

For calendar year 2017, or tax year beginning 05-01-2017, and ending 04-30-2018

Name of foundation TAYLOR COMMUNITY		A Employer identification number 02-0222149	
Number and street (or P O box number if mail is not delivered to street address) 435 UNION AVENUE		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code LACONIA, NH 03246		B Telephone number (see instructions) (603) 524-5600	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here 2. Foreign organizations meeting the 85% test, check here and attach computation	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 58,833,115		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here	
J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) (Part I, column (d) must be on cash basis )			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	451,593			
	2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . .				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities . . .	259,865	259,865	259,865	
	5a Gross rents . . . . .	28,147		28,147	
	b Net rental income or (loss) 26,871				
	6a Net gain or (loss) from sale of assets not on line 10	-1,028,427			
	b Gross sales price for all assets on line 6a 7,969,648				
	7 Capital gain net income (from Part IV, line 2) . . .		270,253		
	8 Net short-term capital gain . . . . .			0	
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .	12,931,019	0	12,931,019	
	12 Total. Add lines 1 through 11 . . . . .	12,642,197	530,118	13,219,031	
	13 Compensation of officers, directors, trustees, etc	294,099	0	294,099	0
	14 Other employee salaries and wages . . . . .				
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule) . . . . .				
	b Accounting fees (attach schedule) . . . . .				
	c Other professional fees (attach schedule) . . . . .				
	17 Interest . . . . .	728,707	0	728,707	0
	18 Taxes (attach schedule) (see instructions) . . .	1,276	0	1,276	0
	19 Depreciation (attach schedule) and depletion . . .	2,047,188	0	2,047,188	
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings . . . . .				
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) . . . . .	11,778,565	0	10,147,761	1,630,805
	24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	14,849,835	0	13,219,031	1,630,805
	25 Contributions, gifts, grants paid . . . . .	2,700			2,700
	26 Total expenses and disbursements. Add lines 24 and 25	14,852,535	0	13,219,031	1,633,505
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-2,210,338			
	b Net investment income (if negative, enter -0-)		530,118		
				0	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)			Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value			
Assets	1	Cash—non-interest-bearing . . . . .	897	900	900		
	2	Savings and temporary cash investments . . . . .	1,366,720	3,940,589	3,940,589		
	3	Accounts receivable ▶ <u>218,189</u>					
		Less allowance for doubtful accounts ▶ _____	389,874	218,189	218,189		
	4	Pledges receivable ▶ _____					
		Less allowance for doubtful accounts ▶ _____					
	5	Grants receivable . . . . .					
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .					
	7	Other notes and loans receivable (attach schedule) ▶ <u>340,045</u>					
		Less allowance for doubtful accounts ▶ <u>0</u>	405,962	340,045	340,045		
	8	Inventories for sale or use . . . . .	13,009	21,697	21,697		
	9	Prepaid expenses and deferred charges . . . . .	207,973	176,362	176,362		
	10a	Investments—U S and state government obligations (attach schedule)	2,101,721	690,651	690,651		
	b	Investments—corporate stock (attach schedule) . . . . .	2,775,536	3,665,533	3,665,533		
	c	Investments—corporate bonds (attach schedule) . . . . .	2,509,194	2,062,909	2,062,909		
	11	Investments—land, buildings, and equipment basis ▶ _____					
	Less accumulated depreciation (attach schedule) ▶ _____						
12	Investments—mortgage loans . . . . .						
13	Investments—other (attach schedule) . . . . .	4,239,395	6,090,039	6,090,039			
14	Land, buildings, and equipment basis ▶ <u>64,653,433</u>						
	Less accumulated depreciation (attach schedule) ▶ <u>30,803,432</u>	35,829,686	33,850,001	33,850,001			
15	Other assets (describe ▶ _____)	7,556,897	7,776,200	7,776,200			
16	<b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	57,396,864	58,833,115	58,833,115			
Liabilities	17	Accounts payable and accrued expenses . . . . .	905,764	1,556,543			
	18	Grants payable . . . . .					
	19	Deferred revenue . . . . .	27,224,299	31,216,016			
	20	Loans from officers, directors, trustees, and other disqualified persons					
	21	Mortgages and other notes payable (attach schedule) . . . . .	17,016,537	15,273,353			
	22	Other liabilities (describe ▶ _____)	177,482	319,061			
	23	<b>Total liabilities</b> (add lines 17 through 22) . . . . .	45,324,082	48,364,973			
Net Assets or Fund Balances	<b>Foundations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>						
	24	Unrestricted . . . . .	-2,067,356	-3,881,378			
	25	Temporarily restricted . . . . .	5,595,122	5,585,201			
	26	Permanently restricted . . . . .	8,545,016	8,764,319			
	<b>Foundations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 31.</b>						
	27	Capital stock, trust principal, or current funds . . . . .					
	28	Paid-in or capital surplus, or land, bldg , and equipment fund					
	29	Retained earnings, accumulated income, endowment, or other funds					
	30	<b>Total net assets or fund balances</b> (see instructions) . . . . .	12,072,782	10,468,142			
	31	<b>Total liabilities and net assets/fund balances</b> (see instructions) .	57,396,864	58,833,115			

