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Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047 <div> <div>2010</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

**A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011**

<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization THE RIVERWOODS COMPANY AT EXETER NEW HAMPSHIRE		<b>D</b> Employer identification number 02-0400703
	Doing Business As		<b>E</b> Telephone number (603) 778-4700
	Number and street (or P O box if mail is not delivered to street address) 7 RIVERWOODS DRIVE	Room/suite	<b>G</b> Gross receipts \$ 43,536,859
	City or town, state or country, and ZIP + 4 EXETER, NH 03833		
	<b>F</b> Name and address of principal officer JUSTINE VOGEL 7 RIVERWOODS DRIVE EXETER, NH 03833		
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (Insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
<b>J</b> Website: WWW.RIVERWOODSRC.ORG		<b>H(c)</b> Group exemption number	






<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <input type="checkbox"/>	<b>L</b> Year of formation 1983	<b>M</b> State of legal domicile NH
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## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO ESTABLISH,OWN,AND MAINTAIN CHARITABLE CONTINUING CARE RETIREMENT COMMUNITIES FOR THE ELDERLY		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a) . . . . .	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4	11
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) . . . . .	5	554
	6 Total number of volunteers (estimate if necessary) . . . . .	6	224
7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	7a	0	
	7b Net unrelated business taxable income from Form 990-T, line 34 . . . . .	7b	0
Revenue	8 Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year 433,298	Current Year 303,108
	9 Program service revenue (Part VIII, line 2g) . . . . .	24,604,914	32,707,243
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	790,547	1,400,793
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	955,128	24,848
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	26,783,887	34,435,992
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .	0
14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .		0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		11,976,045	15,386,744
16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .		0	0
b Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .		13,296,101	16,276,205
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		25,272,146	31,730,274
19 Revenue less expenses Subtract line 18 from line 12 . . . . .		1,511,741	2,705,718
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16) . . . . .	177,965,429	177,174,100
	21 Total liabilities (Part X, line 26) . . . . .	200,383,322	193,392,318
	22 Net assets or fund balances Subtract line 21 from line 20 . . . . .	-22,417,893	-16,218,218

## Part II Signature Block

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

<b>Sign Here</b>	***** Signature of officer			2011-10-28 Date	
	KEVIN GOYETTE CFO Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name      BERNADETTE O'TOOLECPA		Preparer's signature      BERNADETTE O'TOOLECPA		Date
	Check if self-employed <input checked="" type="checkbox"/> 				PTIN
	Firm's name  LARSONALLEN LLP				Firm's EIN 
	Firm's address  18 SENTRY PARK WEST SUITE 300 BLUE BELL, PA 194222240				Phone no  (215) 643-3900

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

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization’s mission

TO ESTABLISH,OWN,AND MAINTAIN CHARITABLE CONTINUING CARE RETIREMENT COMMUNITIES WHICH PROVIDE HOUSING, HEALTH CARE SERVICES, FOOD SERVICES, SECURITY, AND OTHER ANCILLARY SERVICES TO ELDERLY PERSONS

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

☒

No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

☒

No

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code ) (Expenses \$ 25,934,071 including grants of \$ ) (Revenue \$ 32,743,942 )

RIVERWOODS HAS ONE PRIMARY PROGRAM SERVICE, TO ESTABLISH, OWN AND MAINTAIN A CONTINUING CARE RETIREMENT COMMUNITY WHICH PROVIDES HOUSING, HEALTH CARE SERVICES, FOOD SERVICES, SECURITY AND OTHER ANCILLARY SERVICES TO ELDERLY PERSONS ON JUNE 30, 2011 THE COMMUNITY HOUSED APPROXIMATELY 504 RESIDENTS IN INDEPENDENT APARTMENTS AND 115 RESIDENTS IN THE HEALTH CARE CENTERS OVER THE COURSE OF THE YEAR THE HEALTH CARE CENTERS SERVED IN EXCESS OF 180 RESIDENTS ON A PERMANENT, TEMPORARY, OR PER DIEM BASIS AT A SUBSTANTIALLY DISCOUNTED RATE THE "CONTRACTUAL ALLOWANCE" (I E WRITEOFF) RELATED TO CARE PROVIDED FOR LIFECARE RESIDENTS WAS IN EXCESS OF \$10,500,000 00 FOR THE FISCAL YEAR ENDED JUNE 30, 2011 THIS IS AN AVERAGE DISCOUNT OF 73% VERSUS THE STANDARD MONTHLY PRIVATE PAY RATE IN AREA NURSING HOMES AND ASSISTED LIVING FACILITIES

4b

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d

Other program services (Describe in Schedule O )



















(Expenses \$ including grants of \$ ) (Revenue \$ )

4e

Total program service expenses \$ 25,934,071

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	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 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or 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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b	No
13 Is the organization a school 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 United States?	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 United States? If "Yes," complete Schedule F, Parts I and IV	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 U S ? If "Yes," complete Schedule F, Parts II and IV	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 U S ? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	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? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a	Yes	
b	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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance					
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>					
			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	211		
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 to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes		
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	554		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?					
8					
9 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					
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b			
11 Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders.	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b			
c	Enter the amount of reserves on hand.	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?					
14a					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b			No

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	15		
b	Enter the number of voting members included in line 1a, above, who are independent	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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
18	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. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	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.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ KEVIN P GOYETTE 7 RIVERWOODS DRIVE EXETER, NH 03833 (603) 658-3035

