

Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
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
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

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

D Employer identification number
02-0400703
E Telephone number
(603) 778-4700

F Name and address of principal officer
DEB RIDDELL
5 WHITE OAK DRIVE
EXETER, NH 03833

H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
H(c) Group exemption number

I Tax-exempt status
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

1 Briefly describe the organization's mission or most significant activities
TO ESTABLISH, OWN, AND MAINTAIN CHARITABLE CONTINUING CARE RETIREMENT COMMUNITIES FOR THE ELDERLY

Table with 2 columns: Description, Amount. Rows include: 2 Check this box, 3 Number of voting members (12), 4 Number of independent voting members (10), 5 Total number of individuals employed (757), 6 Total number of volunteers (321), 7a Total unrelated business revenue (0), 7b Net unrelated business taxable income (0).

Table with 4 columns: Description, Prior Year, Current Year, Net Assets or Fund Balances. Rows include: 8 Contributions and grants (610,846 / 506,887), 9 Program service revenue (35,367,006 / 35,872,160), 10 Investment income (3,886,540 / 7,805,423), 11 Other revenue (289,316 / 577,696), 12 Total revenue (40,153,708 / 44,762,166), 13 Grants and similar amounts paid (182,066 / 395,165), 14 Benefits paid (0 / 0), 15 Salaries, other compensation (20,388,459 / 20,972,250), 16a Professional fundraising fees (0 / 0), 17 Other expenses (18,989,780 / 20,703,106), 18 Total expenses (39,560,305 / 42,070,521), 19 Revenue less expenses (593,403 / 2,691,645), 20 Total assets (187,009,492 / 191,039,747), 21 Total liabilities (253,634,790 / 258,148,166), 22 Net assets or fund balances (-66,625,298 / -67,108,419).

Part II Signature Block

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

Sign Here
Signature of officer: \*\*\*\*\*
Date: 2019-11-07
KEVIN GOYETTE CFO OF TRWG
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: CLIFTONLARSONALLEN LLP
Preparer's signature
Date
Check if self-employed
PTIN: P01586423
Firm's EIN: 41-0746749
Firm's address: 610 W GERMANTOWN PIKE STE 400 PLYMOUTH MEETING, PA 19462
Phone no: (215) 643-3900

**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 \$ 28,860,791 including grants of \$ 395,165 ) (Revenue \$ 35,872,160 )  
See Additional Data

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 28,860,791

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>23</b>	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	
<b>24a</b>	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>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b	No
<b>c</b>	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
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d	No
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a	No
<b>b</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
<b>26</b>	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
<b>27</b>	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
<b>28</b>	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)		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a	No
<b>b</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
<b>c</b>	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
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29 Yes	
<b>30</b>	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	
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31	No
<b>32</b>	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
<b>33</b>	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
<b>34</b>	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	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
<b>b</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	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36	No
<b>37</b>	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
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38 Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . . .	1a	189
<b>b</b>	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . . . .	1b	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	

<b>2a</b> 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 . . . . .		<b>2a</b>	757		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	Yes		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>		No	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O . . . . .</i>	<b>3b</b>			
<b>4a</b>	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)? . . . . .	<b>4a</b>		No	
<b>b</b>	If "Yes," enter the name of the foreign country <b>▶</b> _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>		No	
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		No	
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>			
<b>6a</b>	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? . . . . .	<b>6a</b>		No	
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>			
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>					
<b>a</b>	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? . . . . .	<b>7a</b>		No	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>		No	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		No	
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>		No	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>	Yes		
<b>8 Sponsoring organizations maintaining donor advised funds.</b>					
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .				<b>8</b>	
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>			
<b>10 Section 501(c)(7) organizations.</b> Enter					
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11 Section 501(c)(12) organizations.</b> Enter					
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>			
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .	<b>11b</b>			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?					
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	<b>13a</b>			
<b>b</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 . . . . .	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>		No	
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O . . . . .</i>	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .	<b>15</b>		No	
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .	<b>16</b>		No	

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (12); 1b Enter the number of voting members included in line 1a, above, who are independent (10); 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? (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? (Yes); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (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? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (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 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (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? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (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? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 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-A 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 (checked), 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).

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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			
(1) DENISE BURKE ..... TRUSTEE	1 00 ..... 0 00	X						0	0	0
(2) DAN CHARTRAND ..... TRUSTEE	1 00 ..... 0 00	X						0	0	0
(3) SUSAN DESJARDINS ..... TRUSTEE	1 00 ..... 0 00	X						0	0	0
(4) MIKE HICKEY ..... TRUSTEE	1 00 ..... 0 00	X						0	0	0
(5) ROSS GITTELL ..... TRUSTEE-LEFT MAR 2019	1 00 ..... 0 00	X						0	0	0
(6) ERIC ROBB ..... TRUSTEE-LEFT JUNE 2019	1 00 ..... 0 00	X						0	0	0
(7) NATE TENNANT ..... TRUSTEE-LEFT JUNE 2019	1 00 ..... 0 00	X						0	0	0
(8) BRIAN F WALSH ..... TRUSTEE-LEFT JULY 2018	1 00 ..... 0 00	X						0	0	0
(9) SARAH DONNELLY ..... RESIDENT TRUSTEE	1 00 ..... 0 00	X						0	0	0
(10) JACK DUNN ..... RESIDENT TRUSTEE	1 00 ..... 0 00	X						0	0	0
(11) HOWIE ULFELDER ..... RESIDENT TRUSTEE	1 00 ..... 0 00	X						0	0	0
(12) JUSTINE VOGEL ..... RWE EX-OFFICIO/TRWG CEO	3 00 ..... 37 00	X						0	392,637	43,947
(13) TAMMY MICHAUD ..... CLERK	1 00 ..... 0 00	X		X				0	0	0
(14) CATHY TROWER ..... CHAIR	1 00 ..... 0 00	X		X				0	0	0
(15) DAVE BROWNELL ..... VICE CHAIR	1 00 ..... 0 00	X		X				0	0	0
(16) BRUCE MAST ..... CHAIR-LEFT JUNE 2019	1 00 ..... 0 00	X		X				0	0	0
(17) DIANNE MERCIER ..... TREASURER-LEFT JUNE 2019	1 00 ..... 2 00	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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			
(18) DEB RIDDELL EXECUTIVE DIRECTOR/EX-OFFICIO	40 00 0 00	X		X				213,035	0	39,199
(19) SUZY ANZALONE DIRECTOR OF FINANCE	40 00 0 00			X				120,147	0	40,833
(20) CYNTHIA MARTIN VP OF HEALTHCARE	40 00 0 00					X		171,683	0	15,458
(21) MARY FLANAGAN NURSE PRACTITIONER	40 00 0 00					X		141,682	0	49,060
(22) CHARLES KELSEY VP OF RESIDENT LIFE-LEFT DEC 2018	40 00 0 00					X		172,336	0	1,638
(23) MARY RULISON SALES COUNSELOR	40 00 0 00					X		145,006	0	18,057
(24) DIANE SMITH SALES COUNSELOR	40 00 0 00					X		132,306	0	2,623
<b>1b Sub-Total</b>										
<b>1c Total from continuation sheets to Part VII, Section A</b>										
<b>1d Total (add lines 1b and 1c)</b>								1,096,195	392,637	210,815

<b>2</b> Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 15			
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	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

**Section B. Independent Contractors**

**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
THE RIVERWOODS GROUP 5 WHITE OAK DRIVE EXETER, NH 03833	MANAGEMENT SERVICES	1,585,000
SULLIVAN CONSTRUCTION 258 SOUTH RIVER ROAD BEDFORD, NH 03110	CONTRACTOR	1,194,831
MORRIS PIGEON 273 LITTLEWORTH ROAD MADBURY, NH 03823	CONTRACTOR	1,052,836
SELECT REHABILITATION INC PO BOX 71985 CHICAGO, IL 60694	THERAPY SERVICES	557,543
PROVINET SOLUTIONS 18645 W CREEK DRIVE TINLEY PARK, IL 60477	IT CONSULTING	320,674

**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 ▶ 15

**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>			
	<b>b</b> Membership dues . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . .	<b>1c</b>	108,325		
	<b>d</b> Related organizations	<b>1d</b>			
	<b>e</b> Government grants (contributions)	<b>1e</b>			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	398,562		
	<b>g</b> Noncash contributions included in lines 1a - 1f \$ _____		61,757		
	<b>h Total.</b> Add lines 1a-1f . . . . .		506,887		

<b>Program Service Revenue</b>			Business Code				
	<b>2a</b> RESIDENT SERVICE FEES						
			623000	25,151,591	25,151,591		
	<b>b</b> HEALTH CENTER FEES		623000	7,650,284	7,650,284		
	<b>c</b> EARNED ENTRANCE FEES		623000	3,070,285	3,070,285		
	<b>d</b> _____						
	<b>e</b> _____						
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f . . . . .			35,872,160				

