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DLN: 93493127006070

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2008

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A Fo	rthe 2	2008 cal	endar yea	r, or tax year beginning 10-01-2008	and ending 09-30-200	09				
_	•		Please	C Name of organization Alice Peck Day Lifecare Center Inc			. ,	ntification number		
_	ress cha	ange	use IRS label or	Doing Business As				02-0479094 E Telephone number		
Nar	ne char		print or type. See	Harvest Hill			(603) 448-3			
Initi	al retur		Specific Instruc-	Number and street (or P O box if mail is	s not delivered to street addre	ess) Room/suite	G Gross receipts			
Ten	mınatıoı		tions.	125 Mascoma Street				, -,,		
Am	ended r	return		City or town, state or country, and ZIP + Lebanon, NH 03766	- 4					
Арр	lication	pending								
				ne and address of Principal Officer			s a group return			
			•	i Dorman III ascoma Street		affilia	tes?	ΓYes Γ Nο		
				n, NH 03766	_	H(b) Are all	l affiliates include	d?		
[Tax	k-exem	pt status	✓ 501(c)	(3) ◀ (insert no)	527	-	•	See instructions)		
ı W	eb site	e:► N/A				H(c) Grou	p Exemption Nur	nber 🗠		
€ Туре	e of org	anızatıon	Corporat	on trust association other		L Year of Fo	rmation 1996 M s	State of legal domicile NH		
Da	rt I	Summ	2254							
Pa				e organization's mission or most sig	nıfıcant actıvıtıes					
o o				ecare Center, Inc is a 72 unit assis						
Governance										
Ě										
Š			,	of the organization discontinued its o						
			_	nembers of the governing body (Par				11		
Activities &				dent voting members of the governinployees (Part V, line 2a)		D)				
				lunteers (estimate if necessary) .			6 6			
ş				ted business revenue from Part VII			7a	0		
				ness taxable income from Form 990				0		
						Prio	or Year	Current Year		
	8	Contrib	utions and	grants (Part VIII, line 1h)			375,297	14,628		
ПE	9	Progran	n service i	revenue (Part VIII, line 2g)		•	3,104,082	3,364,792		
Reveni	10			ne (Part VIII, column (A), lines 3, 4			87,366	24,236		
_	11		-	art VIII, column (A), lines 5, 6d, 8c				(
	12	Total re	evenue—a	dd lines 8 through 11 (must equal P	art VIII, column (A), lir	ne	3,566,745	3,403,656		
	13	Grants	and sımıla	r amounts paid (Part IX, column (A), lines 1–3)			6,000		
	14	Benefits	s paid to o	r for members (Part IX, column (A),	line 4)			C		
ø	15		s, other co	mpensation, employee benefits (Pa	rt IX, column (A), lines	5 –	1,484,439	1,912,942		
Expenses	16a	10)	ional fund	raising fees (Part IX, column (A), lir	20.110)		1,464,439	1,912,942		
क ⊝	b				ie lie)					
Δ	17	•		penses, Part IX, column (D), line 25)		1,452,443	1,613,165		
	18			add lines 13–17 (must equal Part I			2,936,882	3,532,107		
	19			enses Subtract line 18 from line 12			629,863	-128,451		
<u> </u>						Beginni	ng of Year	End of Year		
Net Assets of Fund Bafances	20	Total as	ssets (Par	t X, line 16)			42,611,016	44,107,073		
A B	21	Total lia	abilities (P	art X, line 26)			39,832,687	41,983,641		
2 <u>2</u> 2	22	Net ass	ets or fun	d balances Subtract line 21 from lii	ne 20		2,778,329	2,123,432		
Par	t II	Signa	ture Blo	ock						
				rjury, I declare that I have examined this recorrect, and complete Declaration of prepar						
Plea	se	****		onect, and complete Declaration of prepar	er (other than officer) is base	1		i nas any кноміeage		
Sign		I B	ture of office	r		Date	-05-05			
Here	•	Evalie	M Crosby V	P Finance & CFO						
			or print nam							
		Preparer's		1 M - C CDA		Check If	Preparer's PTIN (See Gen Inst)		
Paid		signature	Barbara	a J McGuan CPA		self- empolyed •				
-	arer's		me (or yours	Berry Dunn McNeil & Parker LLC	<u> </u>	· ·	EIN Þ			
Use (Only	ıf self-em _l address, a	ployed), and ZIP + 4	PO Box 1100			LIIV F			
				Portland, ME 041041100			Phone no 🕨 (20	7) 775-2387		
 √lay t	he IRS	S discuss	this retui	rn with the preparer shown above? (See instructions)			✓ Yes No		

Part III Statement of Program Service Accomplishments (See the instructions.)

1 See A	Briefly describe the organizational Data Table	on's mission				
2	Did the organization under the prior Form 990 or 990		t program se	rvices during the year	which were not listed on	Yes V No
	If "Yes," describe these no	ew services on Sch	dule O			
3	Did the organization cease services?	e conducting or mak	e sıgnıfıcant	changes in how it con	nducts any program	_ Yes ✓ No
	If "Yes," describe these cl	hanges on Schedule	0			
4		organizations and	4947(a)(1) t	rusts are required to re	largest program services by e eport the amount of grants and ed	
4a	(Code) (Expenses \$	2,932,574	ıncludıng grants of \$	6,000) (Revenue \$	3,364,792)
	Alice Peck Day Lifecare Center Services include residential ser	r, Inc provides care for t vices, nutrition, medical	he elderly in ar care, various a	n environment conducive to ctivities and the opportunity	extending the period that elderly pe y to expand personal relationships	rsons may live independently
4Ь	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other program services (Expenses \$		ule O) ing grants of	\$) (Revenue \$)
4e	Total program service ex	(penses \$	2,932,57	4 Must equal Part IX,	Line 25, column (B).	

