,462	–	–	1,135,462
U.S. government securities	<u>–</u>	<u>49,413</u>	<u>–</u>	<u>49,413</u>
Total assets	<u>\$9,653,983</u>	<u>\$ 49,413</u>	<u>\$ –</u>	<u>\$9,703,396</u>
Liabilities:				
Interest rate swap	<u>\$ –</u>	<u>\$ –</u>	<u>\$185,557</u>	<u>\$ 185,557</u>

ALICE PECK DAY HEALTH SYSTEMS CORP. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2014 and 2013

5. Fair Value Measurements (Continued)

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<u>2013</u>				
Assets:				
Assets whose use is limited or restricted:				
Cash and cash equivalents	\$1,599,535	\$ —	\$ —	\$1,599,535
Investments:				
Marketable equity securities:				
Materials	1,171	—	—	1,171
Industrials	3,435	—	—	3,435
Consumer discretionary	5,980	—	—	5,980
Consumer staples	4,018	—	—	4,018
Energy	3,742	—	—	3,742
Financial	6,726	—	—	6,726
Health care	6,472	—	—	6,472
Utilities	1,122	—	—	1,122
Information technology	3,847	—	—	3,847
Telecommunications	607	—	—	607
Commodities	6,404	—	—	6,404
Mutual funds:				
Domestic equity	3,976,473	—	—	3,976,473
Foreign equity	1,664,347	—	—	1,664,347
Fixed income	996,824	—	—	996,824
U.S. government securities	<u>—</u>	<u>50,863</u>	<u>—</u>	<u>50,863</u>
Total assets	<u>\$8,280,703</u>	<u>\$ 50,863</u>	<u>\$ —</u>	<u>\$8,331,566</u>
Liabilities:				
Interest rate swap	<u>\$ —</u>	<u>\$ —</u>	<u>\$360,756</u>	<u>\$ 360,756</u>

The valuation of the interest rate swap of \$185,557 and \$360,756 at September 30, 2014 and 2013, respectively is estimated based upon the anticipated cash flows under the swap agreement over its duration at market interest rates and, therefore, is classified as Level 3.

Investments, in general, are exposed to various risks, such as interest rate, credit and overall market volatility. As such, it is reasonably possible that changes in the fair value of investments will occur in the near term and that such changes could materially affect the amounts reported in the accompanying consolidated balance sheets and statements of operations.

ALICE PECK DAY HEALTH SYSTEMS CORP. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2014 and 2013

5. Fair Value Measurements (Continued)

The following is a reconciliation of interest rate swaps in which significant unobservable inputs (Level 3) were used in determining fair value at September 30:

Balance at September 30, 2012	\$ 546,694
Fair value adjustment, net	(185,938)
Balance at September 30, 2013	360,756
Fair value adjustment, net	(175,199)
Balance at September 30, 2014	\$ <u>185,557</u>

Other financial instruments consist of accounts receivable, accounts payable and accrued expenses, estimated third-party payor settlements, and long-term debt. The fair value of all financial instruments approximates their relative book values as these financial instruments have short-term maturities or are recorded at amounts that approximate fair value.

6. Property and Equipment

Property and equipment, including amounts recorded under capital leases, consists of the following at September 30:

	<u>2014</u>	<u>2013</u>
Land and land improvements	\$ 3,137,107	\$ 3,137,107
Buildings and improvements	55,331,658	55,281,251
Fixed equipment	8,045,972	7,567,592
Major movable equipment	<u>16,837,792</u>	<u>16,771,255</u>
	83,352,529	82,757,205
Less accumulated depreciation and amortization	<u>(38,120,833)</u>	<u>(34,748,824)</u>
	45,231,696	48,008,381
Construction in progress	<u>869,425</u>	<u>1,006,994</u>
	<u>\$ 46,101,121</u>	<u>\$ 49,015,375</u>

The carrying amount of assets under capital lease was \$352,182 and \$605,252 at September 30, 2014 and 2013, respectively, and is included in fixed equipment above. See also note 13.

Depreciation expense for the years ended September 30, 2014 and 2013 amounted to \$3,402,655 and \$3,373,467, respectively.

ALICE PECK DAY HEALTH SYSTEMS CORP. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2014 and 2013

7. Pledges Receivable

Gross pledges receivable from donors as of September 30, 2014 and 2013 were \$992,453 and \$1,460,271, respectively. Pledges are due as follows at September 30, 2014:

2015	\$495,228
2016	339,442
2017	<u>157,783</u>
	992,453
Less discounts and allowances for uncollectible pledges	<u>(45,560)</u>
	<u>\$946,893</u>

8. Irrevocable Trust

In February 2011, Lifecare was named the beneficiary of an irrevocable charitable lead annuity trust, the proceeds of which are temporarily restricted for the subsidy for Harvest Hill residents and for the Hughes Care Unit at Harvest Hill. Under the terms of the agreement, a Trust was established to hold, manage and invest the funds. The Trustee will make payments to Lifecare totaling \$500,000 over the eleven-year term of the agreement. At the end of the term, the remaining trust assets revert to the donor's family. The expected future cash inflows from the trust have been recorded at present value in prepaid expenses and other current assets (\$50,500 at both September 30, 2014 and 2013) and other assets (\$262,218 and \$300,908 at September 30, 2014 and 2013, respectively), based on a discount rate of 3.31%.