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		3,045,550			3,045,550
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties . . . . .					
	<b>6a</b> Gross rents	(i) Real	(ii) Personal			
	<b>b</b> Less rental expenses					
	<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss) . . . . .					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		50,865,710	5,200			
	<b>b</b> Less cost or other basis and sales expenses					
		46,111,037	0			
	<b>c</b> Gain or (loss)					
		4,754,673	5,200			
	<b>d</b> Net gain or (loss) . . . . .			4,759,873		4,759,873
	<b>8a</b> Gross income from fundraising events (not including \$ 108,325 of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>				
		135,744				
<b>b</b> Less direct expenses . . . . .	<b>b</b>					
		91,457				
<b>c</b> Net income or (loss) from fundraising events . . . . .			44,287		44,287	
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>					
<b>b</b> Less direct expenses . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities . . . . .						
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory . . . . .						
Miscellaneous Revenue	Business Code					
<b>11a</b> ANCILLARY RESIDENT SERVICES	812900	533,409			533,409	
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . .			533,409			
<b>12 Total revenue.</b> See Instructions . . . . .			44,762,166	35,872,160	0	
					8,383,119	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	165,000	165,000		
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22	230,165	230,165		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	433,380	131,915	301,465	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages	16,604,059	13,953,257	2,650,802	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	206,083	169,621	36,462	
<b>9</b> Other employee benefits . . . . .	2,513,833	2,051,781	462,052	
<b>10</b> Payroll taxes . . . . .	1,214,895	971,916	242,979	
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management . . . . .	1,127,482		1,127,482	
<b>b</b> Legal . . . . .	51,714		51,714	
<b>c</b> Accounting . . . . .	46,496		46,496	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services See Part IV, line 17				
<b>f</b> Investment management fees . . . . .	375,996		375,996	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,025,295	632,073	393,222	
<b>12</b> Advertising and promotion . . . . .	246,538	196,270	50,268	
<b>13</b> Office expenses . . . . .	852,703	710,455	142,248	
<b>14</b> Information technology . . . . .	838,928	137,949	700,979	
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	3,586,826		3,586,826	
<b>17</b> Travel . . . . .	94,862	45,189	49,673	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .				
<b>20</b> Interest . . . . .	1,703,819	1,448,246	255,573	
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	6,537,278	5,240,139	1,297,139	
<b>23</b> Insurance . . . . .	424,481	3,583	420,898	
<b>24</b> 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.)				
<b>a</b> RAW FOOD	1,489,991	1,352,191	137,800	
<b>b</b> REPAIRS AND MAINTENANCE	1,186,524	914,901	271,623	
<b>c</b> OTHER EMPLOYEE EXPENSES	534,593	275,653	258,940	
<b>d</b> RESIDENT ACTIVITIES	217,722	198,062	19,660	
<b>e</b> All other expenses	361,858	32,425	329,433	
<b>25</b> Total functional expenses. Add lines 1 through 24e	42,070,521	28,860,791	13,209,730	0
<b>26</b> 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 Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	4,864,398	<b>1</b>	7,694,729
	<b>2</b> Savings and temporary cash investments . . . . .	1,036,142	<b>2</b>	1,063,489
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	789,372	<b>4</b>	818,298
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> 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 . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	12,100,000	<b>7</b>	12,100,000
	<b>8</b> Inventories for sale or use . . . . .	218,382	<b>8</b>	249,512
	<b>9</b> Prepaid expenses and deferred charges . . . . .	851,368	<b>9</b>	756,162
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	187,014,044		
	<b>b</b> Less accumulated depreciation	87,884,473	<b>10c</b>	99,129,571
	<b>11</b> Investments—publicly traded securities . . . . .	63,106,294	<b>11</b>	64,513,015
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	6,020,052	<b>15</b>	4,714,971
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	187,009,492	<b>16</b>	191,039,747	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	2,601,398	<b>17</b>	2,615,899
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	194,802,198	<b>19</b>	200,716,197
	<b>20</b> Tax-exempt bond liabilities . . . . .	56,520,000	<b>20</b>	54,660,000
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> 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 . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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 . . . . .	-288,806	<b>25</b>	156,070
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	253,634,790	<b>26</b>	258,148,166
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	-67,706,404	<b>27</b>	-68,326,398
	<b>28</b> Temporarily restricted net assets . . . . .	469,902	<b>28</b>	461,245
	<b>29</b> Permanently restricted net assets	611,204	<b>29</b>	756,734
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	-66,625,298	<b>33</b>	-67,108,419	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	187,009,492	<b>34</b>	191,039,747	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	44,762,166
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	42,070,521
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	2,691,645
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	-66,625,298
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-2,491,504
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-683,262
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	-67,108,419

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990  Cash  Accrual  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  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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
- 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?
- 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

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 02-0400703

**Name:** THE RIVERWOODS COMPANY AT EXETER  
NEW HAMPSHIRE

Form 990 (2018)

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### Form 990, Part III, Line 4a:

THE RIVERWOODS COMPANY AT EXETER NEW HAMPSHIRE (RWE) 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, 2019 THE COMMUNITY HOUSED APPROXIMATELY 481 RESIDENTS IN INDEPENDENT APARTMENTS AND 125 RESIDENTS IN THE HEALTH CARE CENTERS OVER THE COURSE OF THE YEAR THE HEALTH CARE CENTERS SERVED APPROXIMATELY 205 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 \$14,700,000 FOR THE FISCAL YEAR ENDED JUNE 30, 2019 (FY19) THIS IS AN AVERAGE DISCOUNT OF 76% 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 FY19, RIVERWOODS PROVIDED FINANCIAL ASSISTANCE TO A TOTAL OF FIVE RESIDENTS IN THE AMOUNT OF \$192,165

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**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.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2018**

**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 **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		
<b>Total</b>						

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

(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	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)						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b>	Amounts from line 4						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b>	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc (see instructions)					<b>12</b>	

**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** . . . . .

**Section C. Computation of Public Support Percentage**

<b>14</b>	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b>	Public support percentage for 2017 Schedule A, Part II, line 14	<b>15</b>	

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- b 33 1/3% support test—2017.** 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 ►
- 17a 10%-facts-and-circumstances test—2018.** 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 ►
- b 10%-facts-and-circumstances test—2017.** 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 ►
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

**Part 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	464,922	365,876	389,335	610,846	378,972	2,209,951
<b>2</b>	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	32,895,776	33,425,870	34,957,150	35,367,006	35,872,160	172,517,962
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513	48,553		317,049	289,316	533,409	1,188,327
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5	33,409,251	33,791,746	35,663,534	36,267,168	36,784,541	175,916,240
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons				198,020		198,020
<b>b</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
<b>c</b>	Add lines 7a and 7b				198,020		198,020
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6)						175,718,220

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b>	Amounts from line 6	33,409,251	33,791,746	35,663,534	36,267,168	36,784,541	175,916,240
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,772,925	1,756,542	1,634,222	2,062,957	3,045,550	10,272,196
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b	1,772,925	1,756,542	1,634,222	2,062,957	3,045,550	10,272,196
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)	35,182,176	35,548,288	37,297,756	38,330,125	39,830,091	186,188,436
<b>14</b>	<b>First five years.</b> 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 <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b>	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	94.380 %
<b>16</b>	Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	95.020 %

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	5.520 %
<b>18</b>	Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	4.870 %

- 19a 33 1/3% support tests—2018.** 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—2017.** 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
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	<b>1</b>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	<b>3a</b>		
<b>b</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)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	<b>4b</b>		
<b>c</b>	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)? If "Yes," explain in <b>Part VI</b> 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.		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	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? If "Yes," provide detail in <b>Part VI</b> .		
	<b>6</b>		
<b>7</b>	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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>8</b>		
<b>9a</b>	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))? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9a</b>		
<b>b</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? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9b</b>		
<b>c</b>	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? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9c</b>		
<b>10a</b>	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)? If "Yes," answer line 10b below.		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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>b</b>	A family member of a person described in (a) above?		
<b>c</b>	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>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	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>		
<b>2</b>	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>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	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?		
<b>2</b>	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>		
<b>3</b>	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>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>	Yes	No
<b>b</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>		
<b>3</b>	Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>b</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>		

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<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)**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013. . . . .			
<b>b</b> From 2014. . . . .			
<b>c</b> From 2015. . . . .			
<b>d</b> From 2016. . . . .			
<b>e</b> From 2017. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2018 from Section D, line 7 \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2014. . . . .			
<b>b</b> Excess from 2015. . . . .			
<b>c</b> Excess from 2016. . . . .			
<b>d</b> Excess from 2017. . . . .			
<b>e</b> Excess from 2018. . . . .			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 02-0400703