art IV	Checklist of	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	17			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments t	to ven	dors and reportable			
	gaming (gambling) winnings to prize winners?	: .		1 c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements filed for the calendar year ending with or within the year covered by this return	2a	76			
ь	If at least one is reported in 2a, did the organization file all required federal employr					
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file thi			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during return?	g the	year covered by this	3a		No
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	edule.		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a s			שכ		
4a	over, a financial account in a foreign country (such as a bank account, securities ac account)?			4a		No
ь	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , <i>Re Financial Accounts</i> .	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νο
ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νο
_	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	nt Entit	ty Regarding Prohibited			
Č	Tax Shelter Transaction?	•	· · ·	5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	hat su	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo cormore?	ntrıbut	ion of \$75 or	7a		No
ь	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to			
	file Form 8282?			7c		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
_	Did the organization, during the year, receive any funds, directly or indirectly, to pay	nrem	uume on a nareonal			
Ĭ	benefit contract?	, prem		7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form	8899	as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f	file a F	orm 1098-C as			
	required?			7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a					
	excess business holdings at any time during the year?			8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person			9b		
10	Section 501(c)(7) organizations. Enter	•				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	I			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
	facilities	100				
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders	 11a				
h	Gross income from other sources (Do not net amounts due or paid to other sources	-				
D	against amounts due or received from them)	11b				
4.2			- F 10413	4.5		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 ii	n neu d 	orm 1041/ 	12a		
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Section A. Governing Body and Management

No

Νo

Νo

Νo

Νo

Yes

3

4

5

7Ь

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

For each "Yes	" response to	lines 2-7 below, and	for a "No" response to	o lines 8 or 9b below,	describe the circumstance	es,
processes, or	changes in S	Schedule O. See ınstru	ctions.			
				I	. 1	

а	Enter the number of voting members of the governing body	1a	11
b	Enter the number of voting members that are independent	1b	9
	Did any officer director trustee or key employee have a family relationship or a bus	INACC	relationship with any

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?
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?	
Did the organization make any significant changes to its organizational documents since the prior Form 990	wa

4	filed?
5	Did the organization become aware during the year of a material diversion of the organization's assets?

Does the organization have members or stockholders?	6
Does the organization have members, stockholders, or other persons who may elect one or more members of the	
governing body?	7a

	Does the organiza	tıon	ha ا	ve i	mem	ıber:	s, s	tock	thol	ders	, 01	other	person	s who	may	elec	t one	or	more	: me	embe	ers o	ofthe
	governing body?																						
L	Ara any dagialana	٠.٠	- ha	.		na h			h	+ + -		arawal	hu		.+	امطيا	dara	~ -	a+ba+			- 2	

•	Are any decisions of the governing body subject to approval by members, stockholders, or other persons.
	Did the organization contemporaneously document the meetings held or written actions undertaken during the
	vear by the following

	Bid the organization contemporaneously document the meetings held of written detions undertaken during the	
	year by the following	
-	the governing hody?	

	•	_	•																
b	each comn	nıttee	wit	h autl	hority	/ to a	ct on l	beha	alfof	the	gove	ernıng	g body?						
	Does the o	raani	zatı	on ha	رما مر	calc	hanter	rc h	ranc	has	ora	ffilist	.002						

ь	If "Yes," does the organization have written policies and procedures governing the activities of su	cho	ha	oter	s,
	affiliates, and branches to ensure their operations are consistent with those of the organization?				

10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organization	ns
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	

11	Is there any officer, director or 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

8a	Yes	
8b	Yes	
9a		Νo
9b		
10	Yes	
11		No

Yes

Yes

Yes

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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			
а	The organization's CEO, Executive Director, or top management official?	15a		Νo
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
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?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed NH
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website another's website upon request
- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Elizabeth Loudermilk 125 Mascoma Street Lebanon, NH 03766 (603) 448-3121

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- * List all of the organization's current officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0 - in columns (D), (E), and (F) if no compensation was paid
- * 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, or 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 the organization did i	ot compens	ate any	offic	er, c	lirec	tor, tru	uste	or key employee		
		Posit t	(C tion (hat a	chec		I				(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Office	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Paul R Boucher , Chair	1 00	Х		Х				0	0	0
Karen Barr , Vice Chair	50	Х		Х				0	0	0
Judson T Pierson , Treasurer	50	Х		Х				0	0	0
Terrie C Dudley , Secretary	1 00	Х		Х				0	0	0
Harry G Dorman III , President & CEO	60 00	Х		Х				0	376,450	16,206
Rev Dr Guy JD Collin , Trustee	50	Х						0	0	0
N Jean Guthne , Trustee	50	Х						0	0	0
William Igleheart , Resident Trustee	50	X						0	0	0
Arnold Levin , Trustee	50	Х						0	0	0
Mırıam M Maguıre , Trustee	50	X						0	0	0
Rolande Andrews , Administrator	60 00	Х		Х				97,111	0	17,394
Evalle M Crosby , VP Finance & CFO	60 00			Х				0	0	0
Theresa M Koehler , Past CFO	55 00			Х				0	112,182	9,084
						ļ				
						<u> </u>				

Part VII Continued

		1	(ition that a	•					(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
1b Total			•				>	97,111	488,632	42,684

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►0

			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	3		No
4	For any individual listed online 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	4	Yes	
_				
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services			1
	rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation		
Trumball Nelson Construction PO Box 1000 Hanover, NH 03755	Construction Services	941,993		
UK Architects 23 South Main Street Suite A Hanover, NH 03755	Professional Services	578,616		
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation				

