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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

Department of the Treasury
Internal Revenue Service

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final

☐ Return/terminated

☐ Amended return

☐ Application pending

C Name of organization

THE RIVERWOODS COMPANY AT EXETER
NEW HAMPSHIRE

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite

5 WHITE OAK DRIVE

City or town, state or province, country, and ZIP or foreign postal code

EXETER, NH 03833

F Name and address of principal officer

JUSTINE VOGEL
5 WHITE OAK DRIVE
EXETER, NH 03833

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

D Employer identification number

02-0400703

E Telephone number

(603) 778-4700

G Gross receipts \$ 63,981,371

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.RIVERWOODSRC.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1983

M State of legal domicile NH

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 ☐ 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)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶8,675

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Prior Year

Current Year

Beginning of Current Year

End of Year

Part II Signature Block

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

Sign Here

Signature of officer

2017-10-30

Date

KEVIN P GOYETTE CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

SETH BRODY CPA

Preparer's signature

SETH BRODY CPA

Date

Check ☐ if self-employed

PTIN

P01586423

Firm's name ▶ CLIFTONLARSONALLEN LLP

Firm's EIN ▶ 41-0746749

Firm's address ▶ 610 W GERMANTOWN PIKE STE 400

Phone no (215) 643-3900

PLYMOUTH MEETING, PA 19462

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

Part III Statement of Program Service Accomplishments

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

4a	(Code)	(Expenses \$ 30,229,686	including grants of \$ 181,110)(Revenue \$ 34,957,150)
	See Additional Data			

4b	(Code)	(Expenses \$	including grants of \$)(Revenue \$)
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4c	(Code)	(Expenses \$	including grants of \$)(Revenue \$)
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4d	Other program services (Describe in Schedule O)	(Expenses \$	including grants of \$)(Revenue \$)
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4e	Total program service expenses ►	30,229,686
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	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? <i>If "Yes," complete Schedule C, Part I</i>	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	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? <i>If "Yes," complete Schedule D, Part II</i>	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	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? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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 through 24d and complete Schedule K. If "No," go to line 25a</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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	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 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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	Yes
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	Yes
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, Part II, III, or IV, and Part V, line 1</i>	34	Yes
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	166	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	742	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
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)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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 as charitable contributions?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	Yes	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
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.		
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? Note. See the instructions for additional information the organization must report on Schedule O.		
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.		
c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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 or note to any line in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	15	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent	14	
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	Yes
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
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	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	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 made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
SUSANNE ANZALONE 5 WHITE OAK DRIVE EXETER, NH 03833 (603) 658-3007

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

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

Form **990** (2016)

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	1,366,436	0	188,355

<p>2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 16</p>		
<p>3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i></p>	3	No
<p>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></p>	4 Yes	
<p>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></p>	5	No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MORRIS PIGEON 273 LITTLEWORTH ROAD MADBURY, NH 03823	GENERAL CONTRACTOR	787,029
SELECT REHABILITATION INC PO BOX 809056 CHICAGO, IL 60680	THERAPY SERVICES	460,691
HAMPSTEAD NURSING SERVICES INC 10 BRICKETTS MILL ROAD SUITE 2 HAMPSTEAD, NH 03841	STAFFING	300,023
SR SCOTT ROOFING SERVICES 1328 MAMMOTH ROAD DRACUT, MA 01826	CONTRACTOR	255,657
CANTWELL EXCAVATING INC 529 SCHOOL STREET BERWICK, ME 03901	CONTRACTOR	249,050

<p>2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 12</p>	
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Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a			
	b	Membership dues . . .	1b			
	c	Fundraising events . . .	1c			
	d	Related organizations	1d			
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	389,335		
	g	Noncash contributions included in lines 1a-1f \$		32,426		
	h	Total. Add lines 1a-1f		389,335		
Program Service Revenue			Business Code			
	2a	RESIDENT SERVICE FEES	623000	24,149,037	24,149,037	
	b	HEALTH CENTER FEES	623000	7,973,828	7,973,828	
	c	EARNED ENTRANCE FEES	623000	2,834,285	2,834,285	
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f		34,957,150		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,634,222		1,634,222
	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				
	c	Gain or (loss)				
	d	Net gain or (loss)		310,847		310,847
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a			
	b	Less direct expenses	b			
	c	Net income or (loss) from fundraising events				
	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	ANCILLARY RESIDENT SERVICES	812900	317,049		317,049	
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d		317,049			
12	Total revenue. See Instructions		37,608,603	34,957,150	0	2,262,118

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	181,110	181,110		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	295,600	20,885	266,040	8,675
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.	15,861,789	12,938,977	2,922,812	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	320,279	256,223	64,056	
9 Other employee benefits.	2,301,854	1,868,028	433,826	
10 Payroll taxes.	1,133,698	906,958	226,740	
11 Fees for services (non-employees):				
a Management.	571,000		571,000	
b Legal.	26,222		26,222	
c Accounting.	48,004		48,004	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	217,722		217,722	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	1,192,340	959,532	232,808	
12 Advertising and promotion.	209,139	177,800	31,339	
13 Office expenses.	1,232,299	870,305	361,994	
14 Information technology.	279,849	16,582	263,267	
15 Royalties.				
16 Occupancy.	3,167,973	2,692,777	475,196	
17 Travel.	83,578	18,325	65,253	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	25,162		25,162	
20 Interest.	1,746,834	1,484,809	262,025	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	6,194,655	5,186,598	1,008,057	
23 Insurance.	396,991	337,577	59,414	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a RAW FOOD	1,328,309	1,155,629	172,680	
b REPAIRS AND MAINTENANCE	593,852	502,453	91,399	
c OTHER EMPLOYEE EXPENSES	509,794	192,689	317,105	
d RESIDENT ACTIVITIES	184,708	183,672	1,036	
e All other expenses	734,268	278,757	455,511	
25 Total functional expenses. Add lines 1 through 24e.	38,837,029	30,229,686	8,598,668	8,675
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		8,103,325	1	6,512,426
	2	Savings and temporary cash investments		3,281,966	2	4,192,136
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		1,153,919	4	1,067,394
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		235,288	8	233,736
	9	Prepaid expenses and deferred charges		846,806	9	698,311
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	175,288,661		
	b	Less: accumulated depreciation	10b	75,851,643		
				101,511,571	10c	99,437,018
	11	Investments—publicly traded securities		60,475,077	11	67,129,246
	12	Investments—other securities. See Part IV, line 11		8,222,588	12	2,123,703
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
15	Other assets. See Part IV, line 11		2,529,831	15	2,484,981	
16	Total assets. Add lines 1 through 15 (must equal line 34)		186,360,371	16	183,878,951	
Liabilities	17	Accounts payable and accrued expenses		3,512,916	17	2,158,338
	18	Grants payable			18	
	19	Deferred revenue		187,607,348	19	192,635,136
	20	Tax-exempt bond liabilities		59,569,905	20	57,945,549
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		1,856,305	25	699,619
	26	Total liabilities. Add lines 17 through 25		252,546,474	26	253,438,642
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		-67,150,443	27	-70,469,826
	28	Temporarily restricted net assets		473,522	28	364,443
	29	Permanently restricted net assets		490,818	29	545,692
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	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		-66,186,103	33	-69,559,691
	34	Total liabilities and net assets/fund balances		186,360,371	34	183,878,951

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	37,608,603
2	Total expenses (must equal Part IX, column (A), line 25)	2	38,837,029
3	Revenue less expenses Subtract line 2 from line 1	3	-1,228,426
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-66,186,103
5	Net unrealized gains (losses) on investments	5	4,686,638
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-6,831,801
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-69,559,691

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		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		

Additional Data

Software ID:
Software Version:
EIN: 02-0400703
Name: THE RIVERWOODS COMPANY AT EXETER
NEW HAMPSHIRE

Form 990 (2016)

Form 990, Part III, Line 4a:

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, 2017 THE COMMUNITY HOUSED APPROXIMATELY 487 RESIDENTS IN INDEPENDENT APARTMENTS AND 128 RESIDENTS IN THE HEALTH CARE CENTERS OVER THE COURSE OF THE YEAR THE HEALTH CARE CENTERS SERVED APPROXIMATELY 213 RESIDENTS ON A PERMANENT, TEMPORARY, OR PER DIEM BASIS AT A SUBSTANTIALLY DISCOUNTED RATE THE "CONTRACTUAL ALLOWANCE" (I E WRITE OFF) RELATED TO CARE PROVIDED FOR LIFECARE RESIDENTS WAS IN EXCESS OF \$13,717,000 00 FOR THE FISCAL YEAR ENDED JUNE 30, 2017 THIS IS AN AVERAGE DISCOUNT OF 75% VERSUS THE STANDARD MONTHLY PRIVATE PAY RATE IN AREA NURSING HOMES AND ASSISTED LIVING FACILITIES RIVERWOODS ALSO PROVIDED BENEVOLENCE ASSISTANCE FOR ITS RESIDENTS WHO, THROUGH NO FAULT OF THEIR OWN, HAVE EXHAUSTED THEIR FINANCIAL RESOURCES FOR THE FISCAL YEAR ENDED JUNE 30, 2017, RIVERWOODS PROVIDED FINANCIAL ASSISTANCE TO A TOTAL OF FIVE RESIDENTS IN THE AMOUNT OF \$157,110