**Name:** THE RIVERWOODS COMPANY AT EXETER  
NEW HAMPSHIRE

**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**

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**  
**▶ 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.**  
**▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

**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
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year		
<b>5</b> 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	
<b>6</b> 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)

Preservation of land for public use (e g , recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year	
<b>a</b> Total number of conservation easements	<b>2a</b>	
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>	
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>	
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	<b>2d</b>	

**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?  Yes  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)?  Yes  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 ▶ \$ \_\_\_\_\_

**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
- |  | Amount |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> Ending balance                |        |
- 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
<b>1a</b> Beginning of year balance . . . . .	598,877	544,928	470,106	459,683	446,274
<b>b</b> Contributions . . . . .	20,350	6,673	15,341	11,510	5,975
<b>c</b> Net investment earnings, gains, and losses	39,351	52,167	63,762	3,261	12,204
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .	5,149	4,891	4,281	4,348	4,770
<b>g</b> End of year balance . . . . .	653,429	598,877	544,928	470,106	459,683

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 0 %
  - b** Permanent endowment ▶ 100 000 %
  - c** Temporarily restricted endowment ▶ 0 %
- 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
- |  |     |    |
|--|-----|----|
| <b>(i)</b> unrelated organizations . . . . . | Yes | No |
| <b>(ii)</b> related organizations . . . . .  | No  | No |
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . **3b**
- 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
<b>1a</b> Land . . . . .		6,691,079		6,691,079
<b>b</b> Buildings . . . . .		168,535,434	79,666,450	88,868,984
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		11,787,531	8,218,023	3,569,508
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				99,129,571

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
TAX-EXEMPT BOND DEFERRED FINANCING COSTS	-233,161
OBLIGATION UNDER INTEREST RATE SWAP AGREEMENT, NET	389,231
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	▶ 156,070

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .		<b>5</b>	

**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.

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

**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 THE ORGANIZATION 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

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2018

Open to Public Inspection

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information

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 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events. 2a Did the organization have a written or oral agreement with any individual... 2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

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

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		<b>GALA</b> (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
Revenue	<b>1</b> Gross receipts . . . . .	244,069			244,069
	<b>2</b> Less Contributions . . . . .	108,325			108,325
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	135,744			135,744
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .	53,457			53,457
	<b>6</b> Rent/facility costs . . . . .	2,002			2,002
	<b>7</b> Food and beverages . . . . .	20,640			20,640
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	15,358			15,358
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				91,457
<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				44,287	

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

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

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

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

**b** If "Yes," explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in
 

<b>a</b>	The organization's facility	<b>13a</b>	%
<b>b</b>	An outside facility	<b>13b</b>	%

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

Name ▶ .....  
 Address ▶ .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c** If "Yes," enter name and address of the third party

Name ▶ .....  
 Address ▶ .....

**16** Gaming manager information

Name ▶ .....  
 Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

Director/officer                       Employee                       Independent contractor

**17** Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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

Schedule I (Form 990)

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.
Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

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 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? [X] 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

Table with 8 columns: (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 noncash assistance, (h) Purpose of grant or assistance. Row 1: SEACOAST FAMILY PROMISE (SFP), 27 HAMPTON ROAD, EXETER, NH 03833; EIN 02-0529881; IRC section 501(C)(3); Amount 165,000; Purpose TO SUPPORT THE ORGANIZATION'S MISSION.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 1
3 Enter total number of other organizations listed in the line 1 table . . . . . 0

**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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS	10	38,000			
(2) MONTHLY FEE BENEVOLENCE ASSISTANCE	5	192,165			
(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	<p>RWE 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 RWE 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 THE RESIDENT CHARITABLE FUNDS COMMITTEE HAS ESTABLISHED AN ADDITIONAL SCHOLARSHIP PROGRAM USING FUNDS FROM RWE UNRESTRICTED GIFT FUND THE SCHOLARSHIPS ARE FOR FIRST-YEAR NURSING STUDENTS AT A LOCAL COMMUNITY COLLEGE THE DISBURSEMENTS ARE LIMITED TO 1% OF THE VALUE OF THIS FUND AS OF A CERTAIN DATE WHEN SCHOLARSHIPS ARE AWARDED, THE CHECKS ARE MADE PAYABLE TO THE COLLEGE OR UNIVERSITY FOR THE BENEFIT OF THE STUDENT THE CHECKS ARE MAILED DIRECTLY BY RWE TO THE INSTITUTION WHICH ENSURES THE FUNDS ARE BEING USED FOR THEIR INTENDED PURPOSE BENEVOLENCE ASSISTANCE IS PROVIDED EACH MONTH TO RESIDENTS CURRENTLY RECEIVING BENEVOLENCE BENEFITS VIA A CREDIT ON THEIR MONTHLY BILLING STATEMENT PRIOR TO MOVING MONIES FROM THE BENEVOLENT FUND TO THE OPERATING ACCOUNT, A DETAILED LIST OF FINANCIAL ASSISTANCE AMOUNTS IS PROVIDED TO THE CFO OF TRWG FOR REVIEW AND SIGN OFF ON AT LEAST AN ANNUAL BASIS A BENEVOLENT FUND TRACKER IS PROVIDED TO THE BOARD FINANCE COMMITTEE EVERY TWO YEARS, RWE HOLDS A FUNDRAISER FOR ANOTHER LOCAL NONPROFIT ALL EVENT PROCEEDS GO TO THE DESIGNATED CHARITY IN THE FORM OF A CHECK PRIOR TO EACH EVENT, A COMMITTEE OF RIVERWOODS RESIDENTS AND STAFF TOGETHER REVIEW APPLICATIONS FROM INTERESTED RECIPIENTS AND CHOOSE THE ORGANIZATION THAT IS MOST COMPATIBLE WITH RIVERWOODS' MISSION ONCE THE PARTNERSHIP IS FORMED, RIVERWOODS AND THE ORGANIZATION HOLD SEVERAL STAFF AND RESIDENT EVENTS LEADING UP TO THE NEXT GALA RIVERWOODS STRONGLY BELIEVES IN CREATING A PARTNERSHIP WITH THE BENEFICIARY THAT WILL LAST BEYOND THE GALA EVENT AGENCIES ARE SELECTED ON A VARIETY OF FACTORS SUCH AS HOW WELL THEIR MISSION SUITS THE THEME AND THEIR ABILITY TO PARTNER AND PLAN FOR THE GALA SELECTION CRITERIA INCLUDE THAT THE AGENCY -BE COMMITTED TO THE GOAL OF FAMILY HEALTH AND WELL BEING -BE A MEMBER OF THE LARGER EXETER COMMUNITY -PROVIDE POSITIVE VALUE IN HUMAN SERVICES AND MUST BE A 501(C)(3) IN ADDITION TO THE GALA AUCTION, RIVERWOODS ACTIVELY COLLABORATES WITH THE SELECTED ORGANIZATION THROUGHOUT THE DURATION OF THEIR PARTNERSHIP RIVERWOODS EXETER DOES NOT MONITOR THE USE OF GALA DONATIONS ONCE THEY ARE AWARDED TO THE CHOSEN NONPROFIT ORGANIZATION</p>

**Schedule J**  
**(Form 990)**

# Compensation Information

OMB No 1545-0047

**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.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

# 2018

**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 Questions Regarding Compensation

	Yes	No								
<p><b>1a</b> 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</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	<b>1b</b>									
<p><b>2</b> 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?</p>	<b>2</b>									
<p><b>3</b> 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</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> 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</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	<b>4a</b>	No								
	<b>4b</b>	No								
	<b>4c</b>	No								
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> 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</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	<b>5a</b>	No								
	<b>5b</b>	No								
<p><b>6</b> 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</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	<b>6a</b>	No								
	<b>6b</b>	No								
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	<b>7</b>	No								
<p><b>8</b> 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</p>	<b>8</b>	No								
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>									

**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 VOGEL RWE EX-OFFICIO/TRWG CEO	(i)	0	0	0	0	0	0	0
	(ii)	324,137	50,000	18,500	7,400	36,547	436,584	0
2 DEB RIDDELL EXECUTIVE DIRECTOR/EX-OFFICIO	(i)	213,035	0	0	3,257	35,942	252,234	0
	(ii)	0	0	0	0	0	0	0
3 SUZY ANZALONE DIRECTOR OF FINANCE	(i)	120,147	0	0	3,922	36,911	160,980	0
	(ii)	0	0	0	0	0	0	0
4 CYNTHIA MARTIN VP OF HEALTHCARE	(i)	171,683	0	0	2,824	12,634	187,141	0
	(ii)	0	0	0	0	0	0	0
5 MARY FLANAGAN NURSE PRACTITIONER	(i)	141,682	0	0	4,771	44,289	190,742	0
	(ii)	0	0	0	0	0	0	0
6 CHARLES KELSEY VP OF RESIDENT LIFE-LEFT DEC 2018	(i)	172,336	0	0	855	783	173,974	0
	(ii)	0	0	0	0	0	0	0
7 MARY RULISON SALES COUNSELOR	(i)	54,136	90,870	0	3,321	14,736	163,063	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
PART I, LINE 3	ALL RELATED PARTY COMPENSATION DISCLOSED ON SCHEDULE J, PART II IS COMPENSATION PAID BY THE RIVERWOODS GROUP (TRWG), A RELATED IRC SECTION 501(C)(3) SUPPORTING ORGANIZATION. TRWG USES A COMPENSATION COMMITTEE, AN INDEPENDENT COMPENSATION CONSULTANT, FORM 990S OF OTHER LIKE ORGANIZATIONS, A COMPENSATION SURVEY/STUDY AND APPROVAL BY THE TRWG BOARD/COMPENSATION COMMITTEE.