Expected cash payments to be received under the trust are as follows as of September 30, 2014:

Less than one year	\$ 50,500
One to five years	202,000
More than five years	<u>104,025</u>
	356,525
Less discount to net present value	<u>(43,807)</u>
Net annuity receivable	<u>\$312,718</u>

ALICE PECK DAY HEALTH SYSTEMS CORP. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2014 and 2013

9. Long-Term Debt

Long-term debt consists of the following at September 30:

	<u>2014</u>	<u>2013</u>
Variable rate bonds, collateralized by a mortgage note, issued under Business Finance Authority of the State of New Hampshire Revenue Bonds, Series 2010, variable daily interest rate, 2.00% as of September 30, 2014, payable in monthly amounts of principal and interest through November 2030, with a balloon payment of approximately \$14.5 million due on or before December 1, 2030	\$28,023,129	\$28,592,909
Less current portion	<u>(587,308)</u>	<u>(569,974)</u>
	<u>\$27,435,821</u>	<u>\$28,022,935</u>

On November 30, 2010, Alice Peck Day Health Systems refinanced its Series 2007 and 2008 outstanding bonds with \$30,000,000 Series 2010 Revenue Bonds issued through the Business Finance Authority (BFA) of the State of New Hampshire. Interest is based on an annual percentage rate equal to the sum of (a) 69% of the 1-Month LIBOR rate plus (b) 1.8975%. The System may prepay certain of these bonds according to the terms of the loan and trust agreement. The bonds are redeemable at any time by the System at par value plus any accrued interest. The bonds are also subject to optional tender for purchase (as a whole) in November 2020 at par plus accrued interest. The bonds are collateralized by substantially all assets and gross receipts of the System and were issued to advance refund existing bonds.

The Series 2010 Revenue Bonds contain various restrictive covenants, which include compliance with certain financial ratios and a detail of events constituting defaults. The System is in compliance with these requirements at September 30, 2014.

On August 2, 2010, the System entered into an interest rate swap agreement on the 2007A and 2008 Series Bonds with a financial institution holding a notional amount of \$15,000,000. This swap contract was executed for risk management purposes and was not designated as a hedge. This interest rate swap agreement effectively fixed the rate of interest on the bonds at 1.485%, through August 1, 2015, which is the termination date of the swap. The swap was not terminated upon the refinancing of the bonds described above. Under the agreement, the System makes or receives payments based on the difference between the fixed-rate interest payments and the variable market-indexed payments. The fixed interest payment rate is 1.485%, and the variable interest payment received is calculated as the 1-Month U.S. Libor Rate multiplied by 69% (.1066% at September 30, 2014). The fair value of the swap agreement is recorded in the consolidated balance sheet as of September 30, 2014 and 2013.

ALICE PECK DAY HEALTH SYSTEMS CORP. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2014 and 2013

9. Long-Term Debt (Continued)

Scheduled principal repayments on long-term debt for the next five years are as follows:

2015	\$ 587,308
2016	620,324
2017	647,143
2018	675,121
2019	704,309
Thereafter	<u>24,788,924</u>
	<u>\$28,023,129</u>

10. Lines of Credit

The System has an unsecured line of credit totaling \$1,000,000 with a local bank. Interest on borrowings is charged at the Wall Street Journal prime rate or 3.25%, whichever is higher as determined by the System at the time of borrowing. There was a balance of \$300,000 on the line of credit as of September 30, 2013. There was no balance at September 30, 2014. The line of credit expires in April 2015.

The System has an additional unsecured line of credit with another bank totaling \$1,000,000. Interest on borrowings is charged at the Wall Street Journal prime rate adjusted daily or one month LIBOR plus 1.75%, with a floor rate of 3.00%. There were no amounts outstanding under this agreement as of September 30, 2014 and 2013. The line of credit expires in February 2015.

11. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are available for the following purposes at September 30:

	<u>2014</u>	<u>2013</u>
Monthly rent subsidies and assisted living operations	\$ 505,638	\$ 537,183
Health care services, community welfare and construction projects	<u>702,460</u>	<u>612,221</u>
	<u>\$1,208,098</u>	<u>\$1,149,404</u>

Permanently restricted net assets are attributed to the following at September 30:

	<u>2014</u>	<u>2013</u>
Investments to be held in perpetuity, the income from which is expendable to support health care services (reported as operating income)	<u>\$30,883</u>	<u>\$30,452</u>

ALICE PECK DAY HEALTH SYSTEMS CORP. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2014 and 2013

12. **Concentrations of Credit Risk**

The System grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of receivables from patients and third-party payors was as follows:

	<u>2014</u>	<u>2013</u>
Medicare	17%	13%
Medicaid	11	8
Anthem Blue Cross	13	9
Other third-party payors	21	21
Patients	<u>38</u>	<u>49</u>
	<u>100%</u>	<u>100%</u>

13. **Commitments and Contingencies**

Operating Leases

The System has various operating leases relative to its office and offsite locations. Future annual minimum lease payments under these noncancellable leases as of September 30, 2014 are as follows:

Year Ending September 30:

2015	\$558,601
2016	416,792
2017	277,245
2018	32,616

Rent expense was \$771,000 and \$613,000 for the years ended September 30, 2014 and 2013, respectively.

Capital Lease

The System entered into a capital lease during fiscal 2013 for certain information technology assets. Expected capitalizable portion of monthly payments are \$11,136 through September 30, 2017. Future minimum lease payments are as follows:

ALICE PECK DAY HEALTH SYSTEMS CORP. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2014 and 2013

13. Commitments and Contingencies (Continued)

Year Ending September 30:

2015	\$ 133,632
2016	133,632
2017	<u>133,632</u>
Total minimum lease payments	400,896
Less interest and present value adjustment	<u>(37,557)</u>
	363,339
Less current portion	<u>(113,352)</u>
Capital lease obligation, net of current portion	<u>\$ 249,987</u>

Insurance

The System, along with other New England Alliance for Health entities, purchases comprehensive general and professional liability coverage on a claims-made basis from a commercial insurance carrier. The policy is made up of primary and excess coverage subject to shared policy aggregate limits and covers all employees of the System. The policy includes an endorsement that covers the System for claims made retroactive to January 1995 (and retroactive to September 1985 for the Hospital). This policy has been renewed through September 30, 2015. As of September 30, 2014, there were no known malpractice claims outstanding which, in the opinion of management, will be settled for amounts in excess of insurance coverage, and there are no unasserted claims or incidents which require loss accrual. At September 30, 2014 and 2013, the System had recorded \$288,600 and \$395,000, respectively, as an estimated tail liability for its claims made policy, which amounts are included in other liabilities in the accompanying consolidated balance sheets.

In accordance with ASU No. 2010-24, "Health Care Entities" (Topic 954): *Presentation of Insurance Claims and Related Insurance Recoveries*, at September 30, 2013, the System recorded a liability of approximately \$1,763,000 related to estimated professional liability losses. At September 30, 2013, the System also recorded a receivable of \$1,763,000 related to estimated recoveries under insurance coverage for recoveries of the potential losses. There were no outstanding claims as of September 30, 2014. These amounts are included in other liabilities and other assets, respectively, on the accompanying consolidated balance sheets.

The possibility exists, as a normal risk of doing business, that malpractice claims in excess of insurance coverage may be asserted against the System. In the event a loss contingency should occur, the System would give it appropriate recognition in its consolidated financial statements in conformity with applicable accounting principles.

ALICE PECK DAY HEALTH SYSTEMS CORP. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

September 30, 2014 and 2013

13. **Commitments and Contingencies (Continued)**

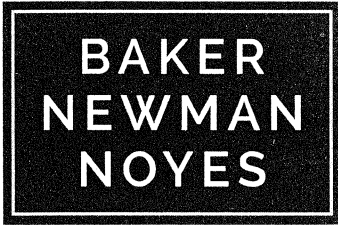
Environmental Liability

FASB ASC 410 requires entities to record asset retirement obligations at fair value if they can be reasonably estimated. The State of New Hampshire requires special disposal procedures relating to building materials containing asbestos. The System owns facilities which may contain some asbestos, but a liability has not been recorded since it has an indeterminate settlement date and its fair value cannot be reasonably estimated. Although an accurate estimate has not been made, the overall potential liability is not considered to be material to the consolidated financial statements.

14. **Functional Expenses**

The System provides general health care services to residents within its geographic location including inpatient and outpatient surgery, assisted and independent living services, and promotion of health care and health education. Expenses related to providing these services were as follows for the years ended September 30:

	<u>2014</u>	<u>2013</u>
Health care services	\$51,056,181	\$47,702,338
Program activities	7,562,561	7,149,589
General and administrative	4,028,508	4,432,344
Fundraising expenses	<u>362,556</u>	<u>379,884</u>
	<u>\$63,009,806</u>	<u>\$59,664,155</u>



Baker Newman & Noyes, LLC

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**INDEPENDENT AUDITORS' REPORT
ON ADDITIONAL INFORMATION**

The Board of Trustees
Alice Peck Day Health Systems Corp. and Subsidiaries

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying consolidating information is presented for purposes of additional analysis rather than to present the financial position, results of operations, and cash flows of the individual entities and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The consolidating information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Manchester, New Hampshire
February 23, 2015