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A)

(B)

(C)

(D)

(E)

(F)

Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BRUCE MAST CHAIR	1 00	X		X				0	0	0
CATHY TROWER VICE CHAIR	1 00	X		X				0	0	0
DIANNE MERCIER TREASURER	1 00	X		X				0	0	0
TAMMY MICHAUD CLERK	1 00	X		X				0	0	0
JACK DUNN RESIDENT TRUSTEE	1 00	X						0	0	0
HOWIE ULFELDER RESIDENT TRUSTEE	1 00	X						0	0	0
SIDNEY WANZER RESIDENT TRUSTEE	1 00	X						0	0	0
SARAH DONNELLY RESIDENT TRUSTEE	1 00	X						0	0	0
CARLA BRAVEMAN TRUSTEE	1 00	X						0	0	0
DAVE BROWNE LL TRUSTEE	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A)

(B)

(C)

(D)

(E)

(F)

Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DENISE BURKE TRUSTEE	1 00	X						0	0	0
ROSS GITTELL TRUSTEE	1 00	X						0	0	0
DAVID HANSON TRUSTEE	1 00	X						0	0	0
ERIC ROBB TRUSTEE	1 00	X						0	0	0
BETH ROBERTS TRUSTEE	1 00	X						0	0	0
NATE TENNANT TRUSTEE	1 00	X						0	0	0
BRIAN F WALSH TRUSTEE	1 00	X						0	0	0
PATTY PRUE TRUSTEE	1 00	X						0	0	0
DEB RIDDELL EXECUTIVE DIRECTOR	40 00	X						0	0	0
JUSTINE VOGEL CEO	20 00 20 00			X				315,494	0	41,124

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KEVIN GOYETTE CFO	20 00 20 00			X				231,294	0	40,465
CATHLEEN TOOMEY VP OF MARKETING	20 00 20 00					X		180,998	0	16,970
DAWN BARKER VP OF HR	40 00 40 00					X		161,283	0	37,945
CYNTHIA MARTIN VP OF HEALTHCARE	40 00 40 00					X		170,643	0	13,261
CHARLES KELSEY VP OF RESIDENT LIFE	40 00 40 00					X		165,524	0	1,583
MARY FLANAGAN NURSE PRACTITIONER	40 00 40 00					X		141,200	0	37,007

SCHEDULE A (Form 990 or 990-EZ)	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. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .	OMB No 1545-0047
	2016 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 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 12, 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 (Form 990 or 990-EZ))
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university _____
- 10 ☒ 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s) _____

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 VI.))						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage						
14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2015 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
17a 10%-facts-and-circumstances test—2016. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b 10%-facts-and-circumstances test—2015. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>						

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

(Complete only if you checked the box on line 10 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	234,386	171,221	464,922	365,876	389,335	1,625,740
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	36,680,150	32,578,147	32,895,776	33,425,870	34,957,150	170,537,093
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	36,914,536	32,749,368	33,360,698	33,791,746	35,346,485	172,162,833
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.)						172,162,833

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 Amounts from line 6	36,914,536	32,749,368	33,360,698	33,791,746	35,346,485	172,162,833
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,651,327	1,571,498	1,772,925	1,756,542	1,634,222	8,386,514
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,651,327	1,571,498	1,772,925	1,756,542	1,634,222	8,386,514
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 VI.))	37,403		48,553			85,956
13 Total support. (Add lines 9, 10c, 11, and 12.)	38,603,266	34,320,866	35,182,176	35,548,288	36,980,707	180,635,303
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	95.310 %
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	95.000 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	4.640 %
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	4.810 %

19a 33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ► ☒

b 33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ► ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI)		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493304004057	
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.</div> <div>Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.</div>			<div>OMB No 1545-0047</div> <div>2016</div> <div>Open to Public Inspection</div>
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" on Form 990, Part IV, line 6.					
		(a) Donor advised funds		(b) Funds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?				<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.					
1	Purpose(s) of conservation easements held by the organization (check all that apply) <input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year				
a	Total number of conservation easements	Held at the End of the Year			
b	Total acreage restricted by conservation easements	2a			
c	Number of conservation easements on a certified historic structure included in (a)	2b			
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c			
		2d			
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►				
4	Number of states where property subject to conservation easement is located ►				
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?				<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►				
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$				
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?				<input type="checkbox"/> Yes <input type="checkbox"/> No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements				
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.					
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items				
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items				
(i) Revenue included on Form 990, Part VIII, line 1		► \$			
(ii) Assets included in Form 990, Part X		► \$			
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items				
a	Revenue included on Form 990, Part VIII, line 1	► \$			
b	Assets included in Form 990, Part X	► \$			
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
		Cat No 52283D		Schedule D (Form 990) 2016	

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

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, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" on 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	470,106	459,683	446,274	351,051	278,046
b Contributions	15,341	11,510	5,975	38,115	43,887
c Net investment earnings, gains, and losses	63,762	3,261	12,204	61,354	32,310
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	4,281	4,348	4,770	4,246	3,192
g End of year balance	544,928	470,106	459,683	446,274	351,051

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 100.000 %

c

Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

☐

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,584,478		5,584,478
b Buildings		159,941,535	69,294,595	90,646,940
c Leasehold improvements				
d Equipment		9,762,648	6,557,048	3,205,600
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				99,437,018

Part VII

Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

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

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c.
See Form 990, Part X, line 13.

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

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
INTEREST RATE SWAP AGREEMENTS	699,619
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	699,619

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

☒

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	35,463,440
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	4,686,638
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	-6,831,801
e	Add lines 2a through 2d	2e	-2,145,163
3	Subtract line 2e from line 1	3	37,608,603
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	37,608,603

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	38,837,028
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	38,837,028
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	38,837,028

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 02-0400703
Name: THE RIVERWOODS COMPANY AT EXETER
NEW HAMPSHIRE

Supplemental Information

Return Reference	Explanation
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

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2	RIVERWOODS IS A NOT-FOR-PROFIT 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 COMPANY'S FINANCIAL STATEMENTS

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	CHANGE IN FAIR VALUE OF INTEREST RATE SWAP AGREEMENT 1,156,686 CHANGE IN FAIR VALUE OF CHARITABLE GIFT ANNUITY 11,513 NET ASSET TRANSFER TO THE RIVERWOODS GROUP -8,000,000

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
THE RIVERWOODS COMPANY AT EXETER
NEW HAMPSHIRE

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number
02-0400703

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) COLLEGE SCHOLARSHIPS FOR HIGH SCHOOL STUDENTS AND EMPLOYEES PURSUING A CAREER IN HEALTH CARE RELATED SERVICES	8	24,000			
(2) BENEVOLENCE ASSISTANCE FOR ITS RESIDENTS WHO, THROUGH NO FAULT OF THEIR OWN, HAVE EXHAUSTED THEIR FINANCIAL RESOURCES	5	157,110			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	RIVERWOODS HAS TWO SCHOLARSHIP FUNDS WHICH WERE INITIALLY ESTABLISHED BY RESIDENTS AND THE FAMILY OF A DECEASED RESIDENT THE SPENCER SCHOLARSHIP FUND ASSISTS EMPLOYEES WHO ARE PURSUING A CAREER IN NURSING AND THE PEABODY SCHOLARSHIP FUND PROVIDES FUNDS FOR CHILDREN OF RIVERWOODS EMPLOYEES WHO WISH TO PURSUE A POST HIGH SCHOOL EDUCATION EACH OF THESE FUNDS IS SEPARATELY ACCOUNTED FOR AS A RESTRICTED FUND, AND THE ANNUAL DISBURSEMENTS FOR SCHOLARSHIPS IS LIMITED TO 5% OF THE ACCOUNTS' MARKET VALUE AS OF A CERTAIN DATE EACH YEAR WHEN SCHOLARSHIPS ARE AWARDED, THE CHECKS ARE MADE PAYABLE TO THE STUDENT AND THE COLLEGE OR UNIVERSITY THE CHECKS ARE MAILED DIRECTLY BY RIVERWOODS TO THE INSTITUTION WHICH ENSURES THE FUNDS ARE BEING USED FOR THEIR INTENDED PURPOSE