Part VII

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JUSTINE VOGEL PRESIDENT/CEO	40.00	X		X				192,662	0	20,777
(2) STEPHEN CICCONE TRUSTEE	1.00	X						0	0	0
(3) SHEILA FRANCOEUR CLERK	1.00	X		X				0	0	0
(4) BETH ROBERTS TRUSTEE	1.00	X						0	0	0
(5) TIM GUEN TRUSTEE	1.00	X						0	0	0
(6) KIMON ZACHOS RESIDENT TRUSTEE	1.00	X						0	0	0
(7) GLENN D KLINK TREASURER	1.00	X		X				0	0	0
(8) ROBERT LIETZ CHAIRMAN	1.00	X		X				0	0	0
(9) PATRICK PARISI TRUSTEE	1.00	X						0	0	0
(10) ALLAN PRINCE RESIDENT TRUSTEE	1.00	X						0	0	0
(11) JOHN PROCHILLO TRUSTEE	1.00	X						0	0	0
(12) RON RIOUX VICE CHAIR	1.00	X		X				0	0	0
(13) ROBERT WENTWORTH RESIDENT TRUSTEE	1.00	X						0	0	0
(14) JOE JUTRAS TRUSTEE	1.00	X						0	0	0
(15) PATTY PRUE TRUSTEE	1.00	X						0	0	0
(16) KEVIN GOYETTE CFO	40.00			X				150,988	0	17,011



Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(17) CAROL HORTON SR VP OF HEALTH SERVICES	40 00					X		132,769	0	9,542
(18) DAWN BARKER VP OF HUMAN RESOURCES	40 00					X		120,276	0	17,830
(19) CATHLEEN TOOMEY VP OF MARKETING	40 00					X		124,868	0	6,872
(20) DIANE CIRA VP OF RESIDENT LIFE	40 00					X		104,202	0	11,073
(21) MARY FLANAGAN NURSE PRACTITIONER	40 00					X		103,633	0	17,692
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								929,398	0	100,797

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶8

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

Section B. Independent Contractors

<b>1</b>	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
	LECESSE CONSTRUCTION CO INC 75 THRUWAY PARK DR WEST HENRIETTA, NY 14586	GENERAL CONTRACTOR	2,868,940
	HARVARD PILGRIM HEALTHCARE INC PO BOX 970050 BOSTON, MA 02297	EMPLOYEE HEALTH INSURANCE PROVIDER	1,469,574
	US FOOD SERVICE INC BOX D 3155 BOSTON, MA 02114	RAW FOOD PROVIDER	786,691
	NORTON & ASSOCIATES 34 ELM STREET COHASSET, MA 02025	THERAPY SERVICES PROVIDER	503,920
	FRED C CHURCH PO BOX 1865 LOWELL, MA 01853	INSURANCE BROKER/PROVIDER	401,908
<b>2</b>	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶30		

Part VIII

Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections  512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c	79,176			
	d	Related organizations . . . . .	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	223,932			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f . . . . .		303,108			
	Program Service Revenue	2a	RESIDENT SERVICE FEES	623000	19,306,766	19,306,766	
b		EARNED ENTRANCE FEES	623000	8,084,336	8,084,336		
c		HEALTH CENTER FEES	623000	4,289,881	4,289,881		
d		ANCILLARY RESIDENT SER	623000	1,026,260	1,026,260		
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f . . . . .		32,707,243			
Other Revenue		3	Investment income (including dividends, interest and other similar amounts) . . . . .		1,006,218		1,006,218
		4	Income from investment of tax-exempt bond proceeds . .				
	5	Royalties . . . . .					
	6a	Gross Rents	(i) Real	(ii) Personal			
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . .					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b	Less cost or other basis and sales expenses	9,062,777	26,239			
	c	Gain or (loss)	420,814	-26,239			
	d	Net gain or (loss) . . . . .		394,575		394,575	
	8a	Gross income from fundraising events (not including \$ 79,176 of contributions reported on line 1c) See Part IV, line 18 . . . . .	a	0			
	b	Less direct expenses . . . . .	b	11,851			
	c	Net income or (loss) from fundraising events . .		-11,851		-11,851	
	9a	Gross income from gaming activities See Part IV, line 19 .	a				
	b	Less direct expenses . . . . .	b				
	c	Net income or (loss) from gaming activities . .					
	10a	Gross sales of inventory, less returns and allowances . . . . .	a				
	b	Less cost of goods sold . . . . .	b				
c	Net income or (loss) from sales of inventory . .						
	Miscellaneous Revenue	Business Code					
11a	OTHER INCOME	623000	36,699		36,699		
b							
c							
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .		36,699				
12	Total revenue. See Instructions . . . . .		34,435,992	32,707,243	0	1,425,641	