Baker Newman & Noyes

Limited Liability Company

ALICE PECK DAY HEALTH SYSTEMS CORP. AND SUBSIDIARIES

CONSOLIDATING BALANCE SHEETS

September 30, 2014
(With Comparative Totals for 2013)

ASSETS

	Alice Peck Day Health Systems Corp.	Alice Peck Day Memorial Hospital	Alice Peck Day Lifecare Center, Inc.	Elimi- nations	2014 Conso- lidated	2013 Conso- lidated
Current assets:						
Cash and cash equivalents	\$ 78,768	\$ 5,563,115	\$ 5,511,594	\$ -	\$ 11,153,477	\$ 9,646,850
Short-term investments	2,024,893	4,580,546	-	-	6,605,439	6,701,579
Accounts receivable, net	-	9,770,473	17,987	-	9,788,460	8,324,722
Current portion of pledges receivable, net	-	472,373	-	-	472,373	541,475
Estimated third-party payor settlements	-	-	-	-	-	1,831,736
Due from affiliates	214,427	1,619,668	-	(1,834,095)	-	-
Supplies	-	1,138,741	24,311	-	1,163,052	1,152,991
Prepaid expenses and other current assets	179	423,922	65,428	-	489,529	531,208
Total current assets	<u>2,318,267</u>	<u>23,568,838</u>	<u>5,619,320</u>	<u>(1,834,095)</u>	<u>29,672,330</u>	<u>28,730,561</u>
Assets whose use is limited or restricted	-	2,879,167	187,892	-	3,067,059	1,599,535
Property and equipment, net	-	16,920,677	29,180,444	-	46,101,121	49,015,375
Resident unit deposits	-	-	183,000	-	183,000	160,000
Long-term investments	-	30,898	-	-	30,898	30,452
Pledges receivable, net	-	474,520	-	-	474,520	805,625
Deferred financing costs, net	-	110,795	-	-	110,795	116,963
Other assets	-	8,500	262,219	-	270,719	2,071,941
Total assets	<u>\$ 2,318,267</u>	<u>\$ 43,993,395</u>	<u>\$ 35,432,875</u>	<u>\$ (1,834,095)</u>	<u>\$ 79,910,442</u>	<u>\$ 82,530,452</u>

LIABILITIES AND NET ASSETS

	Alice Peck Day Health Systems Corp.	Alice Peck Day Memorial Hospital	Alice Peck Day Lifecare Center, Inc.	Elimi- nations	2014 Consol- idated	2013 Consol- idated
	\$	\$	\$	\$	\$	\$
Current liabilities:						
Line of credit	-	-	-	-	-	300,000
Accounts payable and accrued expenses	1,069	5,809,389	374,186	-	6,184,644	6,300,187
Accrued salaries and related amounts	15,486	3,379,346	352,571	-	3,747,403	2,858,876
Due to affiliates	-	-	1,834,095	(1,834,095)	-	-
Estimated third-party payor settlements	-	238,290	-	-	238,290	-
Current portion of deferred annuities	-	17,645	-	-	17,645	17,645
Current portion of capital lease obligation	-	113,352	-	-	113,352	117,015
Current portion of long-term debt	10,067	321,886	255,355	-	587,308	569,974
Total current liabilities	<u>26,622</u>	<u>9,879,908</u>	<u>2,816,207</u>	<u>(1,834,095)</u>	<u>10,888,642</u>	<u>10,163,697</u>
Long-term debt, net of current portion	464,376	15,152,386	11,819,059	-	27,435,821	28,022,935
Capital lease obligation, net of current portion	-	249,987	-	-	249,987	420,098
Resident unit deposits	-	-	183,000	-	183,000	160,000
Deferred revenue from entrance fees, net	-	-	19,410,887	-	19,410,887	20,502,933
Interest rate swap	3,142	100,448	81,967	-	185,557	360,756
Other liabilities	-	328,513	-	-	328,513	2,207,798
Total liabilities	<u>494,140</u>	<u>25,711,242</u>	<u>34,311,120</u>	<u>(1,834,095)</u>	<u>58,682,407</u>	<u>61,838,217</u>
Net assets:						
Unrestricted	1,824,127	17,548,810	616,117	-	19,989,054	19,512,379
Temporarily restricted	-	702,460	505,638	-	1,208,098	1,149,404
Permanently restricted	-	30,883	-	-	30,883	30,452
Total net assets	<u>1,824,127</u>	<u>18,282,153</u>	<u>1,121,755</u>	<u>-</u>	<u>21,228,035</u>	<u>20,692,235</u>
Total liabilities and net assets	<u>\$2,318,267</u>	<u>\$43,993,395</u>	<u>\$35,432,875</u>	<u>\$(1,834,095)</u>	<u>\$79,910,442</u>	<u>\$82,530,452</u>