Par VIII		Statement of R	evenue					Page
					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campa	ıgns 1 a	1		Revenue		312, 313, 01 31
ants	b	Membership dues	 1b					
£g. Mom	С	Fundraising event	ts					
gifts ar a	d	Related organizat	1c ions					
Contributions, gifts, grants and other similar amounts	e	Government grants (contributions) 1e					
Ser.	f	All other contributions similar amounts not ii	ncluded above	14,628				
달	g	Noncash contribu	1f itions included in					
S E		lines 1a-1f \$			14.639			
	h	Total (Add lines 1	la-1f)	· · · · <u>•</u>	14,628			
a	2a	Resident Services		Business Code 623,000	2,614,272	2,614,272		
меш	ь	Earned Entrance Fees	;	623,000	727,139	727,139		
Program Service Revenue	с	Miscellaneous		623,000	19,924	19,924		
ervic	d	Dietary Services		623,000	3,457			3,45
3	e							
ୁଆର	f	All other program	service revenue					
Δ	g	Total. Add lines 2 ► \$ 3,364,792	a-2f					
	3	Investment incon	ne (ıncludıng dıvı	dends, interest				
		other sımılar amo	unts)	· · · · .	24,236			24,23
	4	Income from investm	ent of tax-exempt b	ond proceeds				
	5	Royalties						
	6a	Gross Rents	(ı) Real	(II) Personal				
	ь	Less rental						
	С	expenses Rental income or (loss)						
	d	Net rental income	e or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of						
		assets other than inventory						
	b	Less cost or other basis and						
	С	sales expenses Gain or (loss)						
	d	Net gain or (loss)		. ▶				
	8a	Gross income froi	m fundraısıng	_				
o		events (not include \$	ling					
Other Revenue		of contributions re 1c) See Part IV,						
Зеу		Attach Schedule G	ıf total exceeds					
ē	ь	\$15,000 Less direct expe						
₹	c	Net income or (lo						
	9a	Gross income froi						
		activities See pa Complete Schedule						
		exceeds \$15,000	a					
	ь	Less direct expe						
	с	Net income or (lo	ss) from gamıng	activities •				
	10a	Gross sales of inv						
		returns and allowa	ances . a					
	ь	Less cost of goo	ds sold b					
	С	Net income or (lo						
	11a	Miscellaneous R	evenue	Business Code				
	ь							
	С							
	d	All other revenue						
	e	Total. Add lines 1						
	12	Total Revenue. A	dd lines 1h, 2g, 3	3, 4, 5, 6 d, 7 d,	3,403,656	3,361,335		0 27,69

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
Do ı	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) Fund <i>r</i> aising expenses			
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21							
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	6,000	6,000					
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16							
4	Benefits paid to or for members							
5	Compensation of current officers, directors, trustees, and key employees	114,505		114,505				
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	1,432,864	1,343,561					
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	39,518	38,052	1,466				
9	Other employee benefits	209,366	195,782	13,584				
10	Payroll taxes	116,689	102,471	14,218	_			
11	Fees for services (non-employees)							
а	Management							
b	Legal	2,070		2,070				
c	Accounting							
d	Lobbying							
e	Professional fundraising See Part IV, line 17							
f	Investment management fees							
g	Other	207,779	59,432	148,347				
12	Advertising and promotion	1,916		1,916				
13	Office expenses	313,572	305,079	8,493				
14	Information technology							
15	Royalties							
16	Occupancy	373,402	256,669	116,733				
17	Travel	9,117	8,025	1,092				
18	Payments of travel or entertainment expenses for any Federal, state or local public officials							
19	Conferences, conventions and meetings							
20	Interest	110,943	110,943					
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	476,691	476,691					
23	Insurance	105,326	29,869	75,457				
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)							
а	Miscellaneous	12,349		12,349				
b				,5				
c								
d								
e								
f	All other expenses							
25	Total functional expenses. Add lines 1 through 24f	3,532,107	2,932,574	599,533	0			
26	Joint Costs. Check fiffollowing SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	3,332,107	2,332,317	333,333	Ū			

Part X	Balance	Sheet
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					(A)		(B	
	1	Cash—non-interest-bearing			Beginning of year 2,040,323		End o	1,692,787
	2	Savings and temporary cash investments			4,273,400			4,511,345
	3	Pledges and grants receivable, net			4,273,400	3		7,511,545
	4	Accounts receivable, net			10,729	- -		5,433
	5	Receivables from current and former officers, directors, trustees	· · ·	mployees or	10,720	-		0,400
		other related parties Complete Part II of Schedule L				5		
	6	Receivables from other disqualified persons (as defined under s persons described in section 4958(c)(3)(B) Complete Part II of			6			
	7	Notes and loans receivable, net				7		
	8	Inventories for sale or use				8		11,941
\$	9	Prepaid expenses and deferred charges			58,455	9		58,850
ssets	10a	Land, buildings, and equipment cost basis	امدا	20 277 074				
⋖	١.		10a	29,377,974				
	Ь	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10ь	4,872,378	10,668,427	10 c	2	4,505,596
	11	Investments—publicly traded securities			24,093,157	11	1	3,031,762
	12	Investments—other securities See Part IV, line 11 $\it Complete Paschedule D$	art VII o	f		12		
	13	Investments—program-related See Part IV, line 11 Complete P of Schedule D.	art VIII			13		
	14	Intangible assets			304,437	14		289,359
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D			1,162,088	15		0
	16	Total assets. Add lines 1 through 15 (must equal line 34)			42,611,016	\vdash		4,107,073
	17	Accounts payable and accrued expenses .			910,837	17		2,826,874
	18	Grants payable				18		_,
	19	Deferred revenue		4,964,057	\vdash		4,895,168	
	20	Tax-exempt bond liabilities		30,753,571	20	3	0,694,709	
es S	21	Escrow account liability Complete Part IV of Schedule D				21		
Liabilities	22	Payable to current and former officers, directors, trustees, key						
죭		employees, highest compensated employees, and disqualified				,		
Ξ		persons Complete Part II of Schedule L		•		22		
	23	Secured mortgages and notes payable to unrelated third parties			1,602,869	23		1,602,718
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D			1,601,353	25		1,964,172
	26	Total liabilities. Add lines 17 through 25			39,832,687	26	4	1,983,641
\$ 0.00		Organizations that follow SFAS 117, check here ▶ and compare through 29, and lines 33 and 34.	lete line	es 27				
an)	27	Unrestricted net assets			1,838,011	27		2,082,836
Balance	28	Temporarily restricted net assets			940,318	28		40,596
귤	29	Permanently restricted net assets			0	29		0
r Fund		Organizations that do not follow SFAS 117, check here ► an lines 30 through 34.	d compl	ete				
S O.	30	Capital stock or trust principal, or current funds				30		
Ř	31	Paid-in or capital surplus, or land, building or equipment fund				31		
Assets	32	Retained earnings, endowment, accumulated income, or other fu				32		
Net .	33	Total net assets or fund balances			2,778,329	 		2,123,432
Z	34	Total liabilities and net assets/fund balances			42,611,016	\vdash		4,107,073
					<u> </u>			
Pa	rt XI	Financial Statements and Reporting					Yes	
1	Δ c c c	ounting method used to prepare the Form 990 Cash	accrual	Cothor			1 63	No