**Part III Analysis of Changes in Net Assets or Fund Balances**

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	12,072,782
2	Enter amount from Part I, line 27a . . . . .	2	-2,210,338
3	Other increases not included in line 2 (itemize) ▶ _____	3	605,698
4	Add lines 1, 2, and 3 . . . . .	4	10,468,142
5	Decreases not included in line 2 (itemize) ▶ _____	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	10,468,142

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co )	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
<b>1 a SALE OF INVESTMENTS</b>	P		
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b> 5,837,353		5,567,100	270,253
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
<b>a</b>			270,253
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss)	2	270,253
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	0

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☐ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

**1** Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2016			
2015			
2014			
2013			
2012			

<b>2</b> Total of line 1, column (d)	2	
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	
<b>4</b> Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	4	
<b>5</b> Multiply line 4 by line 3	5	
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	6	
<b>7</b> Add lines 5 and 6	7	
<b>8</b> Enter qualifying distributions from Part XII, line 4	8	

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input checked="" type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter <u>1985-12-09</u> (attach copy of letter if necessary—see instructions)	<b>1</b>	N/A
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b		
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)	<b>2</b>	
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		
<b>3</b>	Add lines 1 and 2.	<b>3</b>	
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-.	<b>5</b>	0
<b>6</b>	Credits/Payments	<b>6a</b>	0
<b>a</b>	2017 estimated tax payments and 2016 overpayment credited to 2017		
<b>b</b>	Exempt foreign organizations—tax withheld at source		
<b>c</b>	Tax paid with application for extension of time to file (Form 8868)		
<b>d</b>	Backup withholding erroneously withheld		
<b>7</b>	Total credits and payments. Add lines 6a through 6d.	<b>7</b>	0
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	<b>8</b>	0
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> .	<b>9</b>	0
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> .	<b>10</b>	
<b>11</b>	Enter the amount of line 10 to be <b>Credited to 2018 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	<b>11</b>	

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	<b>1a</b>	No
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>	<b>1b</b>	No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year?	<b>1c</b>	No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year <b>(1)</b> On the foundation <b>\$</b> <u>0</u> <b>(2)</b> On foundation managers <b>\$</b> <u>0</u>		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <b>\$</b> <u>0</u>		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	<b>2</b>	No
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	<b>3</b>	No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year?	<b>4a</b>	No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	<b>4b</b>	
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	<b>5</b>	No
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	<b>6</b>	Yes
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	<b>7</b>	Yes
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) <b>▶</b> NH		
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation.</i>	<b>8b</b>	Yes
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the taxable year beginning in 2017 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	<b>9</b>	Yes
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	<b>10</b>	No

**Part VII-A Statements Regarding Activities** (continued)

<b>11</b>	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	<b>11</b>		<b>No</b>
<b>12</b>	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>WWW TAYLORCOMMUNITY ORG</b>	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of <b>ED SOUCY</b> Telephone no <b>(603) 524-5600</b>			

Located at **435 UNION AVENUE LACONIA NH** ZIP+4 **03246**

<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>15</b>			
<b>16</b>	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country <b>▶</b>	<b>16</b>	<b>Yes</b>	<b>No</b>