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 not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	67,325	67,325		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
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 . . . . .	1,011,749	841,208	170,541	
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	11,707,485	9,751,119	1,956,366	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	105,478	85,965	19,513	
9	Other employee benefits . . . . .	1,618,995	1,319,481	299,514	
10	Payroll taxes . . . . .	943,037	768,575	174,462	
a	Fees for services (non-employees)				
	Management . . . . .	4,500		4,500	
b	Legal . . . . .	156,371		156,371	
c	Accounting . . . . .	64,801		64,801	
d	Lobbying . . . . .				
e	Professional fundraising services See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .	153,037		153,037	
g	Other . . . . .	911,859	708,940	202,919	
12	Advertising and promotion . . . . .	217,984	188,289	29,695	
13	Office expenses . . . . .	937,170	653,984	283,186	
14	Information technology . . . . .	111,415	2,297	109,118	
15	Royalties . . . . .				
16	Occupancy . . . . .	3,055,434	2,597,119	458,315	
17	Travel . . . . .	114,080	79,163	34,917	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .				
20	Interest . . . . .	2,647,723	2,250,565	397,158	
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	5,574,901	4,738,666	836,235	
23	Insurance . . . . .	2,278	2,050	228	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a	RAW FOOD	1,131,688	984,569	147,119	
b	OTHER EMPLOYEE EXPENSES	227,524	155,764	71,760	
c	RESIDENT ACTIVITIES	160,729	154,586	6,143	
d					
e					
f	All other expenses	804,711	584,406	220,305	
25	Total functional expenses. Add lines 1 through 24f	31,730,274	25,934,071	5,796,203	0
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			13,258,340	1	11,882,072
	2	Savings and temporary cash investments . . . . .				2	
	3	Pledges and grants receivable, net . . . . .				3	
	4	Accounts receivable, net . . . . .			1,571,778	4	1,480,826
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .				7	
	8	Inventories for sale or use . . . . .			151,848	8	157,231
	9	Prepaid expenses and deferred charges . . . . .			718,134	9	729,317
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a	156,441,003	111,506,766	10c	109,715,773
	b	Less: accumulated depreciation . . . . .	10b	46,725,230			
	11	Investments—publicly traded securities . . . . .			42,600,883	11	44,762,578
	12	Investments—other securities. See Part IV, line 11 . . . . .			1,277,181	12	1,570,506
	13	Investments—program-related. See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets. See Part IV, line 11 . . . . .			6,880,499	15	6,875,797
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			177,965,429	16	177,174,100
Liabilities	17	Accounts payable and accrued expenses . . . . .			5,091,317	17	2,731,028
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .			114,708,763	19	121,121,820
	20	Tax-exempt bond liabilities . . . . .			76,445,000	20	66,090,000
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .				23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities. Complete Part X of Schedule D . . . . .			4,138,242	25	3,449,470
	26	Total liabilities. Add lines 17 through 25 . . . . .			200,383,322	26	193,392,318
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			-23,032,653	27	-16,897,267
	28	Temporarily restricted net assets . . . . .			348,374	28	402,078
	29	Permanently restricted net assets . . . . .			266,386	29	276,971
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			-22,417,893	33	-16,218,218
	34	Total liabilities and net assets/fund balances . . . . .			177,965,429	34	177,174,100

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . .

1	Total revenue (must equal Part VIII, column (A), line 12)	1	34,435,992
2	Total expenses (must equal Part IX, column (A), line 25)	2	31,730,274
3	Revenue less expenses Subtract line 2 from line 1	3	2,705,718
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-22,417,893
5	Other changes in net assets or fund balances (explain in Schedule O)	5	3,493,957
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	-16,218,218

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . .

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

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2010

Open to Public  
Inspection

Name of the organization THE RIVERWOODS COMPANY AT EXETER NEW HAMPSHIRE	Employer identification number 02-0400703
--	--

Part I

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☒

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

Part II

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions )					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage						
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))		14				
15 Public Support Percentage for 2009 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶						
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶						
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶						
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶						
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶						

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	223,121	140,305	389,642	433,298	291,257	1,477,623
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	21,099,539	22,087,549	23,004,386	24,604,914	32,707,243	123,503,631
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	21,322,660	22,227,854	23,394,028	25,038,212	32,998,500	124,981,254
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						0
8 Public Support (Subtract line 7c from line 6 )						124,981,254

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	21,322,660	22,227,854	23,394,028	25,038,212	32,998,500	124,981,254
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,426,713	1,257,656	894,785	806,745	1,006,218	5,392,117
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,426,713	1,257,656	894,785	806,745	1,006,218	5,392,117
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )	698,669	713,401	851,791	955,128	24,848	3,243,837
13 Total support (Add lines 9, 10c, 11 and 12 )	23,448,042	24,198,911	25,140,604	26,800,085	34,029,566	133,617,208
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	93 540 %	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	92 780 %	

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	4 040 %	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	4 550 %	
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>			
b 33 1/3% support tests—2009. 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 <input type="checkbox"/>			
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions <input type="checkbox"/>			



Part IV

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

Facts And Circumstances Test

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE RIVERWOODS COMPANY AT EXETER NEW HAMPSHIRE

Employer identification number  
02-0400703

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
2a	
2b	
2c	
2d	

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

4

Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5

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

☐ Yes ☐ No

6

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

7

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

8

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

☐ Yes ☐ No

9

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

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

b

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

2

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

a

Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

b

Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2010

Part III

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

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance . . . . .	211,256	163,122	60,189		
b Contributions . . . . .	9,825	35,706	111,838		
c Investment earnings or losses . . . . .	49,880	14,547	-7,916		
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .	2,650	2,119	989		
g End of year balance . . . . .	268,311	211,256	163,122		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 100 000 %

c

Term endowment ▶

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		No
3a(ii)		No
3b		

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		4,776,982		4,776,982
b Buildings . . . . .		141,295,416	40,994,390	100,301,026
c Leasehold improvements . . . . .				
d Equipment . . . . .		8,006,032	4,266,908	3,739,124
e Other . . . . .		2,362,573	1,463,932	898,641
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				109,715,773