art VI	Einancial	Statements	and Reporting
<i>7.</i> 4 - 2 . 4 - 3	Financiai	Statements	and keborting

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
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?	3a		No
b	If "Yes," did the organization undergo the required audit or audits?	3b		

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As Filed Data -

DLN: 93493127006070

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.

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

2008

Open to Public Inspection

Alice P	eck Day	y Lifecare Cent	er Inc						047000	4			
Da	rt I	Peacon	for Public C	harity Status (to be con	mnleted	hy all or	ganizatio		-047909 Instruct				
				lation because it is (Please					moduce	.10113)			
1				nurches, or association of ch					(A)(i).				
2	,	•		tion 170(b)(1)(A)(ii). (Attac				-, -(-,(-,	, (- , -				
3	į.	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)											
4	į.		•	zation operated in conjunction			-		• •		•		
	•		name, city, and	•						(, (,-			
5	Г	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in							ribed in				
	·	Section 170(b)(1)(A)(iv). (Complete Part II)											
6	Г			overnment or governmental (unıt descr	ıbed ın Se	ction 170	(b)(1)(A)	(v).				
7	,	•	, -	ally receives a substantial p						n the aene	eral public		
	·	=		b)(1)(A)(vi) (Complete Part						J	,		
8	Г		_	ped in Section 170(b)(1)(A)	•	plete Par	tII)						
9	!		•	ally receives (1) more than			•	ontributior	ns, membe	ership fees	s, and gross		
		receipts fro	m activities re	lated to its exempt functions	—subject	to certair	n exceptio	ns, and (2) no more	than 331/	′3% of		
		ıts support	from gross inv	estment income and unrelate	d busines	s taxable	ıncome (l	less sectio	on 511 ta:	x) from bu	sinesses		
		acquired by	the organizati	on after June 30, 1975 See	Section 5	09(a)(2).	(Complet	e Part III)				
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ct ion 509	(a)(4). (S	ee instruc	tions)		
11	Γ	An organiza	atıon organızed	and operated exclusively for	r the bene	fit of, to p	erform the	functions	of, or to o	arry out t	he 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											
e	\vdash			rtify that the organization is									
_	'	•		agers and other than one or			•			•	•		
		section 50			•	, , ,							
f				ed a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ng organization,		
g		check this		as the organization accepted	d any dift	or contribi	ution from	any of the	ì		I		
9		following pe		as the organization decepted	a uni, gire	or continu	acron 110111	uny or the	•				
		(i) a perso	n who directly o	or indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes No		
		and (III) bel	and (III) below, the governing body of the the supported organization?										
		(ii) a family	/ member of a p	erson described in (i) above	?					11g((ii)		
		(iii) a 35%	controlled ent	ity of a person described in (ı) or (11) al	bove?				11g(iii)		
h		Provide the	following infor	mation about the organizatio	ns the org	janization	supports						
				I I					ı				
		ame of	(ii) EIN	(iii) Type of organization		s the	1	ou notify		is the	(vii) A mount of		
		orted IIzation		(described on lines 1-9 above or IRC section	_	ation in Iisted in		nızatıon i) of your		ation in organized	support?		
				(See Instructions))	your go			oort?		US?			
					docur	nent?							
					Yes	No	Yes	No	Yes	No			
						l							

Total

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(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 The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts 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							
10	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 instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	▶ □
	ınstructions							F-1

Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you check							
	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) .	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	125,200		482,860	375,297		14,628	997,985
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's taxexempt purpose	2,836,872	2,966,518	3,033,689	3,104,082		3,364,792	15,305,953
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	2 0(2 072	2.066.510	2.516.540	2 470 270		2 270 420	16 202 020
6 7a	Total Add lines 1-5 A mounts included on lines 1, 2, and 3 received from disqualified persons	2,962,072	2,966,518	3,516,549	3,479,379		3,379,420	16,303,938
	A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000							
С	Total of lines 7a and 7b							
8	Public Support (Substract line 7c from							16,303,938
	line 6)							
<u>To</u>	tal Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007		2008	(f) Total
Cale	ndar year (or fiscal year beginning in) A mounts from line 6	(a) 2004 2,962,072	(b) 2005 2,966,518	(c) 2006 3,516,549	(d) 2007 3,479,379		2 0 0 8 3,379,420	(f) Total 16,303,938
	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar							
9	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975	2,962,072 79,781	2,966,518 145,841	3,516,549 174,769	3,479,379 87,366		24,236	16,303,938 511,993
9 10a	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b	2,962,072	2,966,518	3,516,549	3,479,379		3,379,420	16,303,938
9 10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975	2,962,072 79,781	2,966,518 145,841	3,516,549 174,769	3,479,379 87,366		24,236	16,303,938 511,993
9 10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly	2,962,072 79,781	2,966,518 145,841	3,516,549 174,769	3,479,379 87,366		24,236	16,303,938 511,993
9 10a b c 11	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and	2,962,072 79,781	2,966,518 145,841	3,516,549 174,769	3,479,379 87,366		24,236	16,303,938 511,993
9 10a b c 11	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	79,781 79,781	2,966,518 145,841 145,841	3,516,549 174,769 174,769	3,479,379 87,366 87,366		24,236	16,303,938 511,993 511,993 16,815,931
9 10a b c 11 12 13 14	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here	2,962,072 79,781 79,781	2,966,518 145,841 145,841	3,516,549 174,769 174,769	3,479,379 87,366 87,366		24,236	16,303,938 511,993 511,993 16,815,931
9 10a b c 11 12 13 14	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the or	2,962,072 79,781 79,781 rganization's firs	2,966,518 145,841 145,841 st, second, third	3,516,549 174,769 174,769 , fourth, or fifth t	3,479,379 87,366 87,366		24,236	16,303,938 511,993 511,993 16,815,931
9 10a b c 11 12 13 14	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here	79,781 79,781 rganization's first	2,966,518 145,841 145,841 st, second, third	3,516,549 174,769 174,769 , fourth, or fifth t	3,479,379 87,366 87,366	01(c)(3	24,236	16,303,938 511,993 511,993 16,815,931 ation,
9 10a b c 11 12 13 14 Co 15 16	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here mputation of Public Support Percet	2,962,072 79,781 79,781 rganization's first	2,966,518 145,841 145,841 st, second, third	3,516,549 174,769 174,769 , fourth, or fifth t	3,479,379 87,366 87,366	01(c)(3	24,236	16,303,938 511,993 511,993 16,815,931 ation, 96 960 %
9 10a b c 11 12 13 14 Co 15 16	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here mputation of Public Support Percet Public Support Percentage for 2008 (line 8)	2,962,072 79,781 79,781 rganization's first	2,966,518 145,841 145,841 st, second, third ed by line 13 co	3,516,549 174,769 174,769 , fourth, or fifth t	3,479,379 87,366 87,366	01(c)(3	24,236	16,303,938 511,993 511,993 16,815,931 ation, 96 960 %
9 10a b c 11 12 13 14 Co 15 16	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here mputation of Public Support Percet Public Support Percentage for 2008 (line 8) Public Support Percentage for 2007 Sched	2,962,072 79,781 79,781 79,781 rganization's first entage column (f) dividule A , Part IV - A Percentage ne 10c column (f)	2,966,518 145,841 145,841 st, second, third ed by line 13 co , line 27g	3,516,549 174,769 174,769 , fourth, or fifth tellumn (f))	3,479,379 87,366 87,366	01(c)(3 15 16	24,236	16,303,938 511,993 511,993 16,815,931 ation, 96 960 % 95 900 %

17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% Tests - 2007. 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

▶▼

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

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

	ne of the organization Peck Day Lifecare Center Inc	Employer ic	Employer identification number					
AIIC	reck day blecale cellter flic		02-047909	94				
Pa	organizations Maintaining Donor Actions organization answered "Yes" to Form 99				e if the			
		(a) Donor advised funds	(b) Fun	ds and other accour	nts			
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 advi funds are the organization's property, subject to the		radvised	☐ Yes	Г No			
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?	efit of the donor or donor advisor or other		☐ Yes	┌ No			
Pa	t II Conservation Easements. Complete	ıf the organization answered "Yes" to	Form 990,	Part IV, line 7.				
2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quality on the last day of the tax year	on or pleasure)	tified historic	structure	a			
				Held at the End of	the Year			
а	Total number of conservation easements		2a					
b	Total acreage restricted by conservation easement:	s	2b					
c	Number of conservation easements on a certified hi		2c					
d	Number of conservation easements included in (c) a	• •	2d					
3	Number of conservation easements modified, transfe	•	لــــــا bv the orgai	nization during				
_	the taxable year 🕨	g,	- , .					
4	,							
4	Number of states where property subject to conserva							
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	=	ions, and	☐ Yes	☐ No			
6	Staff or volunteer hours devoted to monitoring, inspe							
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the yea	ar ► \$					
8	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of sect	ion	☐ Yes	☐ No			
9	In Part XIV, describe how the organization reports contained balance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	the footnote to the organization's financial s	•	•				
Par	Organizations Maintaining Collectio		r Other Si	milar Assets.				
1a	Complete if the organization answered " If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	116, not to report in its revenue statemen for public exhibition, education or research	ın furtheran		,			
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research in						
	(i) Revenues included in Form 990, Part VIII, line 1			- \$				
	(ii) Assets included in Form 990, Part X		F	\$				
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA	· · · · · · · · · · · · · · · · · · ·	financial gai	n, provide the				

Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part	Organizations Maintaining Coll	ections of Art, His	tori	<u>cal Treası</u>	ires, or Othe	<u>r Similar As</u>	sets (continued)
3	Using the organization's accession and other relations (check all that apply)	ecords, check any of th	ne fol	lowing that ar	e a significant u	se of its collect	ion	
а	Public exhibition	d	Γ	Loan or exc	hange programs			
b	Scholarly research	e	Γ	Other				
c	Preservation for future generations							
4	Provide a description of the organization's colle Part XIV	ections and explain hov	w the	y further the (organization's ex	cempt purpose i	n	
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to						Yes	┌ No
Par	Trust, Escrow and Custodial Ar Part IV, line 9, or reported an amo				anızatıon answ	ered "Yes" to	Form '	990,
1a	Is the organization an agent, trustee, custodia included on Form 990, Part X?	n or other intermediary	for c	ontributions	or other assets		Yes	┌ No
b	If "Yes," explain why in Part XIV and complete	the following table						
						An	ount	
с	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 Forr	n 990, Part X, line 21?					Yes	☐ No
	If "Yes," explain the arrangement in Part XIV							
Pai	t V Endowment Funds. Complete if t							
_		(a)Current Year (b)Prior	Year (c) IW	o Years Back (d)	Three Years Back	(e)Four	Years Back
1a	Beginning of year balance							
Ь	Contributions							
C	Investment earnings or losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year e	nd balance held as						
а	Board designated or quasi-endowment 🕨							
b	Permanent endowment 🕨							
c	Term endowment 🕨							
3a	Are there endowment funds not in the possess	on of the organization	thata	are held and a	admınıstered for	the		
	organization by						Yes	No
	(i) unrelated organizations					3a(
L	(ii) related organizations					3a(- 	
ь 4	If "Yes" to 3a(II), are the related organizations Describe in Part XIV the intended uses of the	·				3l	<u>' </u>	
	t VI Investments—Land, Buildings,				art V line 10			
ĿŒ	t vi investments—Land, Bundings,	and Equipment. 3			•		1	
	Description of investment			Cost or other is (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) B	ook value
1 a l	and				348,163			348,163
b i	Buildings				9,146,399	3,044,73	1	6,101,665
c l	easehold improvements							
d I	Equipment				2,896,968	1,560,56	5	1,336,402
_e (Other	<u></u> . <u></u>			16,986,444	267,07	3	16,719,366
Tota	. Add lines 1a-1e (Column (d) should equal Form	n 990, Part X, column (B,), line	10(c).)				24,505,596
						Schedule D	(Form	990) 2008

Part VII Investments-Other Securities. See	Form 990, Part X, line 1	2	
(a) Description of security or cateory (including name of security)	(b) Book value		d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
<u>O ther</u>			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Method	d of valuation year market value
		Cost of end-of-	year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III			
(a) Descri	ption		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 3	15.)		
Part X Other Liabilities. See Form 990, Part X	K, line 25.		
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
Resident Deposits	1,521,018		
Interest Rate Swap	322,223		
Due to Affiliates	120,931		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	1,964,172		
	1,304,172	İ	

Part	Reconciliation of C	hange in Net Assets from Fori	m 990) to F	inancia	al Stateme	nts	
1	Total revenue (Form 990, Part	VIII, column (A), line 12)					1	3,403,656
2	Total expenses (Form 990, Par	t IX, column (A), line 25)					2	3,532,107
3	Excess or (deficit) for the year	Subtract line 2 from line 1					3	-128,451
4	Net unrealized gains (losses) o	n investments					4	-344,370
5	Donated services and use of fa	cilities					5	
6	Investment expenses						6	
7	Prior period adjustments						7	-182,076
8	Other (Describe in Part XIV)						8	
9	Total adjustments (net) Add lir	nes 4 - 8					9	-526,446
10	, ,	per financial statements Combine line	s 3 and	19			10	-654,897
Part		evenue per Audited Financial			ts With	Revenue	oer R	<u> </u>
1		r support per audited financial stateme					1	3,059,286
2	A mounts included on line 1 bu	t not on Form 990, Part VIII, line 12						
а	Net unrealized gains on invest	ments		2a		-344,370		
b	Donated services and use of fa	acılıtıes		2b				
c	Recoveries of prior year grants			2c				
d	Other (Describe in Part XIV)			2d				
e	Add lines 2a through 2d .						2e	-344,370
3	Subtract line ${f 2e}$ from line ${f 1}$.						3	3,403,656
4	A mounts included on Form 99	0, Part VIII, line 12, but not on line 1						
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b		4a				
b	Other (Describe in Part XIV)			4b				
c							4c	0
5		d 4c. (This should equal Form 990, Par					5	3,403,656
		xpenses per Audited Financia				h Expense:	Т	
1		raudited financial statements					1	3,532,107
2		t not on Form 990, Part IX, line 25		ء ا	ı			
a		acılıtıes		2a			1	
b	• •	Part IX, line 25		2b			┨	
C d	Other (Describe in Part XIV)	·	• •	2c 2d			1	
d	Add lines 2a through 2d		•	Zu			2e	0
е 3	Subtract line 2e from line 1 .						3	3,532,107
4		O, Part IX, line 25, but not on line 1:	•				ب	3,332,107
a		uded on Form 990, Part VIII, line 7b		4a	I			
b	Other (Describe in Part XIV)		•	4b			┨	
c	Add lines 4a and 4b		•	70			4c	0
5		nd 4c. (This should equal Form 990, Pa	rt Ilın	 e 18)	· · · ·		5	3,532,107
	XIV Supplemental Inf			,	,	<u> </u>		
Com	plete this part to provide the des	scriptions required for Part II, lines 3, , Part XII, lines 2d and 4b, and Part XI				s 1a and 4, P	art XI\	, lines 1b and 2b,
	Ident if ier	Return Reference				Explanat	ion	
								I

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OMB No 1545-0047

2008

DLN: 93493127006070

Department of the Treasury Internal Revenue Service Name of the organization

Alice Peck Day Lifecare Center Inc

Schedule I

(Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

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

Open to Public Inspect ion Employer identification number

Ander cek buy Enecure Cente	1 1110					02-0479094	
Part I General Infor	mation on Grai	nts and Assistance	1			'	
Does the organization methe selection criteria useDescribe in Part IV the organization	ed to award the grar	nts or assistance?					▼Yes □
Form 990, Part Part IV and Sch	IV, line 21 for ar iedule I-1 if addii	ny recipient that rece tional space is	eived more than \$5,0	00. Check this box	tes. Complete if the call if no one recipient rec	ceived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	, , , , ,	(h) Purpose of grant or assistance
2 Enter total number of seconganizations					<u>'</u>		
3 Enter total number of oth					<u> </u>		<u> </u>
For Paperwork Reduction Act No	tice, see the Instruct	ions for Form 990.		Cat No 50055	P	Sc	hedule I (Form 990) 2008

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990,	Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Rent Subsidy to resident	1		6,000	FMV	Rental Subsidy