ALICE PECK DAY HEALTH SYSTEMS CORP. AND SUBSIDIARIES

CONSOLIDATING STATEMENTS OF OPERATIONS

Year Ended September 30, 2014
(With Comparative Totals for 2013)

	Alice Peck Day Health Systems Corp.	Alice Peck Day Memorial Hospital	Alice Peck Day Lifecare Center, Inc.	Elimi- nations	2014 Consol- idated	2013 Consol- idated
Unrestricted revenue, gains and other support:						
Net patient service revenue, net of contractual allowances and discounts	\$ —	\$ 56,232,491	\$ —	\$ —	\$ 56,232,491	\$ 53,729,634
Provision for bad debts	—	(2,000,783)	—	—	(2,000,783)	(2,085,471)
Net patient service revenues less provision for bad debts	—	54,231,708	—	—	54,231,708	51,644,163
Resident service revenue	—	—	5,669,356	—	5,669,356	5,532,214
Earned entrance fees	—	—	1,787,695	—	1,787,695	1,740,535
Other revenue	301,331	1,164,117	60,432	—	1,525,880	981,814
Net assets released from restrictions used for operations	—	54,229	35,700	—	89,929	60,718
Total unrestricted revenues, gains and other support	<u>301,331</u>	<u>55,450,054</u>	<u>7,553,183</u>	<u>—</u>	<u>63,304,568</u>	<u>59,959,444</u>
Expenses:						
Salaries and benefits	85,838	33,037,573	4,017,691	—	37,141,102	34,956,744
Provider fees	—	3,225,235	—	—	3,225,235	2,776,458
Supplies and other	49	15,723,376	2,103,435	—	17,826,860	16,615,738
Insurance	138	471,503	86,998	—	558,639	1,073,795
Depreciation and amortization	—	1,975,320	1,433,503	—	3,408,823	3,379,048
Interest expense	13,127	491,069	344,951	—	849,147	862,372
Total expenses	<u>99,152</u>	<u>54,924,076</u>	<u>7,986,578</u>	<u>—</u>	<u>63,009,806</u>	<u>59,664,155</u>
Income (loss) from operations	202,179	525,978	(433,395)	—	294,762	295,289
Nonoperating income (expense):						
Impact of interest rate swap	<u>2,955</u>	<u>86,676</u>	<u>85,568</u>	<u>—</u>	<u>175,199</u>	<u>185,938</u>
Excess (deficiency) of revenues, gains and other support over expenses	205,134	612,654	(347,827)	—	469,961	481,227
Change in net unrealized gains on investments	(50,759)	57,473	—	—	6,714	529,330
Net assets released from restrictions used for purchases of property and equipment	—	—	—	—	—	223,152
Increase (decrease) in unrestricted net assets	<u>\$ 154,375</u>	<u>\$ 670,127</u>	<u>\$ (347,827)</u>	<u>\$ —</u>	<u>\$ 476,675</u>	<u>\$ 1,233,709</u>

ALICE PECK DAY HEALTH SYSTEMS CORP. AND SUBSIDIARIES

CONSOLIDATING STATEMENTS OF CASH FLOWS

Year Ended September 30, 2014
(With Comparative Totals for 2013)

	Alice Peck Day Health Systems Corp.	Alice Peck Day Memorial Hospital	Alice Peck Day Lifecare Center, Inc.	2014 Consol- idated	2013 Consol- idated
Cash flows from operating activities:					
Increase (decrease) in net assets	\$ 154,375	\$ 760,797	\$ (379,372)	\$ 535,800	\$ 1,332,277
Adjustments to reconcile increase (decrease) in net assets to net cash provided (used) by operating activities:					
Amortization of deferred entrance fees	-	-	(1,440,096)	(1,440,096)	(1,219,185)
Depreciation and amortization	-	1,975,320	1,433,503	3,408,823	3,379,048
Provision for bad debts, net of recoveries	-	2,000,783	-	2,000,783	2,085,471
Net realized and unrealized gains on investments	(171,954)	(251,363)	-	(423,317)	(706,378)
Adjustment of interest rate swap to fair value	(2,955)	(86,676)	(85,568)	(175,199)	(185,938)
Loss on sale of equipment	-	300	-	300	2,521
Restricted contributions	-	(148,623)	(431)	(149,054)	(379,672)
Resident unit deposits	-	-	(23,000)	(23,000)	22,998
Changes in operating assets and liabilities:					
Accounts receivable	-	(3,488,372)	23,851	(3,464,521)	(2,829,800)
Supplies	-	(9,702)	(359)	(10,061)	110,449
Prepaid expenses, other current assets, and other assets	151	1,778,808	63,942	1,842,901	(1,540,508)
Due (from) to affiliates	(828,486)	392,682	435,804	-	-
Accounts payable and accrued expenses	(20)	(15,106)	(100,417)	(115,543)	842,919
Accrued salaries and related amounts	4,694	831,777	52,056	888,527	(40,060)
Estimated third-party payor settlements	-	2,070,026	-	2,070,026	(2,054,858)
Other liabilities	-	(1,879,285)	-	(1,879,285)	1,885,792
Net cash (used) provided by operating activities	(844,195)	3,931,366	(20,087)	3,067,084	705,076