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
THE RIVERWOODS COMPANY AT EXETER
NEW HAMPSHIRE

Employer identification number
02-0400703

Part I

Questions Regarding Compensation

	Yes	No
<div>1a</div> <div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</div> <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
<div>b</div> <div>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 of the expenses described above? If "No," complete Part III to explain.</div>	1b	
<div>2</div> <div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div>	2	
<div>3</div> <div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</div> <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
<div>4</div> <div>During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</div>		
<div>a</div> <div>Receive a severance payment or change-of-control payment?</div>	4a	No
<div>b</div> <div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div>	4b	No
<div>c</div> <div>Participate in, or receive payment from, an equity-based compensation arrangement?</div>	4c	No
<div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div>		
<div></div> <div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div>		
<div>5</div> <div>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</div>		
<div>a</div> <div>The organization?</div>	5a	No
<div>b</div> <div>Any related organization?</div>	5b	No
<div></div> <div>If "Yes," on line 5a or 5b, describe in Part III.</div>		
<div>6</div> <div>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</div>		
<div>a</div> <div>The organization?</div>	6a	No
<div>b</div> <div>Any related organization?</div>	6b	No
<div></div> <div>If "Yes," on line 6a or 6b, describe in Part III.</div>		
<div>7</div> <div>For persons listed on 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.</div>	7	No
<div>8</div> <div>Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</div>	8	No
<div>9</div> <div>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div>	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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JUSTINE VOGELCEO	(i)	298,516 -----	0 -----	16,978 -----	7,950 -----	33,174 -----	356,618 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
2 KEVIN GOYETTECFO	(i)	192,044 -----	21,250 -----	18,000 -----	6,978 -----	33,487 -----	271,759 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
3 CATHLEEN TOOMEY VP OF MARKETING	(i)	141,748 -----	21,250 -----	18,000 -----	4,890 -----	12,080 -----	197,968 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
4 DAWN BARKERVP OF HR	(i)	150,033 -----	11,250 -----	0 -----	4,635 -----	33,310 -----	199,228 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
5 CYNTHIA MARTIN VP OF HEALTHCARE	(i)	159,393 -----	11,250 -----	0 -----	2,808 -----	10,453 -----	183,904 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
6 CHARLES KELSEY VP OF RESIDENT LIFE	(i)	152,630 -----	11,250 -----	1,644 -----	822 -----	761 -----	167,107 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
7 MARY FLANAGAN NURSE PRACTITIONER	(i)	141,200 -----	0 -----	0 -----	4,453 -----	32,554 -----	178,207 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----

Part III **Supplemental Information**

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

Return Reference	Explanation
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Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
THE RIVERWOODS COMPANY AT EXETER
NEW HAMPSHIRE

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

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		09-28-2012	65,605,000	TO FINANCE AND REFINANCE RIVERWOODS' EXISTING CONTINUING CARE RETIREMENT CO		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	7,315,000							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	65,605,000							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	452,066							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds	65,152,934							
12	Other unspent proceeds								
13	Year of substantial completion	2012							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

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

Part III

Private Business Use (Continued)

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

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X						
b	Exception to rebate?		X						
c	No rebate due?	X							
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
b	Name of provider	DEUTSCHE BANK MORGAN STANLEY							
c	Term of hedge	1091 0000000000 %							
d	Was the hedge superintegrated?		X						
e	Was the hedge terminated?		X						

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME NHHEFA DATE THE REBATE COMPUTATION WAS PERFORMED 09/30/2012

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
THE RIVERWOODS COMPANY AT EXETER
NEW HAMPSHIRE

Employer identification number
02-0400703

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	127	15,008	FMV
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	1	17,213	CERTIFIED APPRAISAL
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles	X	4	637	FMV
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (GIFT CARDS)	X	139	10,635	FACE VALUE
26 Other ► (GIFT BASKETS)	X	20	4,486	FMV
27 Other ► (JEWELRY)	X	16	1,660	FMV
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

Yes

No

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II**Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
THE RIVERWOODS COMPANY AT EXETER
NEW HAMPSHIRE

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number

02-0400703

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE CURRENT RESIDENT BOARD REPRESENTATIVES ARE VOTING MEMBERS OF THE BOARD OF TRUSTEES WHILE THE EXECUTIVE DIRECTOR IS A TRUSTEE, THE BOARD MAY VOTE TO EXCLUDE HER FROM MEETINGS IF PERSONNEL MATTERS RELATING TO THE EXECUTIVE DIRECTOR'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 BOARD MEETING THE EXECUTIVE COMMITTEE SHALL BE COMPOSED OF THE OFFICERS OF THE BOARD AND SHALL EXERCISE THE FULL AUTHORITY OF THE BOARD OF TRUSTEES BETWEEN MEETINGS OF THE BOARD OF TRUSTEES THE EXECUTIVE COMMITTEE SHALL BE RESPONSIBLE TO THE BOARD OF TRUSTEES AND SHALL REPORT ITS ACTIONS AT EACH MEETING OF THE BOARD OF TRUSTEES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	<p>THE RIVERWOODS COMPANY AT EXETER REMOVED THE POSITION OF PRESIDENT/CEO AND ADDED THE POSITION OF EXECUTIVE DIRECTOR. THE SIGNIFICANT CHANGES TO THE BYLAWS ARE AS FOLLOWS: APPOINTMENT, EVALUATION, AND COMPENSATION OR TERMINATION OF THE EXECUTIVE DIRECTOR BY THE ORGANIZATION'S BOARD OF TRUSTEES MUST BE APPROVED BY THE RIVERWOODS GROUP BEFORE IT BECOMES EFFECTIVE. A SPECIAL MEETING OF THE BOARD OF TRUSTEES MAY BE CALLED EITHER BY THE CHAIR OR THE EXECUTIVE DIRECTOR OR BY ANY FOUR TRUSTEES BY NOTICE GIVEN TO ALL TRUSTEES AT LEAST THREE (3) DAYS PRIOR TO SUCH MEETING. THE EXECUTIVE DIRECTOR OF THE CORPORATION SHALL BE ITS MANAGING EXECUTIVE AND SERVE ON THE BOARD OF TRUSTEES EX OFFICIO WITH ONE VOTE. THE BOARD OF TRUSTEES MAY VOTE TO EXCLUDE THE EXECUTIVE DIRECTOR FROM ITS MEETINGS IF DISCUSSING PERSONNEL MATTERS RELATING TO THE EXECUTIVE DIRECTOR ROLE AND/OR THE COMPENSATION OF THE EXECUTIVE DIRECTOR ROLE. OTHERWISE, THE EXECUTIVE DIRECTOR, SHALL BE PRIVILEGED TO BE PRESENT AT ALL MEETINGS OF THE BOARD OF TRUSTEES. COMPENSATION PAID BY THE CORPORATION FOR THE EXECUTIVE DIRECTOR'S DUTIES DO NOT CONSTITUTE A PECUNIARY BENEFIT TRANSACTION SUBJECT TO THE REQUIREMENTS OF ARTICLE IV, SECTION 9 OF THESE BYLAWS. THE CHIEF EXECUTIVE OFFICER (CEO) OF TRWG SHALL SERVE ON THE BOARD OF TRUSTEES OF THE CORPORATION WITH ONE VOTE. THE OFFICERS OF THE CORPORATION SHALL BE A CHAIR, VICE-CHAIR, EXECUTIVE DIRECTOR, TREASURER, AND CLERK. THE EXECUTIVE DIRECTOR SHALL BE THE MANAGING EXECUTIVE OF THE CORPORATION AND SHALL HAVE THOSE POWERS, DUTIES AND RESPONSIBILITIES AS MAY BE ASSIGNED FROM TIME TO TIME BY THE BOARD OF TRUSTEES. AS RESERVED IN ARTICLE II ABOVE, THE APPOINTMENT, TERMINATION AND EVALUATION OF THE EXECUTIVE DIRECTOR BY THE CORPORATION IS SUBJECT TO THE APPROVAL OF TRWG.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE RIVERWOODS GROUP (TRWG), A NEW HAMPSHIRE TAX-EXEMPT, NONPROFIT CORPORATION, WILL BE THE SOLE MEMBER OF THE CORPORATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	SECTION 2 POWERS RESERVED TO TRWG EACH OF THE FOLLOWING ACTIONS BY THE CORPORATION'S BOARD OF TRUSTEES MUST BE APPROVED BY TRWG BEFORE IT BECOMES EFFECTIVE (A) REMOVAL OF A MEMBER OF THE CORPORATION'S BOARD OF TRUSTEES, (B) ELECTION OF THE SLATE OF TRUSTEE CANDIDATES J) APPOINTMENT, EVALUATION, AND COMPENSATION OR TERMINATION OF THE PRESIDENT OR CHIEF EXECUTIVE OFFICER OF THE CORPORATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	SECTION 2 POWERS RESERVED TO TRWG EACH OF THE FOLLOWING ACTIONS BY THE CORPORATION'S BOARD OF TRUSTEES MUST BE APPROVED BY TRWG BEFORE IT BECOMES EFFECTIVE (C) FINAL ADOPTION OF, AND ANY APPROVAL OF A MATERIAL DEVIATION FROM, THE ANNUAL AND ANY REVISED OPERATING AND CAPITAL BUDGETS OF THE CORPORATION, (D) FINAL ADOPTION OF, AND ANY APPROVAL OF A MATERIAL DEVIATION FROM, THE CORPORATION'S STRATEGIC PLAN, (E) TRANSFER TO ANY PERSON OR ORGANIZATION, WITH OR WITHOUT CONSIDERATION, DURING ANY TWELVE (12) MONTH PERIOD OF TANGIBLE, INTANGIBLE OR MIXED ASSETS WITH A VALUE IN EXCESS OF \$500,000, (F) ANY SINGLE INCURRENCE, OR CUMULATIVE INCURRENCES IN ANY TWELVE (12) MONTH PERIOD, OF INDEBTEDNESS BY THE CORPORATION IN EXCESS OF \$2 5 MILLION, (G) SALE, LEASE OR EXCHANGE OF ANY MATERIAL PORTION OF THE ASSETS OF, OR THE STATUTORY MERGER, CONSOLIDATION, CORPORATE DIVISION, DISSOLUTION, OR LIQUIDATION OF, THE CORPORATION OR ANY SUBSIDIARY OF THE CORPORATION, (H) APPOINTMENT OF A FIRM OF INDEPENDENT PUBLIC ACCOUNTANTS TO CONDUCT AN INDEPENDENT AUDIT OF THE CORPORATION'S FINANCIAL STATEMENTS OR A SPECIAL PROJECT WHICH MATERIALLY IMPACTS ASSETS, REVENUES OR OPERATIONS, (I) THE PARTICIPATION BY THE CORPORATION OR ANY SUBSIDIARY OF THE CORPORATION IN A KEY STRATEGIC RELATIONSHIP (THE TERM "KEY STRATEGIC RELATIONSHIP" MEANS THE OWNERSHIP OF, OR CONTRACTUAL PARTICIPATION IN, A NETWORK, SYSTEM, AFFILIATION, JOINT VENTURE, ALLIANCE OR SIMILAR ARRANGEMENT (NOT INCLUDING ACADEMIC AFFILIATIONS, MANAGED CARE CONTRACTS, OR OTHER PAYMENT ARRANGEMENT WITH THIRD PARTY PAYORS), ENTERED INTO WITH AN ORGANIZATION THAT IS NOT A PARTICIPANT ORGANIZATION, AS DEFINED IN TRWG'S BYLAWS), (K) ELIMINATION OR ADDITION OF ANY MATERIAL HEALTH CARE SERVICE OR PROGRAM BY THE CORPORATION OR ANY SUBSIDIARY OF THE CORPORATION, AND (L) THE AMENDMENT OF THE ARTICLES OF AGREEMENT, BYLAWS OR OTHER GOVERNING DOCUMENTS OF THE CORPORATION WHERE SUCH PROPOSED AMENDMENT WOULD (I) IMPACT THE POWERS RESERVED TO TRWG IN THESE BYLAWS, (II) REASONABLY BE EXPECTED TO HAVE ANY MATERIAL STRATEGIC, COMPETITIVE OR FINANCIAL IMPACT ON ONE OR MORE PARTICIPANT ORGANIZATIONS OR ON THE SYSTEM AS A WHOLE, OR (III) IMPACT THE OBLIGATIONS OF THE CORPORATION UNDER ANY AGREEMENT BETWEEN OR AMONG THE PARTICIPANT ORGANIZATIONS