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 The Organization provides living quarters to a resident of the Organization at reduced rental rates. No cash is ever exchanged with the recipient in order to ensure the subsidy is being used solely for rent.
1		

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As Filed Data -

DLN: 93493127006070

OMB No 1545-0047

Schedule J (Form 990)

Compensation Information

2008

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

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization Alice Peck Day Lifecare Center Inc

ın Part III

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

02-0479094 **Questions Regarding Compensation** Νo Yes Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax idemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain **1**b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a Receive a severance payment or change of control payment? Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo 4c Νo Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III 501(c)(3) and 501(c)(4) organizations only must complete lines 5-8. 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 Νo 5b Νo Any related organization? If "Yes," to line 5a or 5b, describe in Part III 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 Yes The organization? 6a 6b Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III 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 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe

Cat No 50053T

Νo

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

(A) Name	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred	(C) Deferred (D) Nontaxable compensation benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form	
	(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other compensation	Compensation	Deficits	(5)(1)-(5)	990 or Form 990-EZ	
Harry G Dorman III (1)	255,045		121,405		16,206	392,656		
(ii))				·			
(i)								
(ii))							
(i)								
(ii)								
(i)								
(ii))							
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								

Part III Supplemental Information

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

-		
Ident if ier	Return Reference	Explanation
	Part I, Line 6	Rolande Andrews, Administrator of the Organization is serving as the primary sales agent for the new Woodlands facility. She is paid an incentive on units sold

Schedule J (Form 990) 2008

DLN: 93493127006070

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

Open to Public **Inspection**

Department of the Treasury

Alice Peck Day Lifecare Center Inc

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Internal Revenue Service Name of the organization

Employer identification number

02-0479094

										02-04/9	094			
P	art I Bond Issues (Required	for 2008)												
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issue	e Price	(f) Des	scription of	Purpose	(g) Defeased		(h) O n Behalf of Issuer	
											Yes	No	Yes	No
A	State of New Hampshire Business Finance Authority	52-1304598	64468KAY2	05-11-	2007	3,	155,000	Refinance debt and existing bonds, fund future needs			x		×	
В	Business Finance Authority of the State of New Hampshire	52-1304598	64468KBK1			Refinance debt and existing bonds, fund future needs				х		х		
Pa	art II Proceeds (Optional for)	2008)												
					4	I	В	(С	D			E	
1	Total Proceeds of Issue													
_2														
_3														
4	4 Other Unspent Proceeds													
5	5 Issuance Costs from Proceeds													
6	6 Working Capital Expenditures from Proceeds													
7	Capital Expenditures from Proceed	ds												
8	Year of Substantial Completion													
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
9	Were the bonds issued as part of a	a current refunding is:	sue?											
10	Were the bonds issued as part of a	an advance refunding	ıssue?											
11	Has the final allocation of proceed:	ls been made?												
12	Does the organization maintain addition final allocation of proceeds?	equate books and rec	cords to support the											
Pa	rt IIII Private Business Use	(Optional for 2008	<i>)</i>	_						1				
						-	B 		C	D			E	
1	Was the organization a partner in a which owned property financed by t		∍mber of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No	Ye	5	No
2	Are there any lease arrangements which may result in private busine:		inanced property											
For	Paperwork Reduction Act Notice, see the	e Instructions for Forn	n 990.			Cat No 501	193E			Scl	hedule K	(Form 99	0) 2008	

Schedule K	(Form 990) 20	800	
Part III	Private Bu	siness Use	(Continued)

		Α		В		C		D		E		
		Yes	No									
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?											
3b	Are there any research agreements with respect to the financed property which may result in private business use?											
3с	financed property which may result in private business use? Are there any research agreements with respect to the financed propert which may result in private business use? Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property? Enter the percentage of financed property used in a private business us entities other than a 501(c)(3) organization or a state or local governm. Enter the percentage of financed property used in a private business us a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local governm. Total of lines 4 and 5 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? Part IV Arbitrage (Optional for 2008) Has a Form 8038-T been filed wth respect to the bond issue? Is the bond issue a variable rate issue?											
Enter the percentage of financed property used in a private business use be entities other than a 501(c)(3) organization or a state or local government												
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 501(c)(3) organization, or a state or local government											
6	Total of lines 4 and 5											
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?												
Pai	rt IV Arbitrage (Optional for 2008)											
		ı	Α	E	3	(С		D		E	
		Yes	No									
1	Has a Form 8038-T been filed wth respect to the bond issue?											
2	Is the bond issue a variable rate issue?											
3a	<u> </u>											
ь	Name of provider											
С	c Term of hedge											
4a Were gross proceeds invested in a GIC?												
ь	Name of provider											
С	Term of GIC											
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?											
5	Were any gross proceeds invested beyond an available temporary period?											
6 Did the bond issue qualify for an exception to rebate?												

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SCHEDULE 0

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Information to Form 990

* Attach to Form 990. To be completed by organizations to provide additional information for

OMB No 1545-0047

Open to Public Inspection

Name of the organization Alice Peck Day Lifecare Center Inc Employer identification number

02-0479094

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		Alice Peck Day Health Systems Corp , a charitable corporation, acting by and through its board of trustees, is the sole member of the Organization

responses to specific questions for the Form 990 or to provide any additional information.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		All trustees shall be elected by the board of trustees of the Member at the annual meeting of the Member A nomination slate for the trustees shall be submitted by the Governance Committee of the Member Any 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

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		The Organization's annual operating budget and all capital budgets shall be subject to the approval by the Member Any overall strategic plan for the Organization, including the development of off-site facilities, 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 termigreater 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 board shall select the President who must be confirmed by the Member.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		The completed 990 is provided to all members of the finance and governance committees of the board of trustees in advance of the filing deadline to enable a detailed and conscientious review by all members of both committees. The completed 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 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 documented in the minutes of the board of trustees prior to the filing of the 990. Once approved, senior management will file the final Form 990 with the Internal Revenue Service as required.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		Alice Peck Day has a multi-faceted conflict of interest policy. Our board of trustees completes a conflict of interest questionnaire on an annual basis and any new members complete the questionnaire upon joining the board. Additionally, the board has its own board standard of conduct guidelines and statement of financial interest which are reviewed and signed by all board members on an annual basis. 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 to this, our Executive Assistant attends all board meetings to ensure that if any conflicts arise they are handled appropriately. If such conflicts arise, the Organization complies with New Hampshire and Federal requirements for disclosure 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 staff upon hire and on an annual basis. The standard of conduct covers conflict of interest and other vital matters to ensure all business activity will be conducted in a manner consistent with the highest standards of honesty, integrity and fairness.