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

**Schedule K (Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

OMB No 1545-0047

**2018**

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

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 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	FINANCE/REFINANCE RIVERWOODS' EXISTING CONTINUING CARE RETIREMENT COMMUNITY		X		X		X

**Part II Proceeds**

		A	B	C	D				
1	Amount of bonds retired . . . . .	10,945,000							
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
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X						
<b>b</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?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X						
<b>d</b> 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?								
<b>4</b> 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 . . . . . ▶								
<b>5</b> 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 . . . . . ▶								
<b>6</b> Total of lines 4 and 5 . . . . .								
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X						
<b>8a</b> 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>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> 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
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X						
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .		X						
<b>b</b> Exception to rebate? . . . . .		X						
<b>c</b> No rebate due? . . . . .	X							
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .	X							
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
<b>b</b> Name of provider . . . . .	DEUTSCHE BANK MORGAN STANLEY							
<b>c</b> Term of hedge . . . . .	1091 0000000000 %							
<b>d</b> Was the hedge superintegrated? . . . . .		X						
<b>e</b> Was the hedge terminated? . . . . .		X						

**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X						
<b>7</b> 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 09/30/2017

# Additional Data

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

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME NHHEFA DATE THE REBATE COMPUTATION WAS PERFORMED 09/30/2017

**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.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No 1545-0047

## 2018

**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
<b>1</b> Art—Works of art . . . . .	X	106	16,963	FMV
<b>2</b> Art—Historical treasures . . . . .				
<b>3</b> Art—Fractional interests . . . . .				
<b>4</b> Books and publications . . . . .				
<b>5</b> Clothing and household goods . . . . .				
<b>6</b> Cars and other vehicles . . . . .	X	1	8,300	FMV
<b>7</b> Boats and planes . . . . .				
<b>8</b> Intellectual property . . . . .				
<b>9</b> Securities—Publicly traded . . . . .				
<b>10</b> Securities—Closely held stock . . . . .				
<b>11</b> Securities—Partnership, LLC, or trust interests . . . . .				
<b>12</b> Securities—Miscellaneous . . . . .				
<b>13</b> Qualified conservation contribution—Historic structures . . . . .				
<b>14</b> Qualified conservation contribution—Other . . . . .				
<b>15</b> Real estate—Residential . . . . .				
<b>16</b> Real estate—Commercial . . . . .				
<b>17</b> Real estate—Other . . . . .				
<b>18</b> Collectibles . . . . .	X	5	1,149	FMV
<b>19</b> Food inventory . . . . .				
<b>20</b> Drugs and medical supplies . . . . .				
<b>21</b> Taxidermy . . . . .				
<b>22</b> Historical artifacts . . . . .				
<b>23</b> Scientific specimens . . . . .				
<b>24</b> Archeological artifacts . . . . .				
<b>25</b> Other ▶ ( GIFT CARDS )	X	101	21,174	FACE VALUE
<b>26</b> Other ▶ ( GIFT BASKETS )	X	52	9,697	FMV
<b>27</b> Other ▶ ( BICYCLE )	X	1	2,999	FMV
<b>28</b> Other ▶ ( JEWELRY )	X	10	1,475	FMV

**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

	<b>29</b>	0
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		Yes	No
<b>30a</b> 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		No
<b>b</b> If "Yes," describe the arrangement in Part II			
<b>31</b> Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	Yes	
<b>32a</b> Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
<b>b</b> If "Yes," describe in Part II			
<b>33</b> 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
PART I, COLUMN (B)	THE FIGURE IN THIS COLUMN REPRESENTS THE NUMBER OF CONTRIBUTORS IN THE GIVEN CATEGORY

**SCHEDULE O**  
**(Form 990 or 990-**  
**EZ)****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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2018****Open to Public  
Inspection**