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Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE RIVERWOODS COMPANY AT EXETER NH HAS AUTHORIZED REVIEW OF THE FORM 990 TO THE TRWG AUDIT COMMITTEE DRAFT COPIES WERE DISTRIBUTED AND REVIEWED BY THE AUDIT COMMITTEE PRIOR TO FILING AT THE MEETING WHICH WAS HELD ON OCTOBER 23, 2017 AFTER REVIEW BY TRWG'S AUDIT COMMITTEE, A FULL COPY OF THE FINAL FORM 990 WILL BE PROVIDED TO THE RIVERWOODS COMPANY AT EXETER'S BOARD OF TRUSTEES ON A SECURE WEBSITE AND THE RIVERWOODS COMPANY AT EXETER'S BOARD WILL BE NOTIFIED THAT IT IS AVAILABLE FOR REVIEW, AND WILL VOTE TO ACCEPT, PRIOR TO FILING

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Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	AN ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE IS SENT TO ALL BOARD MEMBERS AND KEY EMPLOYEES THE QUESTIONNAIRE IS PREPARED AND AFFIRMATIVE ANSWERS ARE REVIEWED BY RIVERWOODS LEGAL COUNSEL NO TRUSTEE SHALL PARTICIPATE AS A MEMBER OF THE BOARD OF TRUSTEES IN ANY DECISION AFFECTING THAT TRUSTEE'S PERSONAL FINANCIAL WELFARE OR THE FINANCIAL WELFARE OF ANY OTHER PERSON, ORGANIZATION OR INSTITUTION WITH WHICH THAT TRUSTEE IS AFFILIATED AS AN OWNER, EMPLOYEE, BOARD MEMBER, OR STOCKHOLDER THIS SHALL NOT PRECLUDE A TRUSTEE FROM VOTING ON MATTERS AFFECTING THE OPERATION OF RIVERWOODS FOR THE SOLE REASON THAT A FAMILY MEMBER IS A RESIDENT OF THE FACILITY IN THE EVENT A TRUSTEE HAS SUCH A CONFLICT IN A MATTER WHICH IS BEING EXPOUNDED, DELIBERATED AND/OR VOTED UPON BY THE BOARD OF TRUSTEES, SAID TRUSTEE SHALL ABSENT HIMSELF/HERSELF FROM THE BOARD, AND IF THE BOARD MEETING IS NOT OPEN TO THE PUBLIC AT LARGE, SHALL ABSENT HIMSELF/HERSELF FROM THE MEETING ROOM FOR THE TIME PERIOD DURING WHICH THE TOPIC IS UNDER DELIBERATION AND VOTE

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Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>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 FACILITATE THE GATHERING OF SALARY INFORMATION. THE EXECUTIVE DIRECTOR'S SALARY IS APPROVED BY THE EXECUTIVE COMMITTEE AND IS REVIEWED ANNUALLY. THE COMPENSATION WAS MOST RECENTLY REVIEWED DURING FISCAL YEAR 2016. TOP MANAGEMENT POSITIONS ARE OVERSEEN BY THE EXECUTIVE DIRECTOR. DURING THE BUDGETING PROCESS, THE BOARD APPROVES THE SALARY BUDGET WHICH LISTS EACH OFFICER AND KEY EMPLOYEE SEPARATELY. IN ADDITION, SALARY SURVEYS, 990'S OF OTHER COMPANIES AND INTERNAL EQUITY ARE ALL CONSIDERED. SALARY RANGES FOR ALL POSITIONS ARE DEVELOPED USING SIMILAR DATA AS OUTLINED ABOVE FOR THE EXECUTIVE DIRECTOR. COMPENSATION FOR ALL POSITIONS FOLLOW RIVERWOODS' COMPENSATION POLICY. THE COMPENSATION WAS MOST RECENTLY REVIEWED DURING FISCAL YEAR 2016.</p>

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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 AN ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE IS SENT TO ALL BOARD MEMBERS AND KEY EMPLOYEES THE QUESTIONNAIRE IS PREPARED AND AFFIRMATIVE ANSWERS ARE REVIEWED BY RIVERWOODS LEGAL COUNSEL

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Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN FAIR VALUE OF INTEREST RATE SWAP AGREEMENT 1,156,686 CHANGE IN FAIR VALUE OF CHARITABLE GIFT ANNUITY 11,513 NET ASSET TRANSFER TO THE RIVERWOODS GROUP -8,000,000