Schedule D (Form 990) 2010



Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	34,435,992
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	31,730,274
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,705,718
4	Net unrealized gains (losses) on investments	4	3,002,999
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	490,958
9	Total adjustments (net) Add lines 4 - 8	9	3,493,957
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	6,199,675

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements . . . . .	1	33,841,576
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	91,416
e	Add lines 2a through 2d . . . . .	2e	91,416
3	Subtract line 2e from line 1 . . . . .	3	33,750,160
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	685,832
c	Add lines 4a and 4b . . . . .	4c	685,832
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	34,435,992

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements . . . . .	1	31,662,949
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	0
3	Subtract line 2e from line 1 . . . . .	3	31,662,949
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	67,325
c	Add lines 4a and 4b . . . . .	4c	67,325
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	31,730,274

Part XIVSupplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE ENDOWMENT FUND WAS ESTABLISHED IN 2006 TO PROVIDE LONG-TERM ASSET GROWTH, DUE TO THE CONSTRAINT THAT ONLY INVESTMENT EARNINGS CAN BE UTILIZED. IT SHOULD BE ABLE TO PROVIDE FUTURE LIQUIDITY FOR ONE-TIME BUDGET SHORTFALLS AND NON-RECURRING EXPENSES WHEN NEEDED.
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	RIVERWOODS IS A NOT FOR PROFIT CHARITABLE CORPORATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE. RIVERWOODS FOLLOWS THE PROVISIONS OF THE INCOME TAX ACCOUNTING STANDARDS REGARDING THE RECOGNITION AND MEASUREMENT OF UNCERTAIN TAX POSITIONS. THE APPLICATION OF THESE PROVISIONS HAS NO IMPACT ON THE ORGANIZATION'S FINANCIAL STATEMENTS IN ACCORDANCE WITH PROVISIONS OF THE TAX CODE, THE ORGANIZATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES FOR A PERIOD OF THREE YEARS. THE TAX RETURNS FOR THE YEARS 2008 TO 2010 ARE OPEN TO EXAMINATION BY FEDERAL AND STATE AUTHORITIES.
PART XI, LINE 8 - OTHER ADJUSTMENTS		UNREALIZED LOSS ON INTEREST RATE SWAP AGREEMENT 490,958
PART XII, LINE 2D - OTHER ADJUSTMENTS		NET ASSETS RELEASED FROM RESTRICTIONS 91,416
PART XII, LINE 4B - OTHER ADJUSTMENTS		CONTRIBUTIONS 223,932 GAINS/(LOSSES)ON SALES OF ASSETS AND INVESTMENTS 394,575 FUNDRAISING INCOME 67,325
PART XIII, LINE 4B - OTHER ADJUSTMENTS		GRANT EXPENSE 67,325

## Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury  
Internal Revenue Service

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**

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

OMB No 1545-0047

# 2010

## Open to Public Inspection

Name of the organization  
THE RIVERWOODS COMPANY AT EXETER NEW HAMPSHIRE

**Employer identification number**

02-0400703

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- |          |                          |                                   |          |                                     |                                       |
|----------|--------------------------|-----------------------------------|----------|-------------------------------------|---------------------------------------|
| <b>a</b> | <input type="checkbox"/> | Mail solicitations                | <b>e</b> | <input type="checkbox"/>            | Solicitation of non-government grants |
| <b>b</b> | <input type="checkbox"/> | Internet and e-mail solicitations | <b>f</b> | <input type="checkbox"/>            | Solicitation of government grants     |
| <b>c</b> | <input type="checkbox"/> | Phone solicitations               | <b>g</b> | <input checked="" type="checkbox"/> | Special fundraising events            |
| <b>d</b> | <input type="checkbox"/> | In-person solicitations           |          |                                     |                                       |

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total . . . . . ▶</b>						

**3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
			"BIG E" - CHILD & FAMILY SERVICES			(Add col (a) through col (c))
			(event type)	(event type)	(total number)	
	1	Gross receipts . . . .	79,176			79,176
	2	Less Charitable contributions . . . .	79,176			79,176
Direct Expenses	3	Gross income (line 1 minus line 2) . . . .				
	4	Cash prizes . . . .				
	5	Non-cash prizes . . . .				
	6	Rent/facility costs . . . .				
	7	Food and beverages . . . .	7,296			7,296
	8	Entertainment . . . .				
	9	Other direct expenses . . . .	4,555			4,555
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				11,851
	11	Net income summary Combine lines 3 and 10 in column (d). . . . . ▶				-11,851

Part III Gaming.

Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
						(Add col (a) through col (c))
Direct Expenses	1	Gross revenue . . . . .				
	2	Cash prizes . . . . .				
	3	Non-cash prizes . . . . .				
	4	Rent/facility costs . . . . .				
	5	Other direct expenses . . . . .				
	6	Volunteer labor . . . . .	<div><div><input type="checkbox"/> Yes %</div><div><input type="checkbox"/> No</div></div>	<div><div><input type="checkbox"/> Yes %</div><div><input type="checkbox"/> No</div></div>	<div><div><input type="checkbox"/> Yes %</div><div><input type="checkbox"/> No</div></div>	
	7	Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				
	8	Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶				

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . . ☐ Yes ☐ No

b If "No," Explain \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☐ No

b If "Yes," Explain \_\_\_\_\_

11

Does the organization operate gaming activities with nonmembers?