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

<b>1a</b>	During the year did the foundation (either directly or indirectly)		<b>Yes</b>	<b>No</b>
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/>	<b>1b</b>		<b>No</b>
<b>c</b>	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017? <input type="checkbox"/>	<b>1c</b>		<b>No</b>
<b>2</b>	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
<b>a</b>	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years <b>▶</b> 20____, 20____, 20____, 20____			
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions). <input type="checkbox"/>	<b>2b</b>		
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here <b>▶</b> 20____, 20____, 20____, 20____			
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b>	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2017). <input type="checkbox"/>	<b>3b</b>		
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>		<b>No</b>
<b>b</b>	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	<b>4b</b>		<b>No</b>

**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

<b>5a</b>	<p>During the year did the foundation pay or incur any amount to</p> <p><b>(1)</b> Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>(2)</b> Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>(3)</b> Provide a grant to an individual for travel, study, or other similar purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>(4)</b> Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>(5)</b> Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			
<b>b</b>	<p>If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/> </p>	<b>5b</b>		
<b>c</b>	<p>If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i></p>			
<b>6a</b>	<p>Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			
<b>b</b>	<p>Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><i>If "Yes" to 6b, file Form 8870</i></p>	<b>6b</b>		<b>No</b>
<b>7a</b>	<p>At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			
<b>b</b>	<p>If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<b>7b</b>		

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1

List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				

2

Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
PAUL CHARLTON 435 UNION AVENUE LACONIA, NH 03426	DIRECTOR OF MARKETIN 40 00	137,996	12,788	0
SUSAN DENOPOULOS 435 UNION AVENUE LACONIA, NH 03426	VP OF CLINICAL OPERA 40 00	124,283	9,106	0
KIRK BESWICK 435 UNION AVENUE LACONIA, NH 03426	DIRECTOR OF FACILITI 40 00	114,443	13,626	0
DANIELLE BERTAGNA 435 UNION AVENUE LACONIA, NH 03426	SALES 40 00	118,515	7,813	0
LUCILLE WINSOR 435 UNION AVENUE LACONIA, NH 03426	SALES 40 00	115,528	591	0

Total number of other employees paid over \$50,000. . . . . ▶

29

3

Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
SHEEHAN PHINNEY BASS & GREEN PO BOX 3701 MANCHESTER, NH 03105	LEGAL SERVICES	52,875

Total number of others receiving over \$50,000 for professional services. . . . . ▶

0

Part IX-A

Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 OPERATION AND MAINTENANCE OF 204 UNITS OF INDEPENDENT HOUSING AND 93 ASSISTED LIVING/NURSING UNITS TO PROVIDE HEALTH CARE MANAGEMENT AND LONG-TERM HEALTH CARE FOR ELDERLY PERSONS	15,049,110
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See instructions	
3	

Total. Add lines 1 through 3 . . . . . ▶

0

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	11,110,640
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	2,404,266
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	538,104
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	14,053,010
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	14,053,010
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	210,795
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4.	<b>5</b>	13,842,215
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	692,111

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☒ and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	
<b>2a</b>	Tax on investment income for 2017 from Part VI, line 5.	<b>2a</b>	
<b>b</b>	Income tax for 2017 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	
<b>5</b>	Add lines 3 and 4.	<b>5</b>	
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	1,633,505
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	3,078,502
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	<b>4</b>	4,712,007
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	4,712,007

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
<b>1</b> Distributable amount for 2017 from Part XI, line 7				
<b>2</b> Undistributed income, if any, as of the end of 2017				
<b>a</b> Enter amount for 2016 only. . . . .				
<b>b</b> Total for prior years 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2017				
<b>a</b> From 2012. . . . .				
<b>b</b> From 2013. . . . .				
<b>c</b> From 2014. . . . .				
<b>d</b> From 2015. . . . .				
<b>e</b> From 2016. . . . .				
<b>f</b> Total of lines 3a through e. . . . .				
<b>4</b> Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ _____				
<b>a</b> Applied to 2016, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .				
<b>d</b> Applied to 2017 distributable amount. . . . .				
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a) )				
<b>6 Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5				
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .				
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .				
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .				
<b>e</b> Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .				
<b>f</b> Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018 . . . . .				
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .				
<b>8</b> Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions). . . . .				
<b>9 Excess distributions carryover to 2018.</b> Subtract lines 7 and 8 from line 6a . . . . .				
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2013. . . . .				
<b>b</b> Excess from 2014. . . . .				
<b>c</b> Excess from 2015. . . . .				
<b>d</b> Excess from 2016. . . . .				
<b>e</b> Excess from 2017. . . . .				