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Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE AUDIT FUNCTIONS OF THE CORPORATION ARE DELEGATED TO A CENTRALIZED AUDIT COMMITTEE OF THE SYSTEM IT SHALL SERVE AS THE CONDUIT WITH THE EXTERNAL AUDITOR AS DESCRIBED BY THE AUDIT COMMITTEE CHARTER AS A CENTRALIZED COMMITTEE OF THE SYSTEM THE AUDIT COMMITTEE SHALL REPORT TO TRWG AND TO EACH PARTICIPANT ORGANIZATION BOARD REGARDING RESULTS AND CONCERNS, EITHER IN PERSON OR IN WRITING COMMITTEE MEMBERSHIP SHALL INCLUDE AT LEAST ONE MEMBER OF THE BOARD OF TRUSTEES OF TRWG AND AT LEAST ONE REPRESENTATIVE FROM ALL PARTICIPANT ORGANIZATIONS IN THE SYSTEM THE COMMITTEE CHAIR MUST BE A FULL VOTING MEMBER OF TRWG OR A PARTICIPANT ORGANIZATION

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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. GIFTS OF TIME, TALENT AND TREASURE. 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" PARTNERSHIP WITH SAINT VINCENT DE PAUL EXETER FROM THE FIRST YEAR RIVERWOODS OPENED, THE COMMUNITY HAS HELD A MAJOR FUND-RAISER FOR ANOTHER LOCAL NON-PROFIT, AND THAT TRADITION HAS CONTINUED AND GROWN IN MAGNITUDE, AS OUR COMMUNITY HAS GROWN, FOR THE PAST 23 YEARS. WHILE RIVERWOODS SUPPORTS MANY CAUSES IN VARIOUS WAYS THROUGHOUT THE YEAR, WE ORGANIZE AND HOST A MAJOR ONE-NIGHT FUND-RAISER FOR A LOCAL NON-PROFIT EVERY TWO YEARS. THE RESIDENTS SELECT THE NON-PROFIT FROM AMONG DOZENS OF APPLICANTS. THE PARTNERSHIPS ALWAYS INCLUDE MORE THAN SIMPLY A ONE-NIGHT EVENT. IN FACT, THE MAJOR FUNDRAISER IS A GRAND FINALE OF SORTS OF THE TWO-YEAR CHARITABLE PARTNERSHIP. IN FY17 OUR MAJOR CHARITABLE PARTNER WAS SOCIETY OF SAINT VINCENT DE PAUL EXETER (SVDP) WITH MORE THAN 100 VOLUNTEERS, SVDP HELPS LOCAL FAMILIES AND ORGANIZATIONS IN A VARIETY OF WAYS INCLUDING PROVIDING FOOD AND OTHER SUPPORT TO PEOPLE IN THE EXETER AREA. THE MOST RECENT RIVERWOODS GALA AUCTION, HELD IN OCTOBER 2016, RAISED A RECORD \$120,000 FOR SVDP. IN BOTH FY17 AND THE PRECEDING FY16, RIVERWOODS RESIDENTS AND STAFF SPENT TIME VOLUNTEERING AT THE SVDP FOOD PANTRY, ORGANIZED A FOOD DRIVE, AND WERE ABLE TO DONATE MULTIPLE BOXES OF FOOD ITEMS AS WELL AS CASH AND GROCERY GIFT CARDS TO BE USED BY SVDP. IN THE FALL OF 2016, THE RENEWED PARTNERSHIP GREW TO INCLUDE A HOLIDAY OUTREACH PROJECT TO RAISE AWARENESS FOR SVDP. FOR THE SECOND YEAR IN A ROW, THIS PROJECT TOOK THE PHYSICAL FORM OF A HOLIDAY PARADE FLOAT, WHICH WAS SEEN BY THOUSANDS IN ATTENDANCE AT THE ANNUAL PARADE IN EXETER NH. THROUGHOUT FY17, RIVERWOODS RESIDENTS AND STAFF VOLUNTEERED FOR SVDP AND ALSO COLLECTED EGG CARTONS, BOXES AND PLASTIC BAGS FOR USE AT THE SVDP FOOD PANTRY. IN THE SPRING OF 2017 THE RESIDENTS AND STAFF CHOSE A NEW PARTNER, SEACOAST FAMILY PROMISE. A NEW PARTNERSHIP WITH SEACOAST FAMILY PROMISE AS IS THE CASE EVERY TWO YEARS, ONE MAJOR CHARITABLE PARTNER PASSES THE TORCH TO ANOTHER. IN EARLY 2017, SEACOAST FAMILY PROMISE (SFP) OF EXETER WAS CHOSEN BY RESIDENTS AS THE NEXT RECIPIENT OF OUR BIENNIAL PARTNERSHIP. SFP WAS SELECTED FROM A POOL OF 22 LOCAL CHARITIES WHO SUBMITTED APPLICATIONS. FOUNDED IN 2003, SFP HELPS FAMILIES EXPERIENCING HOMELESSNESS FIND STABLE HOUSING AND LASTING SELF-SUFFICIENCY. THE ORGANIZATION WORKS WITH 1,300 COMMUNITY VOLUNTEERS ANNUALLY, INCLUDING FAITH</p>

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990, PART III, LINE 4A	<p>COMMUNITIES OF ALL DENOMINATIONS, BUSINESSES AND COMMUNITY ORGANIZATIONS MORE THAN 87 PERCENT OF THE FAMILIES WHO HAVE GONE THROUGH SFP'S PROGRAM HAVE SECURED PERMANENT HOUSING AND HAVE REMAINED STABLE SINCE SFP FOUNDED 14 YEARS AGO. THE STAFF AT RIVERWOODS WAS ANXIOUS TO GET THE BALL ROLLING WITH SEACOAST FAMILY PROMISE AND THE RIVERWOODS ENVIRONMENTAL SERVICES TEAM SPENT A DAY TRIMMING TREES AND CLEANING UP THE GROUNDS AT SFP'S DAY CENTER IN EXETER. RIVERWOODS ALSO DONATED THE USE OF SEVERAL VEHICLES AND DRIVERS TO HELP SFP DURING A FUNDRAISER WHICH REQUIRED THE CAREFUL TRANSPORTATION OF ELABORATE BIRDHOUSES TO BE DISPLAYED AT VARIOUS LOCATIONS THROUGHOUT THE SEACOAST NH REGION, AND LATER AUCTIONED-OFF TO RAISE MONEY AND AWARENESS FOR SFP AND THE FAMILIES IT SERVES. THE PARTNERSHIP WILL CULMINATE IN A MAJOR FUNDRAISING GALA EVENT IN OCTOBER 2018 AT RIVERWOODS EXETER. THE 2018 RIVERWOODS EXETER GALA IS PART OF A MORE TWO DECADE LONG TRADITION OF GIVING BACK TO THE GREATER COMMUNITY, WHICH HAS MEANT MORE THAN \$600,000 FOR LOCAL CHARITIES FROM A TOTAL OF TEN GALAS. BOTH RIVERWOODS EXETER AND SEACOAST FAMILY PROMISE FEEL THE VALUE OF THIS PARTNERSHIP WILL BE SHOWN NOT ONLY IN DOLLARS, BUT IN THE STRENGTH IT BRINGS TO THE GREATER COMMUNITY. TIME RIVERWOODS RESIDENTS CONTRIBUTE HUNDREDS OF HOURS EACH YEAR TO NUMEROUS LOCAL, REGIONAL AND NATIONAL NON-PROFIT ORGANIZATIONS. A RECENT SURVEY AMONG RESIDENTS YIELDED A TOTAL OF 201 ORGANIZATIONS WHERE RIVERWOODS' MORE THAN 600 RESIDENTS CONTRIBUTED THEIR TIME. THE SURVEY FOUND THAT OF THOSE 201 ORGANIZATIONS, 105 IMPACTED THE EXETER AREA. OUR VOLUNTEER TIME HAPPENS INDIVIDUALLY AND IN A GROUP SETTING FOR CIVIC MINDED RESIDENTS AND STAFF ALIKE. 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. SOME OF THE MOST POPULAR CAUSES FOR RESIDENTS INCLUDE HELPING ORGANIZATIONS FOCUSED ON ISSUES OF FAMILY, HUNGER, HOMELESSNESS, HEALTH, EDUCATION, VETERANS AND ANIMAL WELL-BEING. SPECIFIC ORGANIZATIONS TO WHICH RESIDENTS VOLUNTEER THEIR TIME INCLUDE SAINT VINCENT DE PAUL FOOD PANTRY, GIRL SCOUTS OF AMERICA, SEACOAST FAMILY PROMISE (A STRATHAM, NH BASED ORGANIZATION ASSISTING FAMILIES EXPERIENCING HOMELESSNESS), GREAT BAY STEWARDS (AN ORGANIZATION WITH THE MISSION TO PROTECT AND PRESERVE THE VITALITY OF THE GREAT BAY ESTUARINE SYSTEM THROUGH EDUCATION, LAND PROTECTION, RESEARCH AND CARE OF THE NEARBY GREAT BAY), ROCKINGHAM NUTRITION MEALS ON WHEELS, THE PEASE GREETERS (A GROUP WELCOMING DEPLOYED VETERANS WHEN THEY LAND BACK HOME IN NH), AND THE IMEC PROGRAM, WHICH COLLECTS MEDICAL EQUIPMENT AND SUPPLIES FOR HOSPITALS IN THE THIRD WORLD. THE STAFF AT RIVERWOODS PROVIDES TIME AND EFFORT TO SUPPORT A NUMBER OF COMMUNITY PROGRAMS. OUR EMPLOYEES PARTICIPATE ON MANY LOCAL NOT-FOR-PROFIT BOARDS, AND SPEND MANY VOLUNTEER HOURS IN THE COMMUNITY. STAFF DONATES THEIR TIME TO MAN</p>