Yes

No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Yes

No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

Yes

No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16 Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

Director/officer

Employee

Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

Yes

No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------





**Part III**

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

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

**Part IV**

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

Identifier	Return Reference	Explanation
------------	------------------	-------------

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

THE RIVERWOODS COMPANY AT EXETER NEW HAMPSHIRE

Employer identification number

02-0400703

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are 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	1b	
2	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	
3	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		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

**Part II** **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

**Note.** The sum of columns (B)(i)-(iii) 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-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JUSTINE VOGEL	(i)	192,662	0	0	0	20,777	213,439	0
	(ii)	0	0	0	0	0	0	0
(2) KEVIN GOYETTE	(i)	140,988	10,000	0	0	17,011	167,999	0
	(ii)	0	0	0	0	0	0	0
( 3 )								
( 4 )								
( 5 )								
( 6 )								
( 7 )								
( 8 )								
( 9 )								
( 10 )								
( 11 )								
( 12 )								
( 13 )								
( 14 )								
( 15 )								
( 16 )								

**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.

Identifier	Return Reference	Explanation
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Schedule K (Form 990)	Supplemental Information on Tax Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ▶ Attach to Form 990. ▶ See separate instructions.										OMB No 1545-0047	
											2010	
	Department of the Treasury Internal Revenue Service											Open to Public Inspection
Name of the organization THE RIVERWOODS COMPANY AT EXETER NEW HAMPSHIRE										Employer identification number 02-0400703		

Part I

Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A NHHEFA	02-0279866	644614GE3	09-05-2003	44,290,000	TO FINANCE AND REFINANCE RIVERWOODS' EXISTING CONTINUING CARE RETIREMENT COM		X		X		X
B NHHEFA	02-0279866	644614RV3	01-25-2007	8,820,000	TO FINANCE AND REFINANCE RIVERWOODS' EXISTING CONTINUING CARE RETIREMENT COM		X		X		X
C NHHEFA	02-0279866	644614WX3	11-19-2008	73,665,000	TO FINANCE AND REFINANCE RIVERWOODS' EXISTING CONTINUING CARE RETIREMENT COM		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	44,290,000		8,820,000		73,665,000			
4	Gross proceeds in reserve funds	130,018		181,692		2,928,572			
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrow								
7	Issuance costs from proceeds	1,514,439		199,231		2,498,960			
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	42,775,561				63,205,974			
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2004		2007		2010		YesNo	
		Yes	No	Yes	No	Yes	No		
14	Were the bonds issued as part of a current refunding issue?		X		X		X		
15	Were the bonds issued as part of an advance refunding issue?		X	X			X		
16	Has the final allocation of proceeds been made?	X		X			X		
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III

Private Business Use

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

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X		X		X		
b	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
c	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?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local 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 section 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?		X		X		X		

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		
2	Is the bond issue a variable rate issue?	X		X		X			
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?	X		X		X			
b	Name of provider	DEUTSCHE BANK AG CAPITAL SERVICES		MORGAN STANLEY CAPITAL SERVICES		BANK OF AMERICA NA			
c	Term of hedge	5 000000000000		16 000000000000		4 800000000000			
d	Was the hedge superintegrated?		X		X		X		
e	Was a hedge terminated?		X		X		X		
4a	Were gross proceeds invested in a GIC?	X			X		X		
b	Name of provider	MBIA INC							
c	Term of GIC	2 400000000000							
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X							
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
6	Did the bond issue qualify for an exception to rebate?		X		X		X		

Part V

Supplemental Information

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

Identifier	Return Reference	Explanation

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public  
Inspection

<b>Name of the organization</b> THE RIVERWOODS COMPANY AT EXETER NEW HAMPSHIRE	<b>Employer identification number</b> 02-0400703
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Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1		RESIDENT BOARD MEMBERS CANNOT VOTE ON MONTHLY SERVICE FEE INCREASES WHILE THE CEO IS A TRUSTEE, THE BOARD MAY VOTE TO EXCLUDE HER FROM MEETINGS IF PERSONNEL MATTERS RELATING TO THE CEO'S AND/OR CFO'S COMPENSATION ARE BEING DISCUSSED THE EXECUTIVE COMMITTEE SHALL EXERCISE THE FULL AUTHORITY OF THE BOARD OF TRUSTEES AND IS RESPONSIBLE TO REPORT ITS ACTIONS AT EACH MEETING



Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		DRAFT COPIES WILL BE DISTRIBUTED AND REVIEWED BY ALL OF THE BOARD OF TRUSTEES ON 10/13/2011, PRIOR TO THE FILING THEREOF