	Alice Peck Day Health Systems Corp.	Alice Peck Day Memorial Hospital	Alice Peck Day Lifecare Center, Inc.	2014 Consolidated	2013 Consolidated
Cash flows from investing activities:					
Purchases of property and equipment	\$ —	\$ (491,001)	\$ —	\$ (491,001)	\$ (891,343)
Proceeds from sale of property and equipment	—	2,300	—	2,300	1,521
Purchases of investments	(303,151)	(1,414,006)	—	(1,717,157)	(1,955,123)
Proceeds from sales of investments	1,135,148	1,101,020	—	2,236,168	2,375,572
Increase in assets whose use is limited	—	(1,453,219)	(14,305)	(1,467,524)	(145,262)
Net cash provided (used) by investing activities	831,997	(2,254,906)	(14,305)	(1,437,214)	(614,635)
Cash flows from financing activities:					
Entrance fees received	—	—	2,344,550	2,344,550	4,364,735
Refunds of entrance fees	—	—	(1,973,500)	(1,973,500)	(2,690,503)
Payments on long-term debt	(9,666)	(308,268)	(251,846)	(569,780)	(546,352)
Transfer of long-term debt	—	952,500	(952,500)	—	—
Payments on capital lease	—	(173,774)	—	(173,774)	(68,139)
(Repayments) advances on lines of credit, net	—	(300,000)	—	(300,000)	300,000
Proceeds from restricted contributions	—	548,830	431	549,261	866,311
Net cash (used) provided by financing activities	(9,666)	719,288	(832,865)	(123,243)	2,226,052
Net (decrease) increase in cash and cash equivalents	(21,864)	2,395,748	(867,257)	1,506,627	2,316,493
Cash and cash equivalents at beginning of year	100,632	3,167,367	6,378,851	9,646,850	7,330,357
Cash and cash equivalents at end of year	\$ 78,768	\$ 5,563,115	\$ 5,511,594	\$ 11,153,477	\$ 9,646,850

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization **Alice Peck Day Memorial Hospital** Employer identification number **02-0222791**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Good Neighbor Health Clinic 70 North Main Street White River Junction, VT 05001	03-0346949	501(c)(3)	10,000.	0.			Operational support for clinic providing free primary care services to patients in the upper
Grafton County Senior Citizens Council - P.O. Box 433 - Lebanon, NH 03766	23-7248316	501(c)(3)	20,000.	0.			Operational support for transportation services for area senior citizens. The Council provides

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2013)

See Part IV for Column (h) descriptions

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

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

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

Part I, Line 2:

Explanation: As part of APD's Access Improvement Plan developed in 2003, Hospital staff and Board members identified the Grafton County Senior Citizens Council and the Good Neighbor Health Clinic (which also includes the Red Logan Dental Clinic) as essential to providing access to health care in the Upper Valley NH and White River VT areas. Based on the needed services provided, the Board approved on-going monetary support for these organizations. The annual amount to be contributed by APD to these organizations is approved annually through the annual budget process. APD

Part IV Supplemental Information

receives and reviews each year the organizations' published annual reports and also maintains informal contacts throughout the year to monitor the organizations' operations and services.

Part II, line 1, Column (h):

Name of Organization or Government: Good Neighbor Health Clinic

(h) Purpose of Grant or Assistance: Operational support for clinic providing free primary care services to patients in the upper valley area of NH and White River Junction area in Vermont. Patients receiving free care are at or below 225% of the Federal Poverty Level.

Name of Organization or Government:

Grafton County Senior Citizens Council

(h) Purpose of Grant or Assistance: Operational support for transportation services for area senior citizens. The Council provides lift-assisted buses with priority on medical transport for hospital or clinical appointments.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2013

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

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990

Name of the organization

Alice Peck Day Memorial Hospital

Employer identification number

02-0222791

Part I Questions Regarding Compensation

		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. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked 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, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment?	4a	X
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.			
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization?	5a	X
b	Any related organization?	5b	X
If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization?	6a	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	X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2013