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990, PART III, LINE 4A	<p>Y WORTHY PROJECTS, INCLUDING THE NEW HAMPSHIRE PUBLIC TELEVISION AUCTION AND SEACOAST UNIT ED WAY'S DAY OF CARING RIVERWOODS ALSO ENCOURAGES EMPLOYEES TO VOLUNTEER DURING WORK HOUR S FOR SPECIAL NON-PROFIT PROJECTS ONE EXAMPLE IF THIS IS FY 2017 WAS THE UNITED WAY DAY O F CARING, WHERE RIVERWOODS STAFF AND RESIDENT VOLUNTEERS ONCE AGAIN SPENT THE DAY HELPING THE TEAM AT ROCKINGHAM MEALS ON WHEELS TALENT MANY OF OUR RESIDENTS TEACH AND MENTOR OTHE RS IN THE COMMUNITY IN DECEMBER OF 2016, RIVERWOODS DONATED RESIDENT DECORATED TREES TO T HE FESTIVAL OF TREES, A FUNDRAISER ORGANIZED BY THE EXETER AREA CHAMBER OF COMMERCE THE T REES WERE AUCTIONED OFF WITH PROCEEDS BENEFITTING THE EXETER CHAMBER CHILDREN'S FUND MAIN STREET SCHOOL, THE LOCAL ELEMENTARY SCHOOL, HAS WELCOMED RIVERWOODS RESIDENTS AS TUTORS A ND CLASSROOM AIDES FOR MANY YEARS WE HAVE A LONG HISTORY OF WORKING WITH CLASSROOM TEACHE RS, AND MANY RESIDENT VOLUNTEERS ARE REGULARS AT STORY HOUR THERE HAVE EVEN BEEN A FEW IN STANCES WHEN THOSE CHILDREN GROW UP, ATTEND HIGH SCHOOL, AND THEN APPLY TO WORK AS RIVERWO ODS DINING STAFF, FURTHER CEMENTING THE CONNECTIONS BETWEEN RESIDENTS AND LOCAL FAMILIES RIVERWOODS EXETER HAS FORMED A GREAT PARTNERSHIP WITH GREAT BAY KIDS CO STUDENTS FROM GRE AT BAY KIDS COME TO RIVERWOODS TWICE A MONTH DURING THE SCHOOL YEAR AND READ WITH RESIDENT READING BUDDIES THIS OPPORTUNITY ALLOWS STUDENTS AND RESIDENTS THE CHANCE TO INTERACT WI TH EACH OTHER THE READING BUDDY HELPS THE STUDENTS (RANGING FROM AGE SEVEN TO TWELVE) IMP ROVE THEIR READING SKILLS GREAT BAY KIDS HAS BEEN VISITING OUR HEALTH CARE RESIDENTS FOR YEARS, BUT THIS NEW READING PROGRAM STATED AT THE BEGINNING OF 2017 THE RIVERWOODS FIBER ARTS GROUP ALSO DONATED KNIT BOOTIES, CAPS AND SWEATERS FOR UNDERPRIVILEGED CHILDREN THROU GH THE STORK PROJECT RESIDENT KNITTERS ALSO DONATED THROWS, KNIT HATS, SCARVES, MITTENS A ND NUMEROUS OTHER HAND KNIT ITEMS TO OPERATION BLESSING, A LOCAL NON-PROFIT HELPING BABIES IN NEED COMMUNITY PROGRAMS THIS PAST YEAR, RIVERWOODS PROVIDED A NUMBER OF FREE EDUCATIO NAL PROGRAMS FOR THE PUBLIC, ON TOPICS INCLUDING HEALTH, WELLNESS, FITNESS, FINANCES AND S EVERAL WELL ATTENDED SESSIONS ON THE TOPIC OF ALZHEIMER'S, CONDUCTED IN ASSOCIATION WITH T HE ALZHEIMER'S ASSOCIATION IN NOVEMBER 2016, AS PART OF NATIONAL MEMORY SCREENING PROGRAM , AN INITIATIVE OF THE ALZHEIMER'S FOUNDATION OF AMERICA (AFA), MEMBERS OF THE RIVERWOODS HEALTH CARE TEAM PROVIDED FREE, CONFIDENTIAL MEMORY SCREENINGS, EDUCATIONAL MATERIALS AND SUPPORT TO RESIDENTS AND MEMBERS OF THE SURROUNDING EXETER COMMUNITY THE SCREENINGS WERE CONDUCTED AT RIVERWOODS WITH 20 PEOPLE PARTICIPATING</p>

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990, PART III, LINE 4A CONTINUED	<p>IN AN EFFORT TO BRIDGE THE MULTIGENERATIONAL DIVIDE, SUPPORT YOUTH VOLUNTEERS AND LEARN ABOUT THE MANY POWERFUL USES OF NEW COMMUNICATION TOOLS, RIVERWOODS ONCE AGAIN WELCOMED THE GROUP FRIENDS FOREVER, A 501(C)3 ORGANIZATION WHICH ALLOWS PEOPLE OF ALL AGES AND BACKGROUNDS TO PARTICIPATE FIRST-HAND IN THE INTERNATIONAL PEACE PROCESS. IN FY17 FRIENDS FOREVER STUDENTS, RIVERWOODS STAFF MEMBERS AND RIVERWOODS RESIDENTS TOOK PART IN EXERCISE ACTIVITIES, DISCUSSION GROUPS AND MUSIC THERAPY. IN ORDER TO ASSIST SOME RIVERWOODS RESIDENTS DO THIS MORE EFFECTIVELY, INTERNATIONAL STUDENT VOLUNTEERS FROM FRIENDS FOREVER WORKED WITH A GROUP OF RIVERWOODS RESIDENTS AND STAFF ON HOW TO BEST USE SOME OF THE VOICE AND VIDEO TECHNOLOGY AVAILABLE AT RIVERWOODS TO BETTER COMMUNICATE WITH PEOPLE AROUND THE WORLD. SHARING OUR KNOWLEDGE PART OF THE RIVERWOODS MISSION IS NOT ONLY TO SHARE AN ENHANCED QUALITY OF LIFE WITH AS MANY SENIORS AS POSSIBLE, BUT TO ALSO TEACH OTHERS HOW THEY CAN DO THE SAME. RIVERWOODS EMPLOYEES REGULARLY SHARE THEIR KNOWLEDGE BY INVITING STUDENTS INTO THE RIVERWOODS COMMUNITY WHO CAN LEARN FROM THE VAST KNOWLEDGE AND EXPERIENCE OF THE RIVERWOODS STAFF. IN FY17, RIVERWOODS SOCIAL WORKERS AND THE ACTIVITIES TEAM ACCEPTED FOUR INTERNS FROM THE UNIVERSITY OF NEW HAMPSHIRE. THE INTERNS SPENT A COMBINED TOTAL OF 1,282 HOURS AT RIVERWOODS WORKING AND LEARNING SIDE-BY-SIDE SERVING RESIDENTS WITH THE SKILLED GUIDANCE OF OUR PASSIONATE AND TALENTED TEAM OF PROFESSIONALS. IN THE FALL OF 2016 AND SPRING OF 2017, THE RIVERWOODS HEALTH CARE TEAM ALSO HOSTED 5 COLLEGE NURSING STUDENTS FROM THE GREAT BAY COMMUNITY COLLEGE AND THE UNIVERSITY OF NEW HAMPSHIRE OVER THE COURSE OF 546 CLINICAL HOURS FOR THE STUDENTS' CLINICAL PRACTICUM. IN FY17, THE RIVERWOODS HEALTH CARE TEAM PROVIDED VIRTUAL DEMENTIA TRAINING TO 175 STUDENTS AND STAFF MEMBERS FROM SEACOAST SCHOOL OF TECHNOLOGY OVER THE COURSE OF SEVEN ONE-HOUR TRAINING SESSIONS. RIVERWOODS ALSO PROVIDED LUNCH AS PART OF THE TRAININGS. SINCE RIVERWOODS OPENED ITS DOORS IN 1994, A KEY OBJECTIVE HAS NOT ONLY BEEN TO SHARE OUR EXPERIENCES WITH OTHERS, BUT TO LEARN FROM OTHERS IN THE INDUSTRY AT THE SAME TIME. IN THIS WAY WE BELIEVE WE CAN ELEVATE OUR OWN STANDARDS AT RIVERWOODS WHILE ALSO PARTICIPATING IN THE ADVANCEMENT OF THE SENIOR LIVING INDUSTRY AS A WHOLE. WE HAVE ACCOMPLISHED THIS THROUGH CLOSE INDUSTRY INVOLVEMENT OF OUR SENIOR MANAGEMENT, PARTICIPATION IN TRADE SHOW ACTIVITIES, AND CONTRIBUTING TIMELY AND INFORMATIVE ARTICLES TO INFLUENCING PUBLICATIONS. OUR MANAGEMENT TEAM, RESIDENTS AND STAFF HAVE BEEN ASKED TO SPEAK AT NATIONAL AND REGIONAL INDUSTRY CONFERENCES, ON A NUMBER OF DIVERSE TOPICS WITHIN THE INDUSTRY INCLUDING SOCIAL ACCOUNTABILITY, STRATEGIC ACTION, MANAGING GROWTH, AND PROFESSIONAL DEVELOPMENT. THE COLLABORATIVE RELATIONSHIPS DEVELOPED CONTINUE THROUGHOUT THE YEAR IN ONE-ON-ONE CONVERSATIONS AND LARGER GROUP DISCUSSIONS. THAT SPIRIT OF COLLABORATION POSITIONS ALL OF US IN THE NON-PROFIT SENIOR L</p>