Department of the Treasury

Name of the organization

THE RIVERWOODS COMPANY AT EXETER  
NEW HAMPSHIRE

Employer identification number

02-0400703

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A CONTINUED</p>	<p>RWE WAS FOUNDED IN 1983 AS A NON-PROFIT, CHARITABLE ORGANIZATION, BY A GRASSROOTS GROUP OF SEACOAST-AREA RESIDENTS WHOSE MISSION WAS TO CREATE AN ACTIVE AND ENGAGING CONTINUING CARE COMMUNITY THAT ENHANCED THE FREEDOM OF SENIOR LIVING WHILE EASING THE CHALLENGES OF AGING A COMMITMENT TO THE LOCAL COMMUNITY WOVEN INTO THE FABRIC OF OUR FOUNDING PRINCIPLES IS A COMMITMENT TO THE LOCAL COMMUNITY "TO BE A RESPONSIBLE COMMUNITY THAT PARTICIPATES IN THE LIFE OF THE LARGER COMMUNITY AROUND IT" WE CONSIDER OURSELVES NEIGHBORS OF THE LOCAL COMMUNITY, AND WE ARE DEDICATED TO SERVING THE NEW HAMPSHIRE SEACOAST AREA BOTH WITH OUR TIME AND THROUGH SPONSORED FINANCIAL PARTNERSHIPS THE RIVERWOODS GALA WHILE RWE SUPPORTS MANY CAUSES IN VARIOUS WAYS THROUGHOUT THE YEAR, WE ORGANIZE AND HOST A ONE-NIGHT EVENT EVERY TWO YEARS FOR THE BENEFIT OF A LOCAL NON-PROFIT KNOWN AS THE RIVERWOODS GALA RESIDENTS SELECT THE BENEFICIARY FROM AMONG DOZENS OF APPLICANTS, WITH THE GALA AS A GRAND FINAL EVENT FOR EACH TWO-YEAR CHARITABLE PARTNERSHIP IN FY19 OUR PARTNER WAS SEACOAST FAMILY PROMISE (SFP), 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 COMMUNITIES OF ALL DENOMINATIONS, BUSINESSES AND COMMUNITY ORGANIZATIONS SINCE SFP'S FOUNDDING 15 YEARS AGO, MORE THAN 87% OF FAMILIES WHO HAVE GONE THROUGH SFP'S PROGRAM HAVE SECURED PERMANENT HOUSING AND HAVE REMAINED STABLE THE STAFF AT RWE TEAMED UP WITH SFP FOR SEVERAL VOLUNTEER PROJECTS THROUGHOUT THE PAST TWO YEARS THIS INCLUDES HELPING SFP WITH VARIOUS MAILINGS AND TRANSPORTATION SERVICES THE PARTNERSHIP CULMINATED IN A GALA EVENT IN OCTOBER 2018 AT RWE IN WHICH OVER \$165,000 WAS RAISED IN ONE EVENING, A RECORD FOR ANY GALA EVENT THIS BROUGHT THE TOTAL AMOUNT RAISED OVER THE LAST TEN GALAS TO OVER \$765,000 BOTH RWE 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 VOLUNTEERING OUR TIME RWE RESIDENTS CONTRIBUTE HUNDREDS OF HOURS EACH YEAR TO NUMEROUS LOCAL, REGIONAL, AND NATIONAL NON-PROFIT ORGANIZATIONS OUR VOLUNTEER TIME HAPPENS BOTH INDIVIDUALLY AND IN GROUP SETTINGS 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, FRIENDS FOREVER INTERNATIONAL, ARTS IN REACH, SEACOAST FAMILY PROMISE, GREAT BAY STEWARDS, END 68 HOURS OF HUNGER,</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A CONTINUED</p>	<p>AND SERVING AS PEN PALS WITH LOCAL ELEMENTARY SCHOOL STUDENTS LEARNING TO READ AND WRITE CURSIVE RWE IS PROUD OF THE CONTINUED PARTNERSHIP WITH OUR PREVIOUS BIENNIAL GALA RECIPIENT SOCIETY OF ST VINCENT DE PAUL EXETER NH (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 IN FY19, RWE 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 OUR EMPLOYEES PARTICIPATE ON MANY LOCAL NOT-FOR-PROFIT BOARDS AND SPEND MANY VOLUNTEER HOURS IN THE COMMUNITY STAFF DONATE THEIR TIME TO MANY WORTHY PROJECTS, INCLUDING THE NEW HAMPSHIRE PUBLIC TELEVISION AUCTION, STRAFFORD COUNTY JAIL, PORTSMOUTH HOSPITAL, AND SEACOAST UNITED WAY'S DAY OF CARING RWE ALSO ENCOURAGES EMPLOYEES TO VOLUNTEER DURING WORK HOURS FOR SPECIAL NON-PROFIT PROJECTS IN DECEMBER OF 2018, RWE DONATED RESIDENT DECORATED TREES TO THE FESTIVAL OF TREES, A FUNDRAISER ORGANIZED BY THE EXETER AREA CHAMBER OF COMMERCE THE TREES WERE AUCTIONED OFF WITH PROCEEDS BENEFITTING THE EXETER CHAMBER CHILDREN'S FUND MAIN STREET AND LINCOLN STREET SCHOOLS, THE LOCAL ELEMENTARY SCHOOLS, HAVE WELCOMED RWE RESIDENTS AS TUTORS AND CLASSROOM AIDES FOR MANY YEARS IN FY19 WE BEGAN A UNIQUE PARTNERSHIP WITH A 4TH GRADE CLASS AT LINCOLN STREET SCHOOL THEIR TEACHER WAS LOOKING FOR A UNIQUE WAY OF HELPING HER STUDENTS LEARN TO READ AND WRITE CURSIVE HANDWRITING THROUGHOUT THE COURSE OF THE SCHOOL YEAR, HER STUDENTS EXCHANGED LETTERS WITH A GROUP OF RWE RESIDENT VOLUNTEERS BOTH RESIDENTS AND STUDENTS ENJOYED THE PROJECT IMMENSELY! RWE CONTINUES TO FOSTER A GREAT PARTNERSHIP WITH GREAT BAY KIDS CO STUDENTS FROM GREAT BAY KIDS COME TO RWE TWICE A MONTH DURING THE SCHOOL YEAR AND READ WITH RESIDENT READING BUDDIES THIS OPPORTUNITY ALLOWS STUDENTS AND RESIDENTS TO INTERACT WITH EACH OTHER AND HELPS THE STUDENTS (RANGING FROM AGE SEVEN TO TWELVE) IMPROVE THEIR READING SKILLS GREAT BAY KIDS HAS BEEN VISITING OUR HEALTH CARE RESIDENTS FOR YEARS, BUT THIS NEW READING PROGRAM STARTED AT THE BEGINNING OF OUR THIS PAST YEAR, RWE PROVIDED A NUMBER OF FREE EDUCATIONAL PROGRAMS FOR THE PUBLIC, ON TOPICS INCLUDING HEALTH, WELLNESS, FITNESS AND FINANCES VETERAN'S HISTORY PROJECT IN FY19, RWE PROVIDED THE SPACE FOR FILMING A PORTION OF THE VETERAN'S HISTORY PROJECT, CREATED BY BOB STEVENS, A RESIDENT OF OUR SISTER COMMUNITY BIRCH HILL IN MANCHESTER MR STEVENS CONDUCTED INTERVIEWS OF RWE VETERANS FROM WWII, KOREA, VIETNAM AND DESERT STORM THE VETERAN'S HISTORY PROJECT CREATED A LIVING HISTORY USING VIDEO INTERVIEWS TO PRESERVE THE TRUE HISTORY OF THE MEN AND WOMEN WHO SERVED OUR COUNTRY THE VIDEOS ARE AVAILABLE ON LOCAL ACCESS TV AND A COPY WAS SENT TO THE LIBRARY OF CONGRESS PHYSICAL DONATIONS ANNUAL SUPPLY AND FOOD DRIVES THE RWE OUTREACH COMMITTEE</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A CONTINUED	<p>TTEE ORGANIZED A CAMPUS-WIDE TOY DRIVE TO SUPPORT THE EXETER FIREFIGHTER'S HOLIDAY DRIVE, A SCHOOL SUPPLY &amp; SNACK DRIVE FOR LOCAL CHILDREN AND SFP, AND A BABY CLOTHING DRIVE FOR THE STORK PROJECT, AN INITIATIVE THAT PROVIDES WELCOME BUNDLES THAT ARE GIVEN TO LOW INCOME NEW MOMS IN NEW HAMPSHIRE A FOOD DRIVE FOR ST VINCENT DE PAUL IS ALSO AN ANNUAL EVENT THE FOLLOWING IS A LIST OF JUST SOME OF THE ORGANIZATIONS WHERE RWE RESIDENTS VOLUNTEERED IN FY19 - ANNIE'S ANGLES - ATHENAEUM, PORTSMOUTH, NH - BSA SCOUTS OF AMERICA - CASA - CROS SROADS HOUSE - EXETER FESTIVAL OF TREES - EAST KINGSTON LIBRARY - EXETER HISTORICAL SOCIETY - EXETER HOSPITAL - EXETER LIBRARY TRUSTEE - EXETER LIONS CLUB - FRIENDS FOREVER INTERNATIONAL - GIRL SCOUTS OF AMERICA - GREAT BAY STEWARDS - GREAT BAY KIDS - HIGH PEAKS EDUCATIONAL FOUNDATION - IMEC - LEAGUE OF WOMEN VOTERS - LIBERTY HOUSE-MANCHESTER - LINCOLN STREET SCHOOL - LINUS PROJECT - MAIN STREET SCHOOL, EXETER, NH - MASSACHUSETTS COMMUNITY