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Susan E. Mooney, MD, MS President & CEO	(i)	277,513.	0.	17,258.	4,845.	45,017.	344,633.	0.
	(ii)	14,606.	0.	908.	255.	2,369.	18,138.	0.
(2) Beverley Rankin, RN, BSN VP Patient Care, CNO	(i)	141,260.	0.	13,277.	3,299.	48,217.	206,053.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Evalie M. Crosby, CPA, FHFMA VP of Finance & CFO	(i)	139,918.	0.	16,170.	3,228.	28,629.	187,945.	0.
	(ii)	15,546.	0.	1,797.	358.	3,180.	20,881.	0.
(4) J. Todd Miller, MS VP & COO	(i)	137,715.	0.	21,620.	3,303.	41,560.	204,198.	0.
	(ii)	9,881.	0.	1,380.	211.	2,653.	14,125.	0.
(5) Randall D. Lea, MD, MPH VP & Chief Medical Officer	(i)	182,423.	0.	7,842.	927.	30,653.	221,845.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) John P. Houde, MD Physician	(i)	383,811.	0.	20,301.	0.	36,612.	440,724.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) Adnan Khan, MD Physician	(i)	321,370.	0.	17,500.	3,587.	33,210.	375,667.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) Diane C. Riley, MD, CAQSH Physician	(i)	400,043.	0.	16,864.	5,100.	31,032.	453,039.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) Leonard M. Rudolf, MD Physician	(i)	452,148.	0.	19,186.	5,100.	41,369.	517,803.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) Douglas A. Cedeno, MD Physician	(i)	255,715.	0.	23,000.	4,810.	19,181.	302,706.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) Harry G. Dorman, III, FACHE Former President & CEO APDHS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	130,653.	0.	28,431.	2,873.	9,837.	171,794.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Part I, Line 3:

Explanation: The compensation of the Organization's CEO/President is determined through a related party, APD Health Systems, Corp, the sole corporate member of the Organization. APD Health Systems used its Compensation Committee, an independent compensation consultant, a compensation survey/study, and approval by its Board's Compensation Committee to establish the CEO/President's compensation and benefits.

Schedule J, Part II:

Explanation: Salary and benefit expense for the CEO/President 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 and 990, these expenses (\$595,455) are included in salaries and benefits expense.

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990

Name of the organization

Alice Peck Day Memorial Hospital

Employer identification number

02-0222791

Part I Bond Issues See Part VI for Column (a) Continuations											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A Business Finance Authority of the State of	52-1304598	None	11/30/10	12282000.	Current Refund Existing Bond		X		X		X
B											
C											
D											

Part II Proceeds									
	A		B		C		D		
1 Amount of bonds retired									
2 Amount of bonds legally defeased									
3 Total proceeds of issue		12,282,000.							
4 Gross proceeds in reserve funds									
5 Capitalized interest from proceeds									
6 Proceeds in refunding escrows		12,237,068.							
7 Issuance costs from proceeds		44,932.							
8 Credit enhancement from proceeds									
9 Working capital expenditures from proceeds									
10 Capital expenditures from proceeds									
11 Other spent proceeds									
12 Other unspent proceeds									
13 Year of substantial completion		2010							
	Yes	No	Yes	No	Yes	No	Yes	No	
14 Were the bonds issued as part of a current refunding issue?	X								
15 Were the bonds issued as part of an advance refunding issue?		X							
16 Has the final allocation of proceeds been made?	X								
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X								

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government00 %		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government00 %		%		%		%
6 Total of lines 4 and 500 %		%		%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?	X							
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X							
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
b Name of provider	TD Banknorth NA							
c Term of hedge	5.0000000							
d Was the hedge superintegrated?		X						
e Was the hedge terminated?		X						

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a 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 GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Schedule K, Part I, Bond Issues:

(a) Issuer Name: Business Finance Authority of the State of NH

Schedule K, Part IV, Arbitrage, Line 2c:

(a) Issuer Name: Business Finance Authority of the State of NH

Date the Rebate Computation was Performed: 01/03/2011

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

Alice Peck Day Memorial Hospital

Employer identification number

02-0222791

Form 990, Part III, Line 4a, Program Service Accomplishments:

as charity care. The Hospital maintains records to identify and monitor the level of charity care it provides. These records include the amount of charges foregone for services and supplies furnished under its charity care policy, the established costs of the services and supplies provided, and equivalent service statistics. For the year ended September 30, 2014, charity care at a cost of \$852,441 was provided to eligible patients. Estimated costs incurred in excess of payment for inpatient and outpatient services for Medicaid patients in the year ended September 30, 2014 were \$3,037,169. In addition to the charity care services described above, the Hospital provided a number of other services for which little or no payment was received. Services included community health, health professional education, community building activities, and community benefit programs. Services ranged from community flu clinics, Upper Valley Smiles Dental Program, student and professional education, emergency pharmacy vouchers, and many other programs which contributed to and supported our community. As a local hospital, Alice Peck Day works closely with community organizations to address community needs. Organizations that were beneficiaries of hospital staff time, meeting space, and/or materials included: Alcoholics Anonymous, AARP, Arthritis Foundation, Childbirth Education and Postpartum Massage, Frontier University, Geisel School of Medicine at Dartmouth, Georgetown University, Good Neighbor Health Clinic, Grafton County Senior Center, Grafton County Senior Citizens' Council, Hanover Chamber of Commerce, Lebanon Area Chamber of Commerce, Lebanon Kiwanis Bike Safety Rodeo, Lebanon School

Name of the organization Alice Peck Day Memorial Hospital	Employer identification number 02-0222791
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District, Mascoma Valley Health Initiative, River Valley Community

College, United Valley Interfaith Project, Upper Valley Public Health

Council, Upper Valley Turning Point, Upper Valley Smiles Dental

Program, Vanderbilt University, Weight Watchers and Yale University.