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990, PART III, LINE 4A CONTINUED	<p>IVING INDUSTRY TO BEST SERVE THE EVER-GROWING GROUP OF OLDER ADULTS TREASURE RIVERWOODS I S A STRONG COMMUNITY PARTNER AND IN ADDITION TO RESIDENT AND STAFF TIME SPENT VOLUNTEERING , RIVERWOODS HAS ALSO HELPED A NUMBER OF COMMUNITY-WIDE EVENTS AND ORGANIZATIONS WITH FINA NCIAL SUPPORT THE RIVERWOODS OUTREACH COMMITTEE ORGANIZED A CAMPUS-WIDE TOY DRIVE TO SUPP ORT THE EXETER FIREFIGHTER'S HOLIDAY DRIVE, AS WELL A SCHOOL SUPPLY DRIVE FOR LOCAL CHILDR EN AND A BABY CLOTHING DRIVE FOR THE STORK PROJECT, AN INITIATIVE THAT PROVIDES WELCOME BU NDLES THAT ARE GIVEN TO LOW INCOME NEW MOMS IN NEW HAMPSHIRE THE ACTIVITIES TEAM IN RIVER WOODS HEALTH CARE ALONG WITH A GROUP OF RESIDENTS DONATED 17 HOURS TO PROJECTS INCLUDING C OLLECTION AND DONATION OF FLEECE BLANKETS TO THE NHSPCA, KIDS COLORING AND ART SUPPLIES TO GREAT BAY KIDS COMPANY AND COUPONS FOR TROOPS RIVERWOODS STAFF, ALONG WITH 13 RESIDENT V OLUNTEERS, DONATED TIME AND BABY ITEMS IN ORDER TO HOST A BABY SHOWER TO BENEFIT CHILD AND FAMILY SERVICES OF NEW HAMPSHIRE RIVERWOODS ALSO PROVIDES SPACE AND EVENT LOGISTICS FOR THE RED CROSS BLOOD DRIVES ON A REGULAR BASIS IN FY17, RIVERWOODS HOSTED TWO BLOOD DRIVES FOR THE RED CROSS PROVIDING SPACE, REFRESHMENTS AND HOMEMADE COOKIES FROM THE RIVERWOODS DINING TEAM FOR THOSE WHO DONATED BLOOD RIVERWOODS DONATED \$1,000 TO SUPPORT THE SAINT JO SEPH HOSPITAL CHARITY GOLF TOURNAMENT, THE PROCEEDS OF WHICH BENEFIT THE D'YOUVILLE FUND THE D'YOUVILLE FUND IS DESIGNED TO PROVIDE EMERGENCY ASSISTANCE TO INDIVIDUALS UNABLE TO R ECEIVE HELP FROM OTHER SOURCES WHILE PRESCRIPTION ASSISTANCE IS ALWAYS A PRIORITY, THE FU ND ASSISTS WITH BASIC NEEDS LIKE FOOD, RENT, UTILITIES, CLOTHING/SHOES AND FUEL ORGANIZAT IONS AND CHARITABLE CAMPAIGNS RECEIVING SUPPORT FROM RIVERWOODS INCLUDE ALZHEIMER'S ASSOC IATION AMARE CANTARE SPRING CONCERT AMERICAN INDEPENDENCE MUSEUM CHILD AND FAMILY SERVICES OF NEW HAMPSHIRE CITY YEAR NEW HAMPSHIRE CONNOR'S CLIMB CONSERVATION LAW FOUNDATION CROSS ROADS HOUSE EXETER AREA CHRISTIAN FELLOWSHIP EXETER HISTORICAL SOCIETY EXETER HOSPITAL'S KITES AGAINST CANCER EXETER, DOVER, PORTSMOUTH AND MANCHESTER CHAMBERS OF COMMERCE GIRLS O N THE RUN GOODWIN HOUSE FOUNDATION GREAT BAY KIDS COMPANY HAMPTON HISTORICAL SOCIETY KURN HATTIN HOMES FOR CHILDREN LEADERSHIP SEACOAST PROGRAM MASSACHUSETTS AUDUBON MOUNT WASHINGTON ON OBSERVATORY NEW HAMPSHIRE CHILDREN'S TRUST NEW HAMPSHIRE FOOD BANK NH LETTER CARRIERS (NH MISSING CHILDREN AND MUSCULAR DYSTROPHY ASSOCIATION) NEW HAMPSHIRE PUBIC TELEVISION PAL ACE THEATRE PORTSMOUTH PRO MUSICA PRESCOTT PARK ARTS FESTIVAL ROCKINGHAM CHORAL SOCIETY SE ACOAST FAMILY PROMISE SEACOAST OUTRIGHT SEACOAST REPERTORY THEATER SEACOAST WIND ENSEMBLE YMCA, SOUTHERN NEW HAMPSHIRE DISTRICT SOCIETY ST VINCENT DE PAUL EXETER THE EXETER CHAMBE R "FESTIVAL OF TREES" CHRISTMAS AUCTION THE EXETER CHAMBER ANNUAL DINNER THE EXETER CHAMBE R OF COMMERCE GOLF TOURNAMENT THE EXETER PARENT TEACHER ORGANIZATION'S ANNUAL "GET FIT IN MAY" RACE THE GREAT BAY STEWAR</p>