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	NO TRUSTEE SHALL PARTICIPATE AS A MEMBER OF THE BOARD OF TRUSTEES IN ANY DECISION AFFECTING THE TRUSTEE'S PERSONAL FINANCIAL WELFARE OR FINANCIAL WELFARE OF ANY OTHER PERSON IN THE EVENT THAT A TRUSTEE HAS SUCH A CONFLICT THE TRUSTEE SHALL ABSENT HIMSELF/HERSELF FROM VOTING ON THE TOPIC THAT THE TRUSTEE HAS DIRECT INTEREST IN THE BOARD RESERVES THE RIGHT TO TERMINATE THE TERM OF A TRUSTEE IN THE EVENT THAT A MERGER OR ACQUISITION WOULD OCCUR AND THE TRUSTEE HAS FINANCIAL INTEREST OR DEGREE OF CONTROL IN THE MERGER OR ACQUISITION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	CEO PAY RANGES FOR LIKE KIND POSITIONS ARE ANALYZED ANNUALLY AND COMPARED TO WAGE INFORMATION OBTAINED THROUGH SALARY SURVEYS AND OTHER LABOR MARKET RESOURCES AND CONDITIONS CONSIDERATION IS GIVEN TO THE FOLLOWING IN DEVELOPING PAY RANGES PREVAILING RATES FOR SIMILAR WORK IN OTHER SIMILAR INSTITUTIONS, NATIONAL, REGIONAL AND LOCAL SALARY PATTERNS, APPLICABLE LEGAL REQUIREMENTS, STANDARDS ESTABLISHED BY PROFESSIONAL ORGANIZATIONS AND THE FINANCIAL STATUS OF RIVERWOODS THE BOARD EXECUTIVE COMMITTEE ALSO CONTRACTS WITH AN INDEPENDENT CONTRACTOR WHO HELPS TO FACILITATE THE GATHERING OF SALARY INFORMATION THE CEO'S SALARY IS APPROVED BY THE EXECUTIVE COMMITTEE AND IS REVIEWED ANNUALLY OFFICERS, KEY EMPLOYEES, AND TOP MANAGEMENT OFFICIALS TOP MANAGEMENT POSITIONS ARE OVERSEEN BY THE CEO IN ADDITION, SALARY SURVEYS, 990'S OF OTHER COMPANIES AND INTERNAL EQUITY ARE ALL CONSIDERED THE CFO POSITION IS ALSO PRESENTED TO THE EXECUTIVE COMMITTEE SALARY RANGES FOR ALL POSITIONS ARE DEVELOPED USING SIMILAR DATA AS OUTLINED ABOVE FOR THE CEO COMPENSATION FOR ALL POSITIONS FOLLOW OUR COMPENSATION PHILOSOPHY

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES IT GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 3,002,999 UNREALIZED LOSS ON INTEREST RATE SWAP AGREEMENT 490,958 TOTAL TO FORM 990, PART XI, LINE 5 3,493,957