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling. . . . . **1985-12-09**

**b** Check box to indicate whether the organization is a private operating foundation described in section ☒ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .	0	0	0	0	0
<b>b</b> 85% of line 2a . . . . .	0	0	0	0	0
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .	4,712,007	3,747,880	2,692,208	3,631,580	14,783,675
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .	0	0	0	0	0
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .	4,712,007	3,747,880	2,692,208	3,631,580	14,783,675
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test—enter					
<b>(1)</b> Value of all assets . . . . .					0
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .					0
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .	461,407	412,683	378,215	410,663	1,662,968
<b>c</b> "Support" alternative test—enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					0
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					0
<b>(3)</b> Largest amount of support from an exempt organization . . . . .					0
<b>(4)</b> Gross investment income . . . . .					0

**Part XV Supplementary Information** (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed

**b** The form in which applications should be submitted and information and materials they should include

**c** Any submission deadlines

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a</b> <i>Paid during the year</i> GRANITE UNITED WAY 22 CONCORD STREET 2 MANCHESTER, NH 03109	N/A		SUPPORT OF CHARITABLE ORGANIZATION	2,000
LAKES REGION CHAMBER OF COMMERCE 11 VETERANS SQUARE LACONIA, NH 03246	N/A		SUPPORT OF CHARITABLE ORGANIZATION	100
LRGHEALTHCARE OFFICE OF PHILANTHROPY 80 HIGHLAND STREET LACONIA, NH 03246	N/A		SUPPORT OF CHARITABLE ORGANIZATION	500
LOON PRESERVATION COMMITTEE BUSINESS MEETING PO BOX 604 MOULTONBOROUGH, NH 03254	N/A		SUPPORT OF CHARITABLE ORGANIZATION	100
<b>Total . . . . .</b>			<b>▶ 3a</b>	2,700
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b>			<b>▶ 3b</b>	0

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions )
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
<b>1</b> Program service revenue					
<b>a</b> ENTRANCE FEES					3,889,064
<b>b</b> PERIODIC RESIDENT INCOME					8,821,824
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> _____					
<b>g</b> Fees and contracts from government agencies					
<b>2</b> Membership dues and assessments. . . .					
<b>3</b> Interest on savings and temporary cash investments . . . . .					
<b>4</b> Dividends and interest from securities. . . .			14	259,865	
<b>5</b> Net rental income or (loss) from real estate					
<b>a</b> Debt-financed property. . . . .					
<b>b</b> Not debt-financed property. . . . .			16	26,871	
<b>6</b> Net rental income or (loss) from personal property					
<b>7</b> Other investment income. . . . .					
<b>8</b> Gain or (loss) from sales of assets other than inventory . . . . .			18	-1,028,427	
<b>9</b> Net income or (loss) from special events					
<b>10</b> Gross profit or (loss) from sales of inventory					
<b>11</b> Other revenue					
<b>a</b> AUXILIARY INCOME			03	220,131	
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>12</b> Subtotal Add columns (b), (d), and (e). .		0		-521,560	12,710,888

[illegible]

**Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

<b>1</b> Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		<b>Yes</b>	<b>No</b>
<b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of			
<b>(1)</b> Cash. . . . .	<b>1a(1)</b>		<b>No</b>
<b>(2)</b> Other assets. . . . .	<b>1a(2)</b>		<b>No</b>
<b>b</b> Other transactions			
<b>(1)</b> Sales of assets to a noncharitable exempt organization. . . . .	<b>1b(1)</b>		<b>No</b>
<b>(2)</b> Purchases of assets from a noncharitable exempt organization. . . . .	<b>1b(2)</b>		<b>No</b>
<b>(3)</b> Rental of facilities, equipment, or other assets. . . . .	<b>1b(3)</b>		<b>No</b>
<b>(4)</b> Reimbursement arrangements. . . . .	<b>1b(4)</b>		<b>No</b>
<b>(5)</b> Loans or loan guarantees. . . . .	<b>1b(5)</b>		<b>No</b>
<b>(6)</b> Performance of services or membership or fundraising solicitations. . . . .	<b>1b(6)</b>		<b>No</b>
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .	<b>1c</b>		<b>No</b>
<b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column <b>(b)</b> should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column <b>(d)</b> the value of the goods, other assets, or services received.			