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Return Reference	Explanation
990, PART III, LINE 4A CONTINUED	<p>DS THE MUSIC HALL THE NURSING SCHOOL FUND, BOSTON COLLEGE VETERANS OF FOREIGN WARS (VFW), EXETER, NH POST #2181 WOMENADE OF GREATER SQUAMSCOTT WORKFORCE HOUSING COALITION IN ADDITI ON TO SPONSORSHIPS, WE HAVE PROVIDED SMALL HONORARIUMS/DONATIONS TO A NUMBER OF GROUPS WHO HAVE PROVIDED SPEAKERS FOR OUR ON-CAMPUS EDUCATION PROGRAMS, INCLUDING ACTIVITIES DIRECT OR'S NETWORK (MEPAP TRAINING) AMERICAN INDEPENDENCE MUSEUM BIRCHTREE CENTER BLACK HERITAGE TRAIL OF NH CEPS TECH CAMP AT UNH CHANGE DIRECTION NH CONSERVATION LAW SOCIETY EXETER HIGH SCHOOL CHORUS EXETER HISTORICAL SOCIETY FRIENDS FOREVER, INC LEUKEMIA AND LYMPHOMA SOCIETY LIBERTY HOUSE MURRAY IRISH DANCE NEW HAMPSHIRE ACADEMY FOR PERFORMING ARTS NEW HAMPSHI RE CENTER FOR PUBLIC POLICY STUDIES OCEAN CONSERVANCY FUND OLD MAN OF THE MOUNTAIN LEGACY FUND PHILANTHROPIC EDUCATIONAL ORGANIZATION INTERNATIONAL (PEO) PREVENTING INNOVATIONS AT UNH SEACOAST REPERTORY THEATRE SOCIETY FOR CREATIVE ANACHRONISM RIVERWOODS ALSO PROVIDES MEETING AND FUNCTION SPACE FREE OF CHARGE FOR SEVERAL LOCAL CIVIC AND RELIGIOUS GROUPS ON A REGULAR BASIS, INCLUDING AMERICAN RED CROSS BLOOD DRIVE CHRIST CHURCH DAUGHTERS OF THE A MERICAN REVOLUTION EXETER FIRE DEPARTMENT EXETER WOMEN'S CLUB KURN HATTIN HOME FOR CHILDRE N MEALS ON WHEELS NEW HAMPSHIRE SOCIETY OF PREVENTION OF CRUELTY TO ANIMALS (NHSPCA) IN AD DITION TO PROVIDING SPACE AND AS A WAY TO SUPPORT PEOPLE WORKING IN THE SENIOR LIVING ACTI VITIES PROFESSION OUTSIDE OF OUR OWN COMMUNITY, RIVERWOODS PROVIDED LUNCH AND MEETING SPAC E TO 50 ATTENDEES DURING THE ACTIVITIES PROFESSIONALS MEETING ON MARCH 8, 2017 THROUGHOUT FY 17, RIVERWOODS PROVIDED SPACE AND LIGHT REFRESHMENTS TO SIX STUDENTS TAKING PART IN MO RE THAN 100 HOURS OF MODULAR EDUCATION PROGRAM FOR ACTIVITY PROFESSIONALS - (MEPAP) TRAINI NG PROVIDED BY ACTIVITIES DIRECTOR'S NETWORK THE MEPAP TRAINING PROVIDES THE SENIOR LIVIN G ACTIVITY PROFESSIONAL WITH A STRONG BASE OF KNOWLEDGE, AS WELL AS THE NECESSARY SKILLS A ND TECHNIQUES TO PROVIDE THERAPEUTIC ACTIVITY SERVICES TO CLIENTS AND RESIDENTS IN A LONG TERM CARE SETTING RIVERWOODS ALSO PROVIDES TRANSPORTATION TO RESIDENTS VOLUNTEERING IN TH E COMMUNITY FOR EXAMPLE, RIVERWOODS SHUTTLES ARE USED TO TRANSPORT RESIDENTS WHO VOLUNTEE R AS TROOP GREETERS AT THE LOCAL AIRPORT, THOSE WHO VOLUNTEER AT THE NEW HAMPSHIRE PUBLIC TELEVISION AUCTION AND RIVERWOODS RESIDENTS AND STAFF WHO VOLUNTEER FOR UNITED WAY'S DAY O F CARING</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
990, PART III, LINE 4A CONTINUED	<p>ANNUAL RIVERWOODS SCHOLARSHIPS IN FY17, RIVERWOODS PROVIDED TEN SCHOLARSHIPS TOTALING \$28,000 FOR OUR 11TH ANNUAL STUDENT SCHOLARSHIP AWARDS BOUTIQUE SCHOLARSHIPS WERE AWARDED TO HIGH SCHOOL STUDENTS WHO ARE ON THEIR WAY TO COLLEGE MEMORIAL SCHOLARSHIPS WERE PRESENTED TO RIVERWOODS LICENSED NURSING ASSISTANTS PURSUING THEIR REGISTERED NURSING DEGREES THE ARCHIBALD AND ALMA MAE PEABODY SCHOLARSHIP TO ASSIST WITH COLLEGE EDUCATION WAS PRESENTED TO CHILDREN OF RIVERWOODS EMPLOYEES SINCE THE SCHOLARSHIP PROGRAM INCEPTION, RIVERWOODS HAS GRANTED 68 SCHOLARSHIPS FOR A TOTAL OF MORE THAN \$153,000 COMPUTER DONATIONS IN FY 17, RIVERWOODS DONATED WORKING COMPUTER EQUIPMENT TO COMPUTER TECHNOLOGY ASSISTANCE CORPS (CTAC), A 501(C)3 THAT PROVIDES REFURBISHED COMPUTER EQUIPMENT AND IT SUPPORT TO LOW INCOME FAMILIES, NON-PROFITS AND SCHOOLS IN NEW HAMPSHIRE OUR DONATION TO CTAC INCLUDED 51 DESKTOP COMPUTERS, 10 LAPTOPS, AS WELL AS VARIOUS PRINTERS, SERVERS, TERMINALS AND MONITORS ALL HARD DRIVES DONATED WERE WIPED WITH A D O D COMPLIANT PROGRAM PRIOR TO BEING DONATED RIVERWOODS CTAC CERTIFIES THAT THEY ALSO RUN A SECONDARY WIPE BEFORE DISTRIBUTING THE REFURBISHED EQUIPMENT TO PEOPLE IN NEED RIVERWOODS BENEVOLENCE PROGRAM AS A NOT-FOR-PROFIT CCRC, RIVERWOODS HAS A BENEVOLENCE FUND TO HELP RESIDENTS WHO HAVE OUTLIVED THEIR ASSETS, OR HAVE FOUND THEMSELVES UNABLE TO MAKE THEIR FINANCIAL COMMITMENT, THROUGH NO FAULT OF THEIR OWN IF NEEDED, A RESIDENT CAN TURN TO THE RIVERWOODS BENEVOLENT FUND, RATHER THAN PLACING FINANCIAL BURDEN ON SENIOR ASSISTANCE PROGRAMS OUTSIDE THE RIVERWOODS COMMUNITY 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 FIVE DAYS EACH WEEK OF FREE TRANSPORTATION TO LOCAL GROCERY STORES, DOCTOR'S OFFICES, HAIRDRESSERS AND TO THE ACTIVE DOWNTOWN DISTRICT OUR RESIDENTS ESPECIALLY CONTRIBUTE TO THE LOCAL ECONOMY, AS DO OUR EMPLOYEES THIS PAST FISCAL YEAR RIVERWOODS ONCE AGAIN ORGANIZED AND HOSTED THE FOURTH ANNUAL EXETER HOLIDAY FAIR THE WELL ATTENDED EVENT FEATURED SEVERAL DOZEN AREA BUSINESSES EACH BUSINESS HAD A BOOTH SHOWCASING THEIR GOODS AND/OR SERVICES FOR RESIDENTS AND EMPLOYEES</p>

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
THE RIVERWOODS COMPANY AT EXETER
NEW HAMPSHIRE

Employer identification number
02-0400703

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)THE RIVERWOODS GROUP 5 WHITE OAK DRIVE EXETER, NH 03833 45-1450956	SUPPORT ACTIVITIES OF RIVERWOODS COMPANY AT EXETER AND OTHER PARTICIPANTS	NH	501(C)(3)	LINE 12A, I	N/A		No
(2)RIVERWOODS DURHAM 5 WHITE OAK DRIVE EXETER, NH 03833 82-0719418	NONPROFIT CHARTIABLE ORGANIZATION IN THE DEVELOPMENT STAGES	NH	501(C)(3)	LINE 10	THE RIVERWOODS GROUP		No
(3)HILLCREST MANOR INC 200 ALLIANCE WAY MANCHESTER, NH 03102 56-2534951	TO ESTABLISH, OWN AND MAINTAIN A CONTINUING CARE RETIREMENT COMMUNITY	NH	501(C)(3)	LINE 10	THE RIVERWOODS GROUP		No
(4)BIRCH HILL TERRACE 200 ALLIANCE WAY MANCHESTER, NH 03102 22-3015416	TO ESTABLISH, OWN AND MAINTAIN A CONTINUING CARE RETIREMENT COMMUNITY	NH	501(C)(3)	LINE 10	THE RIVERWOODS GROUP		No
(5)WOMEN'S AID DBA PEARL MANOR 200 ALLIANCE WAY MANCHESTER, NH 03102 02-0222249	PROVIDE SUPPORT FOR BIRCH HILL TERRACE	NH	501(C)(3)	PF	BIRCH HILL TERRACE		No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

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

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

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

a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

No

1c

No

1d

Yes

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

Yes

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

Yes

1s

No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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