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT REPORT - FY 2011	990, PART III, LINE 4A	<p>RIVERWOODS AT EXETER WAS FOUNDED IN 1983 AS A NON-PROFIT, CHARITABLE ORGANIZATION, BY A GRASSROOTS GROUP OF SEACOAST RESIDENTS WHOSE MISSION WAS TO CREATE A CREATIVE AND SECURE CONTINUING CARE COMMUNITY THAT ENHANCED THE FREEDOM OF SENIOR LIVING WHILE EASING THE CHALLENGES OF AGING THE WOMEN AND MEN WHO FOUNDED RIVERWOODS ALL HAD LONG HISTORIES OF COMMUNITY SERVICE, IN ADDITION TO THEIR PROFESSIONAL AND FAMILY LIVES THEY UNDERSTOOD THE PRINCIPLES OF SERVICE TO OTHERS, AND WOVE THAT INTO OUR FOUNDING COMMITMENTS "TO BE A RESPONSIBLE COMMUNITY THAT PARTICIPATES IN THE LIFE OF THE LARGER COMMUNITY AROUND IT" FROM THE FIRST YEAR RIVERWOODS OPENED, THE COMMUNITY HAS HELD A FUND-RAISER FOR ANOTHER LOCAL NON-PROFIT, AND THAT TRADITION HAS CONTINUED AND GROWN IN MAGNITUDE, AS OUR COMMUNITY HAS GROWN, FOR THE PAST 17 YEARS GIFTS OF TIME, TALENT AND TREASURE TIME RIVERWOODS RESIDENTS CONTRIBUTE HUNDREDS OF HOURS WITHIN THE YEAR TO NUMEROUS ORGANIZATIONS, LOCALLY, REGIONALLY AND SOME NATIONAL ORGANIZATIONS A RECENT SURVEY AMONG RESIDENTS YIELDED A TOTAL OF MORE THAN 200 ORGANIZATIONS WHERE RIVERWOODS' MORE THAN 400 RESIDENTS CONTRIBUTED THEIR TIME SOME OF THE MOST POPULAR ORGANIZATIONS ARE ARTS IN REACH, A LOCAL NON-PROFIT THAT ENCOURAGES TEENAGE GIRLS TO EXPRESS THEMSELVES WITH ART, THE LIONS' CLUB EYESIGHT PROJECT, WHICH IS AN ANNUAL COLLECTION OF EYEGLASSES ORGANIZED BY RESIDENTS, AND THE IMEC PROGRAM, WHICH COLLECTS TOILETRIES TO SEND TO TROOPS OVERSEAS OUR VOLUNTEER TIME HAPPENS INDIVIDUALLY AND IN A GROUP SETTING OUR RESIDENTS RUN AN OUTREACH COMMITTEE, WHICH WORKS AS THE CONNECTION POINT FOR NEW RESIDENTS WHO ARE LOOKING FOR VOLUNTEER OPPORTUNITIES, AS WELL AS LOCAL ORGANIZATIONS WHO ARE LOOKING FOR VOLUNTEERS THIS YEAR THE OUTREACH COMMITTEE SELECTED CHILD AND FAMILY SERVICES (CFS) OF NEW HAMPSHIRE, A NON-PROFIT AGENCY DEVOTED SPECIFICALLY TO THE ISSUES OF CHILD WELLNESS AND FAMILY STRENGTH, AS THE RECIPIENT OF THE BI-ANNUAL RIVERWOODS EVENT THE LIVE AND SILENT AUCTIONS AND GALA WERE HELD ON OCTOBER 16, 2010, AND ATTRACTED MORE THAN 300 ATTENDEES FROM THE GREATER SEA COAST AREA, AS WELL AS RIVERWOODS RESIDENTS THE EVENT RAISED \$70,000 FOR THE ORGANIZATION RIVERWOODS CONTRIBUTED HUNDREDS OF HOURS OF STAFF TIME, EVENT LOCATION COSTS, AND MANY AUCTION ITEMS RESIDENTS CONTRIBUTED THEIR OWN ARTWORK AND OTHER AUCTION ITEMS FOR THE CAUSE AS A FURTHER STRENGTHENING OF THE PROGRAM, RIVERWOODS STAFF AND RESIDENTS PARTNERED ON TWO DAYS OF CARING AND TRAVELED TO CFS'S CAMP SPAULDING NEAR CONCORD MEMBERS OF THE RIVERWOODS COMMUNITY PAINTED CABINS, MOWED LAWNS, CLEARED BRUSH, AND CLEANED THE CAMP LOCATION, TO HELP OPEN AND CLOSE THE CAMP, WHERE HUNDREDS OF NEW HAMPSHIRE CHILDREN ATTEND CAMP RIVERWOODS BROUGHT THEIR OWN TRUCKS AND LANDSCAPING EQUIPMENT TO HELP SPEED THE PROCESS TALENT MANY OF OUR RESIDENTS TEACH AND MENTOR OTHERS IN THE COMMUNITY WE HAVE A GOOD WORKING RELATIONSHIP WITH NEW TEEN OUTLOOK CENTER, WHICH OFFERS AFTER-SCHOOL PROGRAMS TO MIDDLE SCHOOL KIDS OUR RESIDENTS HAVE WORKED THERE HELPING TO PLANT GARDENS, TEACH POTTERY, AND HAVE STARTED A MULTI-GENERATIONAL KNITTING CIRCLE THIS YEAR, OUR RESIDENTS AND STAFF HELPED NEW TEEN OUTLOOK CHILDREN BUILD PICNIC TABLES TO REPLACE ONES THAT HAD BEEN DAMAGED, AND MADE BIRDHOUSES TOGETHER MAIN STREET SCHOOL, THE LOCAL ELEMENTARY SCHOOL, HAS WELCOMED RIVERWOODS RESIDENTS AS TUTORS AND CLASSROOM AIDS FOR MANY YEARS WE HAVE A LONG HISTORY OF WORKING WITH CLASSROOM TEACHERS, AND MANY RESIDENTS ARE REGULARS AT STORY HOUR THERE HAVE BEEN A FEW INSTANCES WHEN THOSE CHILDREN GROW UP, ATTEND HIGH SCHOOL, AND THEN APPLY TO WORK AS RIVERWOODS DINING STAFF, FURTHER CEMENTING THE CONNECTIONS BETWEEN RESIDENTS AND LOCAL FAMILIES TREASURE RIVERWOODS IS A STRONG COMMUNITY PARTNER AND HAS SUPPORTED A NUMBER OF COMMUNITY-WIDE EVENTS WITH FINANCIAL SUPPORT, AS WELL AS RESIDENT AND STAFF TIME RIVERWOODS SUPPORTS A NUMBER OF LOCAL EVENTS, INCLUDING THE AMERICAN INDEPENDENCE MUSEUM THE