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? . . . . . ☐ Yes ☒ No

**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

<b>Sign Here</b>	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 taxpayer) is based on all information of which preparer has any knowledge.	***** 2018-08-14 *****	May the IRS discuss this return with the preparer shown below? (see instr.)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer or trustee	Date	Title

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	ORESTE J MOSCA CPA				P00366101
	Firm's name ▶ NATHAN WECHSLER & COMPANY PA				Firm's EIN ▶ 02-0327524
	Firm's address ▶ 70 COMMERCIAL STREET SUITE 401 CONCORD, NH 03301				Phone no. (603) 224-5357

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
H THOMAS VOLPE	TRUSTEE 2 00	0	0	0
435 UNION AVENUE LACONIA, NH 03246				
BRADFORD COOK	TRUSTEE, SECRETARY 2 00	0	0	0
435 UNION AVENUE LACONIA, NH 03246				
JEAN MITCHELL	TRUSTEE 2 00	0	0	0
435 UNION AVENUE LACONIA, NH 03246				
RONALD BAKER III	TRUSTEE, TREASURER 2 00	0	0	0
435 UNION AVENUE LACONIA, NH 03246				
NANCY CRUTCHER	TRUSTEE 2 00	0	0	0
435 UNION AVENUE LACONIA, NH 03246				
WALTER FLINN	TRUSTEE 2 00	0	0	0
435 UNION AVENUE LACONIA, NH 03246				
DAVID LAFFEY	TRUSTEE 2 00	0	0	0
435 UNION AVENUE LACONIA, NH 03246				
DAVID LYNCH	TRUSTEE, VICE CHAIR 2 00	0	0	0
435 UNION AVENUE LACONIA, NH 03246				
BARBARA WOOD	TRUSTEE 2 00	0	0	0
435 UNION AVENUE LACONIA, NH 03246				
DAVID PEARLMAN	TRUSTEE, CHAIR 2 00	0	0	0
435 UNION AVENUE LACONIA, NH 03246				
ADRIENNE STEVENS	TRUSTEE 2 00	0	0	0
435 UNION AVENUE LACONIA, NH 03246				
EDMUND T SOUCY	VP, FINANCE 40 00	115,599	17,857	0
435 UNION AVENUE LACONIA, NH 03246				
ALLEN C GABLE	TRUSTEE 2 00	0	0	0
435 UNION AVENUE LACONIA, NH 03246				
FREDERICK NEINAS	TRUSTEE 2 00	0	0	0
435 UNION AVENUE LACONIA, NH 03246				
TRAVIS COLE	TRUSTEE 2 00	0	0	0
435 UNION AVENUE LACONIA, NH 03246				

**Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation**

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
SUSAN STEARNS 435 UNION AVENUE LACONIA, NH 03246	TRUSTEE 2 00	0	0	0
CHRIS VOLPE 435 UNION AVENUE LACONIA, NH 03246				
MICHAEL FLAHERTY 435 UNION AVENUE LACONIA, NH 03246	CEO 40 00	178,500	463	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**TY 2017 Gain/Loss from Sale of Other Assets Schedule**

**Name:** TAYLOR COMMUNITY

**EIN:** 02-0222149

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
SALE OF PROPERTY		PURCHASED			2,132,295	3,430,975		0	-1,298,680	



## TY 2017 Investments Corporate Bonds Schedule

**Name:** TAYLOR COMMUNITY

**EIN:** 02-0222149

### Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
AFLAC INC	41,748	41,748
AFLAC INC	49,913	49,913
ALTRIA GROUP INC	48,720	48,720
AMERICAN INTL GROUP	58,665	58,665
AMERIPRISE FINL INC	69,934	69,934
ANHEUSER BUSCH	48,885	48,885
APPLE	24,977	24,977
BANK AMERICA CORP	74,106	74,106
BARCLAYS BK PLC 5% 4/21/20	25,249	25,249
BERKSHIRE HATHAWAY	24,887	24,887
CITIGROUP	73,998	73,998
CME GROUP INC	19,304	19,304
COCA COLA CO	24,953	24,953
CVS HEALTH CORP	24,785	24,785
EXXON MOBIL CORP	24,873	24,873
MICROSOFT	49,021	49,021
EXXON MOBILE CORP	48,394	48,394
GENERAL ELEC CAP CORP	27,173	27,173
GENERAL ELECTRIC CAPITAL CORP	51,257	51,257
GOLDMAN SACHS	28,730	28,730