In certain instances, assistance was provided to the community for

which no value can be placed. This assistance included leadership in

identifying community needs, staff commitment to volunteer for

community organizations, advocacy and support for the socially and

physically disadvantaged, and support for local public safety

organizations. Alice Peck Day considers caring for our community a

special responsibility that we are honored to fulfill. Through our

many programs, dedicated staff and unwavering commitment to quality

care, Alice Peck Day works to exceed these expectations and make a real

difference in our community.

Form 990, Part V, Line 2a:

Explanation: For administrative purposes, Alice Peck Day Memorial

Hospital acts as the common paymaster for both Alice Peck Day Health

Systems, Corp. and Alice Peck Day Lifecare Center, Inc.

Form 990, Part VI, Section A, line 6:

Explanation: 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:

Explanation: All Trustees shall be elected by the Board of Trustees of the

Name of the organization Alice Peck Day Memorial Hospital	Employer identification number 02-0222791
--	--

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 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:

Explanation: 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

Name of the organization Alice Peck Day Memorial Hospital	Employer identification number 02-0222791
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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:

Explanation: The completed Form 990 is provided to the Chair of the Board and a designated member of the finance committee in advance of the filing deadline to enable a review of the filing prior to a vote of acceptance by the full board of trustees. 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:

Explanation: 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

Name of the organization Alice Peck Day Memorial Hospital	Employer identification number 02-0222791
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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 15:

Explanation: The Compensation Committee of the Alice Peck Day Health Systems, Corp. Board of Trustees is responsible for determining the compensation of the Chief Executive Officer/President. The Vice President of Human Resources and Organizational Development provides compensation 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 Human Resources for adjustment. The CEO/President is responsible for reviewing the performance of senior management staff. The information is brought to the compensation committee of the Board of Trustees along with a recommendation for the salary of each individual. The compensation is determined through a variety of analysis of salary data and performance. Individual salary increases are then based on overall performance, within budgeted increases for the organization. The compensation committee approves the base compensation and salary increase amount.

Name of the organization Alice Peck Day Memorial Hospital	Employer identification number 02-0222791
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Form 990, Part VI, Section C, Line 19:

Explanation: The Organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request.

Form 990, Part VII, Section A, Column D:

Explanation: Dr. Susan E. Mooney is a practicing physician in addition to being the Chief Executive Officer. She worked an average of 61 hours per week, of which an average of 51 hours per week were spent on executive matters and 10 in her role as a physician.

Form 990, Part VII:

Explanation: Harry G. Dorman, III officially retired in May of 2013, prior to the start of the Organization's current fiscal year. His compensation and benefit information reported on Form 990, Part VII represents calendar year 2013 amounts paid to him for his services while an officer of the Organization and related organizations. In accordance with IRS instructions, he is listed as a "former" officer as he had reportable W-2 compensation in excess of \$100,000 during the calendar year end covered by this return but did not serve in the capacity as an officer of the Organization during the fiscal year. All compensation received by Mr. Dorman reported in Form 990, Part VII was negotiated and paid at arm's length.

Form 990, Part XI, line 9, Changes in Net Assets:

Impact of Interest Rate Swaps 86,676.

Name of the organization Alice Peck Day Memorial Hospital	Employer identification number 02-0222791
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Form 990, Part XII, Line 2c:

Explanation: 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 9/30/13 and 9/30/14.

Form 990, Part IV, Line 34:

Explanation: 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. (02-0485369) and Alice Peck Day Health Management Corp. (02-0485370). Both entities are inactive and hold no assets.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

Alice Peck Day Memorial Hospital

Employer identification number

02-0222791

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Alice Peck Day Health Systems, Corp. - 02-0479095, 10 Alice Peck Day Drive, Lebanon, NH 03766	Promote Health	New Hampshire	501(c)(3)	Line 11b, II	N/A		X
Alice Peck Day Lifecare Center, Inc. - 02-0479094, 10 Alice Peck Day Drive, Lebanon, NH 03766	Independent & Assisted Living	New Hampshire	501(c)(3)	Line 9	APD Health Systems		X
Alice Peck Day Realty Corp. - 02-0485369 10 Alice Peck Day Drive Lebanon, NH 03766	Inactive	New Hampshire	501(c)(2)		APD Health Systems		X

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

Schedule R (Form 990) 2013

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
Alice Peck Day Health Management Corp. - 02-0485370, 10 Alice Peck Day Drive, Lebanon, NH 03766	Inactive	NH	N/A	C CORP	N/A	N/A	N/A		X

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