LAND TRUST - MEALS ON WHEELS - NATIONAL AUDUBON SOCIETY - NEW ENGLAND HOSTA SOCIETY - NEW HAMPSHIRE ASSOCIATION FOR THE BLIND - NEW HAMPSHIRE HISTORICAL SOCIETY - NH LONG TERM CARE FOUNDATION - NH HORTICULTURAL SOCIETY - NHSPCA - OPERATION BLESSING-PORTSMOUTH - PEASE GREETERS (GREETING TROOPS RETURNING FROM DUTY) - SEACOAST HOSPICE - SEACOAST SCIENCE CENTER - SELT - STRAWBERRY BANKE MUSEUM - THE MUSIC HALL, PORTSMOUTH, NH - TOWER HILL BOTANIC GARDEN - U NH COASTAL PROGRAM - WOMENADE OF GREATER SQUAMSCOTT RWE DONATED ITEMS TO OPERATION BLESSING IN PORTSMOUTH, NH, A LOCAL NON-PROFIT HELPING THE HOMELESS THESE ITEMS INCLUDED 565 PIECES OF CHINA A NUMBER OF ITEMS WERE DONATED TO RESTORE DURING FY19 INCLUDING THREE LARGE FILING CABINETS, ONE EXECUTIVE DESK, TWO BOOKCASES, AND 23 ROLLING DINING CHAIRS</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A CONTINUED	<p>SHARING OUR KNOWLEDGE PART OF THE RWE MISSION IS NOT ONLY TO SHARE AN ENHANCED QUALITY OF LIFE WITH AS MANY OLDER ADULTS AS POSSIBLE, BUT ALSO TEACH OTHERS HOW THEY CAN DO THE SAME. EMPLOYEES REGULARLY SHARE THEIR KNOWLEDGE BY INVITING STUDENTS INTO THE RWE COMMUNITY WHO CAN LEARN FROM THE VAST KNOWLEDGE AND EXPERIENCE OF THE STAFF. OVER THE YEARS WE HAVE HOSTED STUDENTS FROM A VARIETY OF SCHOOLS IN A VARIETY OF COURSEWORK, FROM MARKETING TO FINANCE TO SOCIAL WORK AND HEALTH CARE. FRIENDS FOREVER INTERNATIONAL IN AN EFFORT TO BRIDGE THE MULTIGENERATIONAL DIVIDE, SUPPORT YOUTH VOLUNTEERS AND LEARN ABOUT THE MANY POWERFUL USES OF NEW COMMUNICATION TOOLS, IN FY19 RWE ONCE AGAIN WELCOMED THE GROUP FRIENDS FOREVER INTERNATIONAL, A 501(C)(3) ORGANIZATION WHICH ALLOWS PEOPLE OF ALL AGES AND BACKGROUNDS TO PARTICIPATE FIRST-HAND IN THE INTERNATIONAL PEACE PROCESS. IN JULY OF 2019, SIX ALUMNI FROM FRIENDS FOREVER INTERNATIONAL CAME TO LIVE AT RWE ON A TWO-WEEK ROTATION. SPONSORING THE TOTAL COST FOR THEIR ROOM AND BOARD, RWE PROVIDED WAYS FOR THE STUDENTS TO CONTINUE ADVANCING THEIR LEADERSHIP SKILLS BY LEADING PROGRAMS, CLASSES AND WORKSHOPS WITH RESIDENTS, AS WELL AS OFFERING OPPORTUNITIES FOR INTERACTION AND GAMES. INTERNSHIPS SINCE RWE 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 RWE 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 ARE FREQUENTLY 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 LIVING INDUSTRY TO BEST SERVE THE EVER-GROWING GROUP OF OLDER ADULTS. IN FY19, THE FINANCE AND MARKETING TEAMS BOTH HOSTED SUMMER INTERNS FROM UNH WHO WORKED FULL TIME IN THEIR RESPECTIVE DEPARTMENTS, OR APPROXIMATELY 160 HOURS THROUGH THE END OF FY19. HUMAN RESOURCES HOSTED INTERNS OVER THE WINTER HOLIDAY BREAK. ADDITIONAL INTERNSHIPS AND ON-SITE TRAINING INCLUDED - SEACOAST SCHOOL OF TECHNOLOGY-STUDENTS VIRTUAL DEMENTIA TRAINING AND SHADOWING (240 TOTAL CUMULATIVE HOURS) - RESIDENT ASSESSMENT TOOL TRAINING (15 OUTSIDE ATTENDEES, DONATED COST OF FOOD AND SPACE) - NURSE PRACTITIONER STUDENT INTERNSHIPS (130 HOURS) - GREAT BAY NURSING STUDENTS (160 HOURS) - UNH STUDENT INTERNSHIP (128 HOURS) - UNIVERSITY OF SOUTH DAKOTA INTERNSHIP (80 HOURS) - MCPHS STUDENT</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A CONTINUED	<p>INTERNSHIP-SENIORS IN MCPHS BSN PROGRAM (19 5 HOURS) BUSINESS MANAGEMENT PROGRAM FOR STAFF ESTABLISHED IN 2016, THE RWE BUSINESS MANAGEMENT PROGRAM (RWBMP) OFFERS A VERSION OF A BUSINESS SCHOOL GEARED TOWARD NEW FRONT-LINE LEADERS FROM WITHIN THE RWE STAFF, DEVELOPED AND TAUGHT BY RWE RESIDENTS THE PROGRAM ACCOMPLISHES TWO CRITICAL OBJECTIVES, PROVIDING STAFF WITH REAL WORLD TOOLS THAT WILL HELP THEM GROW PROFESSIONALLY, AS WELL AS PROVIDING RESIDENTS WITH A MEANINGFUL WAY TO GIVE BACK, ENGAGING RESIDENTS AND STAFF FROM DIFFERENT CAMPUSES WITH VARYING AREAS OF RESPONSIBILITY IN FY19 THERE WERE 12 RESIDENT FACULTY MEMBERS AND ONE DEAN WHO TAUGHT THE 8-MONTH LONG PROGRAM IN THE SPRING OF 2018, RWE INTRODUCED A SECOND PROGRAM FOR STAFF CALLED PERSONAL FINANCE, A SIX-WEEK PROGRAM TAUGHT BY FIVE RESIDENT FACULTY MEMBERS AND ONE DEAN THE PERSONAL FINANCE COURSE CHANGES OVER TIME DEPENDING ON THE NEED AND INTEREST OF THE PARTICIPANTS, COVERING TOPICS LIKE SAVING FOR COLLEGE, PLANNING FOR RETIREMENT, HOW TO CREATE AND LIVE ON A BUDGET, OR EXPLAINING COMPOUND INTEREST RWE BUSINESS MANAGEMENT PROGRAM - 5 PART COURSE JAN - JUNE 2016 8 GRADUATES OCT - JUNE 2017 16 GRADUATES (36 TOOK PART, MANY TAKING COURSES AL A CARTE) OCT - MAY 2018 11 GRADUATES OCT - MAY 2019 6 GRADUATES PERSONAL FINANCE FEB - APRIL 2018 9 GRADUATES OCT - NOV 2018 6 GRADUATES MARCH - APR 2019 7 GRADUATES IN TOTAL, 71 PARTICIPANTS HAVE TAKEN SOME PORTION OF ONE OF THESE COURSES SINCE THE INCEPTION OF PROGRAMS 63 HAVE GRADUATED FROM THE PROGRAMS (COMPLETED ENTIRE COURSE) SOME STAFF HAVE EVEN TAKEN AND COMPLETED BOTH COURSES COMMUNITY SPONSORSHIPS RWE IS A STRONG COMMUNITY PARTNER AND IN ADDITION TO RESIDENT AND STAFF TIME SPENT VOLUNTEERING, RWE HAS ALSO HELPED A NUMBER OF COMMUNITY-WIDE EVENTS AND ORGANIZATIONS WITH FINANCIAL SUPPORT ORGANIZATIONS AND CHARITABLE CAMPAIGNS RECEIVING SUPPORT FROM RWE INCLUDE - AMERICAN INDEPENDENCE MUSEUM - ARTS IN REACH - CONNOR'S CLIMB FOUNDATION - END 68 HOURS OF HUNGER - EXETER HISTORICAL SOCIETY - EXETER HOLIDAY PARADE - EXETER, DOWN, PORTSMOUTH AND MANCHESTER CHAMBERS OF COMMERCE - EXETER RUN CLUB - EXETER YOUTH BASEBALL AND SOFTBALL LEAGUE - FESTIVAL OF TREES 2018, EXETER - FRIENDS FOREVER INTERNATIONAL - LEADERSHIP SEACOAST PROGRAM - LEADING AGE DISASTER RELIEF - LEADING AGE MAINE AND NEW HAMPSHIRE - NEW HAMPSHIRE CHILDREN'S TRUST - NEW HAMPSHIRE FOOD BANK - NH LONG TERM CARE FOUNDATION - NEW HAMPSHIRE LETTER CARRIERS - NEW HAMPSHIRE WOMEN'S FOUNDATION - OLLI (OSHER LIFELONG LEARNING INSTITUTE) AT GRANITE STATE COLLEGE - PALACE THEATRE - PONTINE THEATRE - PORTSMOUTH PRO MUSICA - PRESCOTT PARK ARTS FESTIVAL - RACIAL UNITY DAY WALK - SEACOAST ARE A CROP - SEACOAST CHIEF FIRE OFFICIALS MUTUAL AID DISTRICT - SEACOAST FAMILY PROMISE - SEA COAST OUTRIGHT - SEACOAST REPERTORY THEATER - SEACOAST WIND ENSEMBLE - ST ANDREW'S BY THE SEA MUSIC, MUSIC BY THE SEA 2018 - TEAM (TOWN EXETER ARTS AND MUSIC) ARTS FESTIVAL - TEAM (TOWN EXETER ARTS AND MUSIC)</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A CONTINUED</p>	<p>ARTS FIRST FRIDAYS - YMCA, SOUTHERN NEW HAMPSHIRE DISTRICT - SOCIETY ST VINCENT DE PAUL E XETER - THE EXETER CHAMBER "FESTIVAL OF TREES" CHRISTMAS AUCTION - THE EXETER CHAMBER OF C OMMERCE ANNUAL DINNER - THE EXETER PARENT TEACHER ORGANIZATION'S "GET FIT IN MAY" RACE - T HE GREAT BAY STEWARDS - THE MUSIC HALL, PORTSMOUTH - VETERANS OF FOREIGN WARS (VFW), EXETE R, NH POST #2181 - VICTORIA'S VICTORY FOUNDATION - WOMENADE OF GREATER SQUAMSCOTT RWE HAS PROVIDED SMALL HONORARIUMS/DONATIONS TO A NUMBER OF GROUPS WHO HAVE PROVIDED SPEAKERS FOR OUR ON-CAMPUS EDUCATION PROGRAMS, INCLUDING - ACTIVITIES DIRECTOR'S NETWORK (MEPAP TRAINI NG) - AMERICAN FRIENDS SERVICE COMMITTEE - AMERICAN INDEPENDENCE MUSEUM - BEDROCK GARDENS - BIRCHTREE CENTER - CASA OF NEW HAMPSHIRE - CHRIST CHURCH BUILDING FUND - CONCORD COMMUNI TY MUSIC SCHOOL - CONSERVATION LAW SOCIETY - EDUCATION AND HOPE - EXETER HIGH SCHOOL - EXE TER HISTORICAL SOCIETY - FRIENDS FOREVER, INC - GULF OF MAINE RESEARCH INSTITUTE - INSTIT UTE FOR THE STUDY OF EARTH, OCEAN AND SCIENCE, UNIVERSITY OF NEW HAMPSHIRE - MOUNT WASHING TON OBSERVATORY - MURRAY IRISH DANCE - NEW HAMPSHIRE ACADEMY FOR PERFORMING ARTS - PRESBYT ERIAN DISASTER ASSISTANCE - THE WAYSMEET CENTER OF CAMPUS MINISTRY AT UNH - TOWN OF NOTTIN GHAM THEATRE PROGRAM - UNIVERSITY OF NEW HAMPSHIRE DEPARTMENT OF POLITICAL SCIENCE - UNH D EPARTMENT OF SOCIOLOGY BEST GRADUATE PAPER - WALTHAM HOME FOR LITTLE WANDERERS - WOMENADE OF GREATER SQUAMSCOTT RWE ALSO PROVIDES MEETING AND FUNCTION SPACE FREE OF CHARGE FOR SEVE RAL LOCAL CIVIC AND RELIGIOUS GROUPS ON A REGULAR BASIS, INCLUDING - AMERICAN RED CROSS B LOOD DRIVE - CHRIST CHURCH - DAUGHTERS OF THE AMERICAN REVOLUTION - EXETER FIRE DEPARTMENT - EXETER WOMEN'S CLUB - FRIENDS FOREVER INTERNATIONAL - KURN HATTIN HOME FOR CHILDREN - L EADINGAGE MAINE AND NEW HAMPSHIRE - NEW HAMPSHIRE PUBLIC TELEVISION (NHPBS) - PHILANTHROPI C EDUCATIONAL ORGANIZATION (PEO) - RICHIE MCFARLAND CHILDREN'S CENTER - ST VINCENT DE PAU L BOARD OF TRUSTEES - TOASTMASTER'S INTERNATIONAL - WOMENADE OF GREATER SQUAMSCOTT RWE ALS O PROVIDES TRANSPORTATION TO RESIDENTS VOLUNTEERING IN THE COMMUNITY FOR EXAMPLE, RWE SHU TTLES ARE USED TO TRANSPORT RESIDENTS WHO VOLUNTEER AS TROOP GREETERS AT THE LOCAL AIRPORT , THOSE WHO VOLUNTEER AT THE NEW HAMPSHIRE PUBLIC TELEVISION AUCTION AND RWE RESIDENTS AND STAFF WHO VOLUNTEER FOR UNITED WAY'S DAY OF CARING</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A CONTINUED</p>	<p>ANNUAL RWE SCHOLARSHIPS FY19 WAS THE LARGEST YEAR TO DATE, WITH \$38,000 AWARDED TO 10 RECIPIENTS OF OUR 13TH ANNUAL STUDENT SCHOLARSHIP AWARDS BOUTIQUE SCHOLARSHIPS WERE AWARDED TO HIGH SCHOOL STUDENTS WHO ARE ON THEIR WAY TO COLLEGE MEMORIAL SCHOLARSHIPS WERE PRESENTED TO RWE LICENSED NURSING ASSISTANTS PURSUING CONTINUING EDUCATION IN THE NURSING FIELD THE ARCHIBALD AND ALMA MAE PEABODY SCHOLARSHIP TO ASSIST WITH COLLEGE EDUCATION WAS PRESENTED TO CHILDREN OF RWE EMPLOYEES SINCE 2007, WHEN THE FIRST SCHOLARSHIPS WERE ESTABLISHED, 80 SCHOLARSHIPS HAVE BEEN DISTRIBUTED, WORTH MORE THAN \$300,000 TOWARD GOALS OF HIGHER EDUCATION ADDITIONALLY, A PARTNERSHIP BETWEEN RWE AND GREAT BAY COMMUNITY COLLEGE WAS ESTABLISHED IN 2018 BY THE RWE CHARITABLE FUNDS COMMITTEE MEMBERS IN THE HOPES OF OPENING STUDENTS' MINDS ABOUT THE RICH VARIETY OF CAREER OPPORTUNITIES AVAILABLE AT RWE IN FY18, RWE RESIDENTS CREATED A SCHOLARSHIP PROGRAM FOR FIRST-YEAR NURSING STUDENTS AT GREAT BAY COMMUNITY COLLEGE IN FY19, RWE AWARDED \$8,000 IN SCHOLARSHIP DOLLARS TO FOUR NURSING STUDENTS AS PART OF THIS NEW INITIATIVE C A R E PROGRAM FOR EMPLOYEES IN NEED C A R E STANDS FOR CARING, AIDING, AND RESPONDING TO EMPLOYEE'S FINANCIAL NEEDS IN JULY OF 2016, A GROUP OF RWE EMPLOYEES CREATED THE C A R E FUND, DESIGNED TO ASSIST EMPLOYEES OF RWE WHO DEMONSTRATE A FINANCIAL EMERGENCY BEYOND THEIR CONTROL AND PROVIDE THEM WITH LIMITED ASSISTANCE SINCE THE CREATION OF THE C A R E FUND, RWE'S HUMAN RESOURCES TEAM AND THE C A R E COMMITTEE HAS AWARDED 16 GRANTS TOTALING \$7,500 IN A TESTIMONIAL FROM A CURRENT RWE EMPLOYEE THE INDIVIDUAL SAID "I WISH I KNEW ALL WHO GAVE SUCH A GENEROUS DONATION, SO I COULD THANK EACH OF YOU BUT WORDS CANNOT EXPRESS MY GRATITUDE FOR ALL YOUR HELP AND SUPPORT DURING THE WORST TIME IN MY LIFE I FEEL BLESSED, LOVED AND GRATEFUL TO BE A PART OF THE RWE FAMILY " THE POSITIVE IMPACT OF THE C A R E PROGRAM IS EVIDENT FROM EACH EMPLOYEE WHO HAS BENEFITTED FROM IT RWE BENEVOLENCE PROGRAM AS A NOT-FOR-PROFIT CCRC, RWE 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 RWE BENEVOLENT FUND, RATHER THAN PLACING FINANCIAL BURDEN ON SENIOR ASSISTANCE PROGRAMS OUTSIDE THE RWE COMMUNITY RETAIL SUPPORT THE RWE CONCIERGE SERVICE OFFERS THREE DAYS EACH WEEK OF FREE TRANSPORTATION TO LOCAL GROCERY STORES, DOCTOR'S OFFICES, HAIRDRESSERS AND TO THE ACTIVE DOWNTOWN DISTRICT RWE RESIDENTS ESPECIALLY CONTRIBUTE TO THE LOCAL ECONOMY, AS DO OUR EMPLOYEES THIS PAST FISCAL YEAR RWE ONCE AGAIN ORGANIZED AND HOSTED THE SEVENTH ANNUAL EXETER HOLIDAY FAIR THE WELL-ATTENDED EVENT FEATURED SEVERAL DOZEN AREA BUSINESSES FROM EXETER TO HAMPTON EACH BUSINESS HAD A BOOTH SHOWCASING THEIR GOODS AND/OR SERVICES FOR RESIDENTS AND EMPLOYEES</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 1	THE CURRENT RESIDENT BOARD REPRESENTATIVES ARE VOTING MEMBERS OF THE BOARD OF TRUSTEES THE EXECUTIVE DIRECTOR OF RWE WILL SERVE ON THE BOARD OF TRUSTEES (THE BOARD) AS EX-OFFICIO WITH FULL VOTING RIGHTS THE BOARD MAY VOTE TO EXCLUDE THE EXECUTIVE DIRECTOR OF RWE FROM ITS MEETINGS IF DISCUSSING PERSONNEL MATTERS RELATING TO THE EXECUTIVE DIRECTOR AND/OR THE COMPENSATION OF THE EXECUTIVE DIRECTOR THE EXECUTIVE COMMITTEE WILL CONSIST OF THE OFFICERS OF THE BOARD, CURRENTLY THE CHAIR, VICE-CHAIR, TREASURER AND CLERK, AND WILL EXERCISE THE FULL AUTHORITY OF THE BOARD BETWEEN MEETINGS OF THE BOARD THE EXECUTIVE COMMITTEE WILL BE RESPONSIBLE TO THE BOARD AND WILL REPORT ITS ACTIONS AT EACH MEETING OF THE BOARD THE EXECUTIVE COMMITTEE SHALL ALSO SERVE AS THE COMPENSATION COMMITTEE OF THE BOARD MEMBERS OF THE BOARD OF TRUSTEES WILL NOT RECEIVE COMPENSATION FOR THEIR SERVICES AS TRUSTEES, HOWEVER, A MEMBER OF THE BOARD OF TRUSTEES MAY RECEIVE REIMBURSEMENT OF DIRECT OUT-OF-POCKET EXPENSES FOR EFFORTS MADE ON BEHALF OF RIVERWOODS EXETER