**Investments Corporate Bonds Schedule**

<b>Name of Bond</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
GOOGLE INC	40,186	40,186
HUNTINGTON BANCSHARES	75,017	75,017
INTEL CORP	25,235	25,235
JOHNSON & JOHNSON	25,151	25,151
JP MORGAN CHASE	71,491	71,491
LEGGETT & PLATT	34,327	34,327
MICROSOFT	25,204	25,204
NATIONAL RETAIL	37,453	37,453
PFIZER	24,910	24,910
PROCTER & GAMBLE CO	24,980	24,980
QUALCOMM INC	55,553	55,553
SAN DIEGO GAS & ELECTRIC	24,902	24,902
TOYOTA MOTOR CREDIT CORP	24,945	24,945
TOYOTA MOTOR CREDIT CORP	25,172	25,172
UNITEDHEALTH GROUP INC	50,071	50,071
US BANCORP	76,364	76,364
VISA INC	19,657	19,657
WALMART	25,344	25,344
WALMART	25,008	25,008
WELLPOINT INC	25,155	25,155

**Investments Corporate Bonds Schedule**

<b>Name of Bond</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
WELLS FARGO	72,597	72,597
IBM CORP	59,808	59,808
DOVER CORP	48,223	48,223
FEDERATED TOTAL RETURN	211,061	211,061
STATE STREET CORP	50,789	50,789
BANK OF NEW YORK	44,734	44,734

**TY 2017 Investments Corporate Stock Schedule**

**Name:** TAYLOR COMMUNITY  
**EIN:** 02-0222149

Name of Stock	End of Year Book Value	End of Year Fair Market Value
AETNA INC NEW	76,988	76,988
STRYKER CORP	76,239	76,239
ILLINOIS TOOL WORKS INC	64,619	64,619
ALPHABET INC	101,858	101,858
AUTOMATIC DATA PROCESSING INC	57,859	57,859
CORNING INC	68,631	68,631
MICROSOFT CORP	86,506	86,506
MICROCHIP TECHNOLOGY INC	84,497	84,497
MATERIALS SELECT SECTOR SPDR	59,290	59,290
VERIZON COMM	50,337	50,337
COMCAST CORP CL A	62,780	62,780
DISNEY WALT CO	62,706	62,706
TJX CO INC	77,214	77,214
APPLE INC	126,781	126,781
AT&T INC	28,940	28,940
CISCO SYSTEMS INC	74,407	74,407
DOMINION ENERGY INC	56,909	56,909
ENERGY SELECT SECTOR SPDR	61,631	61,631
JPMORGAN CHASE & CO	94,639	94,639
INTERCONTINENTAL EXCHANGE CO	54,345	54,345
ZIONS BANCORPORATION COM	48,728	48,728
GOLDMAN SACHS GROUP INC	33,366	33,366
BERKSHIRE HATHAWAY INC	56,182	56,182
BANK AMER CORP	59,990	59,990
DANAHER CORP	41,131	41,131
BECTON DICKINSON & CO	78,836	78,836
HONEYWELL INTL INC	69,446	69,446
LINCOLN ELEC HLDGS INC	31,491	31,491
FEDEX CORP COM	33,372	33,372
NETAPP INC COM	99,870	99,870