ı	dentifier	Return Reference	Explanation
VI,	rm 990, Part Section B, e 15		The CEO/President is responsible for reviewing the performance of the senior management staff. This information is brought to the Compensation Committee of the board of directors along with a recommendation for salary for each individual. The compensation is determined through an analysis of salary data and performance. Individual salary increases are then based on overall performance, within budgeted wage increases for the Organization. The compensation committee approves the base compensation and salary increase amount.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The Organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request

ldentifier	Return Reference	Explanation
Form 990, Page 11, Part XI, Line 2c	Oversight of Audit Process	The audit process has not changed from the prior year

ldentifier	Return Reference	Explanation
Form 990, Page 3, Line 12	Audited Financial Statements	The Organization's financial statements are audited along with its affiliates on a consolidated basis Financial Statements are issued on a consolidated basis and there are no stand alone financial statements for the filing organization

ldentifier	Return Reference	Explanation
Schedule D, Part XI, Line 7	Prior Period Adjustments	Certain amounts on the Organization's financial statements for 2008 have been restated to reflect changes to the beginning 2008 unrestricted net asset balance due to adjustments in construction-in-progress. The impact on the beginning 2008 unrestricted net asset balance was a decrease of \$182,076.

ldentifier	Return Reference	Explanation
Form 990, Page 6, Part VI, Section B, Line 15a & 15b	Officer Compensation Review	The Organization's CEO/President is compensated by a related organization, Alice Peck Day Memorial Hospital There is no compensation review conducted by the filing organization, however, the compensation committee of the board of directors for Alice Peck Day Memorial Hospital is responsible for determining the compensation of the Chief Executive Officer/President. The HR Director provides compensation survey data of comparable organizations with approximately the same size staff and spending in a location of similar size. The committee determines the appropriate compensation and approves an amount that is then communicated to Human Resources for adjustment.

ldentifier	Return Reference	Explanation
Form 990, Page 4, Line 34	Inactive Entities	In addition to the organizations listed on Schedule R, the Organization is related to Alice Peck Day Realty Corp (EIN 02-0485369) & Alice Peck Day Health Management Services, Inc. (EIN 02-0485370) through the direct controlling parent, Alice Peck Day Health Systems Corp. Both entities are inactive and hold no assets

DLN: 93493127006070

OMB No 1545-0047

2008

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. See separate instructions.

Open to Public Inspection Employer identification number

Name of the organization Alice Peck Day Lifecare Center Inc				Employer identif	fication number
				02-0479094	
Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income E	(E) nd-of-year assets	(F) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizat	ions				
(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 statu (if section 501(c)(3	(F) Direct controlling entity
Alice Peck Day Health Systems Corp					
125 Mascoma Street Lebanon, NH03766 02-0479095	Promote Healthcare	NH	501(c)3	11, Type II	N/A
Alice Peck Day Memorial Hospital 125 Mascoma Street Lebanon, NH03766 02-0222791	Critical Acces Hospital	NH	501(c)3	3	Alice Peck Day Health Systems Corp

(A) Name, address, and EIN of related organization		(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	incom inve	(E) ominant e(related, estment, related)	Share	(F) e of total income	(G) Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

Part V	Transactions with Related Organizations	
Note	Complete line 1 if any entity is listed in Parts II III or IV	

_	The state of the s					
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No		
ו ב	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?					
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No		
b	Gift, grant, or capital contribution to other organization(s)	1 b		No		
c	Gift, grant, or capital contribution from other organization(s)	1c		No		
d	Loans or loan guarantees to or for other organization(s)	1d		No		
е	Loans or loan guarantees by other organization(s)	1e	Yes			
f	Sale of assets to other organization(s)	1f		No		
g	Purchase of assets from other organization(s)	1g		No		
h	Exchange of assets	1h		No		
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		No		
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		No		
k Performance of services or membership or fundraising solicitations for other organization(s)						
I Performance of services or membership or fundraising solicitations by other organization(s)						
m Sharing of facilities, equipment, mailing lists, or other assets						
n	Sharing of paid employees	1n		No		
0	Reimbursement paid to other organization for expenses	1 0		No		
p	Reimbursement paid by other organization for expenses	1р		No		
q	O ther transfer of cash or property to other organization(s)	1 q		No		
	· ·	1r		No		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds					
	(A) Name of other organization(s) (B) Transaction Amount Involved					

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) Alice Peck Day Memorial Hospital	Е	120,931
(2)		
(3)		
(4)		
(5)		
(6)		

Part VI Unrelated Organizations Taxable as a Partnership

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

	T	ı	(5)		· -			1	1			
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Dispropition allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?	
			Yes	No		Yes	No		Yes	No		
	1	1				ı		1				

Additional Data

Software ID: Software Version:

EIN: 02-0479094

Name: Alice Peck Day Lifecare Center Inc

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

Alice Peck Day Lifecare Center, Inc. (Harvest Hill) is a not-for-profit independent and assisted living retirement community located on the campus of the Alice Peck Day Memorial Hospital. Harvest Hill is licensed by the New Hampshire Bureau of Health Facilities Administration as a supported residential care facility. Harvest Hill's mission is to create a home-like environment that fosters the highest attainable quality of life for our residents while assuring their autonomy, dignity and security.