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 3	THE RIVERWOODS GROUP (TRWG), A RELATED PARTY, PROVIDES OVERSIGHT TO THE OVERALL FRAMEWORK OF RWE TRWG PRIMARILY PROVIDES ADMINISTRATIVE SERVICES TO RWE WHICH DO NOT INVOLVE ANY SIGNIFICANT MANAGERIAL DECISION MAKING, BUT TRWG DOES HAVE ULTIMATE AUTHORITY AND RESPONSIBILITY FOR RWE'S BUDGET RWE PAID TRWG A MANAGEMENT FEE OF \$1,127,482 FOR SERVICES RENDERED DURING THE TAX YEAR COMPENSATION FROM TRWG IS DISCLOSED ON FORM 990, PART VII, COLUMN (E) AND (F) AS WELL AS ON SCHEDULE J, PART II AS COMPENSATION FROM A RELATED ORGANIZATION, NO COMPENSATION IS DEEMED TO HAVE BEEN PAID BY RWE

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 6	TRWG, AN IRC SECTION 501(C)(3) SUPPORTING ORGANIZATION, IS THE SOLE MEMBER OF RWE

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 7A	THE BOARD OF TRWG IS REQUIRED TO APPROVE/ELECT ALL TRUSTEES OF RWE

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 7B	EACH OF THE FOLLOWING ACTIONS BY RWE'S BOARD MUST BE APPROVED BY TRWG BEFORE IT BECOMES EFFECTIVE (A) REMOVAL OF A MEMBER OF THE RWE'S BOARD, (B) FINAL ADOPTION OF, AND ANY APPROVAL OF A MATERIAL DEVIATION FROM, THE ANNUAL AND ANY REVISED OPERATING AND CAPITAL BUDGETS OF RWE, (C) FINAL ADOPTION OF, AND ANY APPROVAL OF A MATERIAL DEVIATION FROM, RWE'S STRATEGIC PLAN, (D) 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, (E) ANY SINGLE INCURRENCE, OR CUMULATIVE INCURRENCES IN ANY TWELVE (12) MONTH PERIOD, OF INDEBTEDNESS BY RWE IN EXCESS OF \$2 5 MILLION, (F) SALE, LEASE OR EXCHANGE OF ANY MATERIAL PORTION OF THE ASSETS OF, OR THE STATUTORY MERGER, CONSOLIDATION, CORPORATE DIVISION, DISSOLUTION, OR LIQUIDATION OF, RWE OR ANY SUBSIDIARY OF RWE, (G) APPOINTMENT OF A FIRM OF INDEPENDENT PUBLIC ACCOUNTANTS TO CONDUCT AN INDEPENDENT AUDIT OF RWE'S FINANCIAL STATEMENTS OR A SPECIAL PROJECT WHICH MATERIALLY IMPACTS ASSETS, REVENUES OR OPERATIONS, (H) THE PARTICIPATION BY RWE OR ANY SUBSIDIARY OF RWE IN A KEY STRATEGIC RELATIONSHIP, (I) APPOINTMENT, EVALUATION, AND COMPENSATION OR TERMINATION OF THE EXECUTIVE DIRECTOR OF RWE, (J) ELIMINATION OR ADDITION OF ANY MATERIAL HEALTH CARE SERVICE OR PROGRAM BY RWE OR ANY SUBSIDIARY OF RWE, (K) THE AMENDMENT OF THE ARTICLES OF AGREEMENT, BYLAWS OR OTHER GOVERNING DOCUMENTS OF RWE 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 RWE UNDER ANY AGREEMENT BETWEEN OR AMONG THE PARTICIPANT ORGANIZATIONS

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM RWE HAS AUTHORIZED REVIEW AND FILING 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 31, 2019 AFTER REVIEW BY TRWG'S AUDIT COMMITTEE, A FULL COPY OF THE FINAL FORM 990 WILL BE PROVIDED TO RWE'S BOARD VIA A LINK TO A SECURE WEBSITE AND THE RWE'S BOARD WILL BE NOTIFIED THAT IT IS AVAILABLE FOR REVIEW PRIOR TO FILING

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 12C	AN ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE IS SENT TO ALL TRUSTEES, OFFICERS AND KEY EMPLOYEES THE QUESTIONNAIRE IS PREPARED AND AFFIRMATIVE ANSWERS ARE REVIEWED BY RWE'S LEGAL COUNSEL NO TRUSTEE SHALL PARTICIPATE AS A MEMBER OF THE BOARD 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 RWE 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, 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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 15	<p>FORM 990, PART VI, SECTION B, LINE 15A THE EXECUTIVE DIRECTOR'S SALARY IS REVIEWED AND APPROVED ANNUALLY BY THE BOARD THIS PROCESS IS DOCUMENTED IN THE EXECUTIVE COMMITTEE MINUTES PAY RANGES FOR SIMILAR POSITIONS ARE ANALYZED ANNUALLY AND COMPARED TO WAGE INFORMATION OBTAINED THROUGH SALARY SURVEYS AND OTHER LABOR MARKET RESOURCES WITH SIMILAR CONDITIONS THE CEO OF TRWG ALSO CONTRACTS WITH AN INDEPENDENT CONTRACTOR WHO HELPS FACILITATE THE GATHERING OF SALARY INFORMATION AND SHARES THAT INFORMATION WITH THE RWE EXECUTIVE COMMITTEE 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 -THE FINANCIAL STATUS OF RWE THE EXECUTIVE DIRECTOR'S COMPENSATION WAS MOST RECENTLY PROPOSED BY THE CEO OF TRWG AND APPROVED BY THE EXECUTIVE COMMITTEE DURING 2019</p> <p>FORM 990, PART VI, SECTION B, LINE 15B TOP MANAGEMENT POSITIONS ARE OVERSEEN BY THE EXECUTIVE DIRECTOR, BUT FINAL REVIEW AND APPROVAL IS CONDUCTED BY THE BOARD THIS PROCESS AND FINAL DETERMINATIONS ARE TIMELY DOCUMENTED IN THE BOARD MINUTES ALL EXECUTIVE POSITIONS WERE REVIEWED BY AN INDEPENDENT CONSULTANT IN 2018 IN ADDITION, SALARY SURVEYS, FORM 990'S OF OTHER ENTITIES AND INTERNAL EQUITY WERE ALL CONSIDERED SALARY RANGES FOR ALL POSITIONS WERE DEVELOPED USING SIMILAR DATA AS OUTLINED ABOVE FOR THE EXECUTIVE DIRECTOR THE INFORMATION IS USED BY THE EXECUTIVE DIRECTOR IN THE DEVELOPMENT OF SALARY RANGES DURING THE BUDGETING PROCESS, THE BOARD APPROVES THE COMPENSATION BUDGET WHICH LISTS EACH OFFICER AND KEY EMPLOYEE SEPARATELY THE DIRECTOR OF FINANCE'S COMPENSATION WAS MOST RECENTLY REVIEWED DURING 2019</p>

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9	CHANGE IN FAIR VALUE OF INTEREST RATE SWAP AGREEMENTS -680,599 CHANGE IN CHARITABLE GIFT ANNUITY LIABILITY -15,051 GALA EVENT-CONTRIBUTIONS -108,325 GALA EVENT-DONATION TO SFP 165,000 GALA EVENT-NET INCOME -44,287

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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 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
<b>(1)</b> THE RIVERWOODS GROUP 5 WHITE OAK DRIVE  EXETER, NH 03833 45-1450956	FURTHER THE MISSIONS OF THE RIVERWOODS GROUP MEMBERS	NH	501(C)(3)	LINE 12A, I	N/A		No
<b>(2)</b> RIVERWOODS DURHAM 5 WHITE OAK DRIVE  EXETER, NH 03833 82-0719418	CONTINUING CARE RETIREMENT COMMUNITY IN THE DEVELOPMENT STAGES	NH	501(C)(3)	LINE 10	THE RIVERWOODS GROUP		No
<b>(3)</b> BIRCH HILL TERRACE 200 ALLIANCE WAY  MANCHESTER, NH 03102 22-3015416	ESTABLISH, OWN AND MAINTAIN A CONTINUING CARE RETIREMENT COMMUNITY	NH	501(C)(3)	LINE 10	THE RIVERWOODS GROUP		No
<b>(4)</b> 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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	Yes
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	No
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	No
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	Yes
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	Yes
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	Yes
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	Yes
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	Yes
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	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



**Part VII**    **Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>