Name of Stock	End of Year Book Value	End of Year Fair Market Value
APPLIED MATLS INC	70,283	70,283
COSTCO	82,807	82,807
MARATHON PETE CORP COM	40,376	40,376
CONOCOPHILLIPS	43,885	43,885
PHILLIPS 66	33,393	33,393
GENERAL DYNAMICS CORPORATION	45,295	45,295
SYSCO CORP	38,775	38,775
JOHNSON & JOHNSON	61,980	61,980
KELLOGG CO COM	7,657	7,657
LOWES COS INC	70,890	70,890
PEPSICO INC	54,508	54,508
BLACKROCK INCORP	24,511	24,511
CINTAS CORP	25,545	25,545
CLOROX CO	23,440	23,440
EXPRESS SCRIPTS	40,500	40,500
EXXON MOBIL CORP	38,875	38,875
HUNTINGTON INGAILS INC	29,185	29,185
UNITEDHEALTH GROUP INC	83,922	83,922
HALLIBURTON CO COM	37,093	37,093
VALERO ENERGY CORP	18,858	18,858
WYNDHAM WORLDWIDE CORP	36,547	36,547
TEXTRON INC COM	39,770	39,770
TRAVELERS COMPANIES INC COM	43,428	43,428
HCA HEALTHCARE INC COM	34,945	34,945
US BANCORP	44,648	44,648
SELECT SECTOR SPDR TR SBI	60,872	60,872
HARTFORD FINL SVCS GROUP INC	31,766	31,766
V F CORP	86,531	86,531
3M CO	77,756	77,756
AFLAC INC	73,368	73,368

Name of Stock	End of Year Book Value	End of Year Fair Market Value
WALMART	37,596	37,596
DOWN DUPONT INC COM	54,703	54,703
EXELON CORP COM	44,838	44,838
SPDR SERIES TRUST S&P BIOTECH	43,925	43,925
VANGUARD INFO TECH ETF	76,077	76,077
COLGATE PAMOLIVE	27,397	27,397

**TY 2017 Investments Government Obligations Schedule****Name:** TAYLOR COMMUNITY**EIN:** 02-0222149**US Government Securities - End  
of Year Book Value:**

304,479

**US Government Securities - End  
of Year Fair Market Value:**

304,479

**State & Local Government  
Securities - End of Year Book  
Value:**

386,172

**State & Local Government  
Securities - End of Year Fair  
Market Value:**

386,172

## TY 2017 Investments - Other Schedule

**Name:** TAYLOR COMMUNITY

**EIN:** 02-0222149

### Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
BALANCED INDEX FUND ADM	FMV	3,601,231	3,601,231
FEDERATED GOVT OBLIGATION #117	FMV	25,925	25,925
FEDERATED GOVT OBLIGATION #117 I	FMV	3,501	3,501
FEDERATED GOVT OBLIGATION #117 P	FMV	12,922	12,922
FEDERATED GOVT OBLIGATION #117 P	FMV	61,868	61,868
ISHARES CORE S&P SMALL-CAP ETF	FMV	27,626	27,626
ISHARES EMERGING MKTS INDEX FD	FMV	86,520	86,520
ISHARES FTSE EMERGING MKTS ETF	FMV	51,390	51,390
ISHARES MSCI HONG KONG INDEX FUND	FMV	27,433	27,433
ISHARES MSCI JAPAN INDEX FUND	FMV	47,239	47,239
ISHARES S&P MIDCAP 400 GROWTH INDEX	FMV	111,717	111,717
ISHARES S&P MIDCAP 400 VALUE IDX	FMV	99,935	99,935
ISHARES S&P SMALL CAP 600/VALUE	FMV	41,138	41,138
ISHARES S&P SMALLCAP 600/GRO IND FD	FMV	45,357	45,357
TOTAL INITIAL STOCK ADMIRAL	FMV	1,065,665	1,065,665
VANGUARD FTSE DEVELOPED MARKETS	FMV	397,913	397,913
VANGUARD MID CAP ETF	FMV	63,873	63,873
VANGUARD S&P 500 ETF	FMV	162,756	162,756
VANGUARD S&P 500 ETF	FMV	128,748	128,748
VANGUARD SMALL CAP ETF	FMV	27,282	27,282



**TY 2017 Land, Etc.  
Schedule****Name:** TAYLOR COMMUNITY**EIN:** 02-0222149

<b>Category / Item</b>	<b>Cost / Other Basis</b>	<b>Accumulated Depreciation</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
LAND & IMPROVEMENTS	4,269,394	498,158	3,771,236	3,771,236
BUILDINGS & IMPROVEMENTS	52,789,774	24,793,312	27,996,462	27,996,462
FURNISHINGS & EQUIPMENT	7,594,265	5,511,962	2,082,303	2,082,303