EXETER PARENT TEACHER ORGANIZATION "GET FIT IN MAY" RACE THE EXETER HISTORICAL SOCIETY STRIDES FOR LIFE BREAST CANCER WALK GIRLS ON THE RUN STRAWBERRY BANKE SEACOAST REPERTORY THEATER OGUNQUIT PLAYHOUSE UNIVERSITY OF NEW HAMPSHIRE CELEBRITY SERIES OLLI, LIFELONG LEARNING PROGRAM SEACOAST CHARTER SCHOOL AUCTION LEADERSHIP SEACOAST PROGRAM SPONSORSHIP EXETER CROP WALK PAWS WALK FOR NHSPCA THE EXETER, DOVER AND PORTSMOUTH CHAMBERS OF COMMERCE THE EXETER FIREFIGHTERS FUND AMARE CANTARE SPRING CONCERT THE GIRL SCOUTS OF AMERICA UNITED WAY THE MUSIC HALL THE EXETER CHAMBER "FESTIVAL OF TREES" CHRISTMAS AUCTION THE EXETER CHAMBER OF COMMERCE GOLF TOURNAMENT THE EXETER CHAMBER ANNUAL DINNER DANCE ANNUAL RIVERWOODS SCHOLARSHIPS THIS YEAR, RIVERWOODS PROVIDED JUST OVER \$10,000 FOR OUR FIFTH ANNUAL STUDENT SCHOLARSHIP AWARDS BOUTIQUE SCHOLARSHIPS WERE AWARDED TO TWO RIVERWOODS EMPLOYEES WHO WORKED IN OUR DINING DEPARTMENT, WHO ARE ON THEIR WAY TO COLLEGE MEMORIAL SCHOLARSHIPS WERE PRESENTED TO TWO EMPLOYEES WHO ARE LICENSED NURSING ASSISTANTS PURSING THEIR REGISTERED NURSING DEGREES THE ARCHIBALD AND ALMA MAE PEABODY SCHOLARSHIP TO ASSIST WITH COLLEGE EDUCATION WAS PRESENTED TO THE CHILDREN OF TWO RIVERWOODS EMPLOYEES HABITAT FOR HUMANITY THIS YEAR, RIVERWOODS BEGAN A PROGRAM OF DONATING APPLIANCES TO THE LOCAL HABITAT FOR HUMANITY THIS YEAR, WE HAVE DONATED 65 GARBAGE DISPOSALS, 50 WALL SCONCES, 20 CEILING LIGHTS, 14 STOVES, 11 CABINET SETS, 4 KITCHEN SINKS,3 DISHWASHERS,2 BATHROOM SINKS, AND 3 REFRIGERATORS COMMUNITY PROGRAMS RIVERWOODS PROVIDES TIME AND EFFORT TO SUPPORT A NUMBER OF COMMUNITY PROGRAMS OUR STAFF PARTICIPATE ON MANY LOCAL NOT-FOR-PROFIT BOARDS, AND SPEND MANY VOLUNTEER HOURS IN THE COMMUNITY RIVERWOODS IS A SPONSOR OF THE OLLI CONTINUING EDUCATION PROGRAM, AND WE HAVE PROVIDED MEETING SPACE FOR THE OLLI PLANNING SESSION, AND WE ALSO MAKE OUR MEETING ROOMS AVAILABLE FOR THE MULTI-DAY COURSES, WHICH ARE OPEN TO THE PUBLIC AS A LEADING NON-PROFIT EMPLOYER IN THE TOWN OF EXETER, RIVERWOODS WORKS WITH A NUMBER OF COMMUNITY AGENCIES TO CREATE JOB PROGRAMS FOR STUDENTS AND ADULTS WITH LEARNING AND PHYSICAL CHALLENGES THESE MENTORING PROGRAMS PROVIDE VALUABLE ON-THE-JOB SKILLS FOR THIS POPULATION, AND THE EMPLOYEE COMMUNITY IS VERY SUPPORTIVE OF THE INDIVIDUALS AND THE PROGRAM ADDITIONALLY, RIVERWOODS PROVIDES TIME FOR OUR STUDENT EMPLOYEES TO COMPLETE COMMUNITY SERVICE, FOR SCHOOL OR JUDICIAL SYSTEM REQUIREMENTS THIS PAST YEAR, RIVERWOODS PROVIDED A NUMBER OF FREE EDUCATIONAL PROGRAMS FOR THE PUBLIC, ONE IN APRIL, HELD IN CONJUNCTION WITH THE PERKINS SCHOOL FOR THE BLIND, ON MACULAR DEGENERATION, WHICH ATTRACTED OVER 100 PEOPLE IN THE FALL, RIVERWOODS HOSTED A NATIONAL TRAVELING ALZHEIMER'S QUILT EXHIBIT, TO DRAW AWARENESS TO THE ALZHEIMER'S DISEASE, THAT WAS ALSO FREE AND OPEN TO THE PUBLIC, AND RAISED MONEY FOR ALZHEIMER'S RESEARCH RIVERWOODS HOSTS A YEARLY RED CROSS BLOOD DRIVE, WHICH IS OPEN TO THE GREATER COMMUNITY RIVERWOODS ALSO PROVIDES MEETING SPACE FREE OF CHARGE FOR SEVERAL LOCAL GROUPS ON A REGULAR BASIS, INCLUDING, AMONG OTHERS, THE ROTARY CLUB, RICHIE MCFARLAND ORGANIZATION, THE GIRL SCOUTS, PHILIPS EXETER ALUMNI GROUP, AND THE PHILANTHROPIC EDUCATIONAL ORGANIZATION INFRASTRUCTURE IMPROVEMENTS AS RIVERWOODS HAS GROWN THE ORGANIZATION HAS ASSISTED THE TOWN OF EXETER IN SOME SUBSTANTIAL WAYS, OVER AND ABOVE OUR ROLE AS THE THIRD LARGEST TAX PAYER IN THE TOWN RIVERWOODS CONTRIBUTED 40 ACRES OF LAND TO BE SET ASIDE INTO CONSERVATION STATUS WE HAVE PROVIDED HUNDREDS OF DOLLARS OF LANDSCAPING TO NEIGHBORS AND ALONG PICKPOCKET ROAD ADDITIONALLY, \$150,000 WAS PROVIDED LAST YEAR TO HELP COVER THE EXPENSES OF A FIRE SUB-STATION, PENDING TOWN ADAPTATION OF A PLAN RETAIL SUPPORT IT IS IMPOSSIBLE TO MEASURE THE IMPACT OF THE COMMUNITY ON THE OVERALL BENEFIT OF EXETER'S ACTIVE INDEPENDENT BUSINESSES OUR CONCIERGE SERVICE OFFERS THREE DAYS OF FREE TRANSPORTATION TO ALL THREE LOCAL GROCERY STORES, AND TO THE ACTIVE DOWNTOWN OUR RESIDENTS ESPECIALLY CONTRIBUTE TO THE LOCAL ECONOMY, AS DO OUR EMPLOYEES</p>