# TY 2017 Other Assets Schedule

**Name:** TAYLOR COMMUNITY

**EIN:** 02-0222149

## Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
TRUST FUNDS HELD BY OTHERS	7,556,897	7,776,200	7,776,200

**TY 2017 Other Expenses Schedule****Name:** TAYLOR COMMUNITY**EIN:** 02-0222149**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
NURSING & ASSISTED LIVING	4,056,885	0	4,034,138	22,747
CARE MANAGEMENT	1,778,493	0	1,471,446	307,047
RESIDENT ACTIVITIES	366,624	0	303,328	63,296
DIETARY	1,523,998	0	1,260,888	263,110
BEAUTY SHOP	64,451	0	53,324	11,127
HOUSEKEEPING	424,936	0	351,573	73,363
MAINTENANCE	1,757,744	0	1,454,279	303,465
GROUNDS	581,976	0	481,501	100,475
ADMINISTRATION	737,283	0	737,284	0
MUNICIPAL PAYMENTS	358,492	0	0	358,492

Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
NURSING FACILITY QUALITY ASSESSMENT	127,683	0	0	127,683

**TY 2017 Other Income Schedule****Name:** TAYLOR COMMUNITY**EIN:** 02-0222149**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
ENTRANCE FEES	3,889,064		3,889,064
PERIODIC RESIDENT INCOME	8,821,824		8,821,824
AUXILIARY INCOME	220,131		220,131

**TY 2017 Other Increases Schedule****Name:** TAYLOR COMMUNITY**EIN:** 02-0222149

Description	Amount
CHANGE IN UNREALIZED APPRECIATION OF INVESTMENTS - BOOK PURPOSES	386,395
CHANGE IN TRUST FUNDS HELD BY OTHERS	219,303

**TY 2017 Other Liabilities Schedule****Name:** TAYLOR COMMUNITY**EIN:** 02-0222149

<b>Description</b>	<b>Beginning of Year - Book Value</b>	<b>End of Year - Book Value</b>
DEPOSITS ON ENTRANCE FEES	57,955	213,518
ANNUITIES PAYABLE	119,527	105,543

**TY 2017 Taxes Schedule****Name:** TAYLOR COMMUNITY**EIN:** 02-0222149

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
REAL ESTATE TAXES	1,276	0	1,276	0



<b>Schedule B</b> (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	<b>Schedule of Contributors</b>  ▶ <b>Attach to Form 990, 990-EZ, or 990-PF</b> ▶ <b>Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a></b>	OMB No 1545-0047  <b>2017</b>
	<b>Name of the organization</b> TAYLOR COMMUNITY	<b>Employer identification number</b> 02-0222149

**Organization type** (check one)

<b>Filers of:</b>	<b>Section:</b>
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)( ) (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 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, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> TAYLOR COMMUNITY	<b>Employer identification number</b> 02-0222149
---	---

<b>Part I</b> <b>Contributors</b> (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
1	BANK OF NEW HAMPSHIRE 62 PLEASANT STREET LACONIA, NH 03246	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions )
2	DANIELL FAMILY FOUNDATION CO BARBARA DANIELLE 19 LOCK LANE GILFORD, NH 03249	\$ 10,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions )
3	WILLIAM GANNETT CO MICHAEL A DIORIO 11 CALVIN DRIVE MILFORD, MA 01757	\$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions )
4	RENA LARRIVEE 435 UNION AVE RM 130 LACONIA, NH 03246	\$ 9,698	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contributions )
5	H THOMAS VOLPE 225 HADLEY ROAD EXT LACONIA, NH 03246	\$ 50,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions )
.		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions )

<b>Name of organization</b> TAYLOR COMMUNITY	<b>Employer identification number</b> 02-0222149
---	---

**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
4	HOME AUDIO/VISUAL SYSTEM	\$ 9,698	2017-12-12
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

<b>Name of organization</b> TAYLOR COMMUNITY	<b>Employer identification number</b> 02-0222149
---	---

<b>Part III</b>	<b>Exclusively</b> religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of <b>exclusively</b> religious, charitable, etc., contributions of <b>\$1,000 or less</b> for the year. (Enter this information once. See instructions.) ► \$ _____ 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	
	_____	_____	_____
	_____	_____	_____
	(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	