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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

B Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

C Name of organization  
THE RIVERWOODS COMPANY AT EXETER  
NEW HAMPSHIRE  
Doing business as  
Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
5 WHITE OAK DRIVE  
City or town, state or province, country, and ZIP or foreign postal code  
EXETER, NH 03833  
F Name and address of principal officer:  
DEB RIDDELL  
5 WHITE OAK DRIVE  
EXETER, NH 03833

D Employer identification number  
02-0400703  
E Telephone number  
(603) 658-1786  
G Gross receipts \$ 69,321,053

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.RIVERWOODSRC.ORG

H(a) Is this a group return for subordinates? ☐ Yes ☒ No  
H(b) Are all subordinates included? ☐ Yes ☐ No  
If "No," attach a list. (see instructions)  
H(c) Group exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1983

M State of legal domicile: NH

Part I Summary

Activities & Governance

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

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) . . . . . 3 12

4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . . 4 10

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) . . . . . 5 728

6 Total number of volunteers (estimate if necessary) . . . . . 6 296

7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . 7a 0

7b Net unrelated business taxable income from Form 990-T, line 39 . . . . . 7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h) . . . . . 8 506,887

9 Program service revenue (Part VIII, line 2g) . . . . . 9 35,872,160

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . . 10 7,805,423

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . . 11 577,696

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . 12 44,762,166

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . . 13 395,165

14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . 14 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . . 15 20,972,250

16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . . 16a 0

16b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . . 17 20,703,106

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . . 18 42,070,521

19 Revenue less expenses. Subtract line 18 from line 12 . . . . . 19 2,691,645

Net Assets or Fund Balances

20 Total assets (Part X, line 16) . . . . . 20 191,039,747

21 Total liabilities (Part X, line 26) . . . . . 21 258,148,166

22 Net assets or fund balances. Subtract line 21 from line 20 . . . . . 22 -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  
KEVIN GOYETTE CFO OF TRWG  
Type or print name and title

2020-11-11  
Date

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date 2020-11-10 Check ☐ if self-employed PTIN P01586423

Firm's name ▶ CLIFTONLARSONALLEN LLP Firm's EIN ▶ 41-0746749

Firm's address ▶ 610 W GERMANTOWN PIKE SUITE 400 Phone no. (215) 643-3900  
PLYMOUTH MEETING, PA 19462

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2019)

**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 \$ 34,050,628 including grants of \$ 300,626 ) (Revenue \$ 36,835,079 )  
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 ▶ 34,050,628

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	<b>2</b> Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<b>4</b>	No
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	<b>5</b>	No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	<b>6</b>	No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	<b>8</b>	No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	<b>9</b>	No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	<b>10</b> Yes	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	<b>11a</b> Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	<b>11b</b>	No
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	<b>11c</b>	No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	<b>11d</b>	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	<b>11e</b> Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	<b>11f</b> Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	<b>12a</b>	No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	<b>14b</b>	No
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	<b>15</b>	No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	<b>16</b>	No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	<b>17</b>	No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<b>18</b>	No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20a</b>	No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	<b>21</b>	No

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

		Yes	No
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .	<b>22</b> Yes	
<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? If "Yes," complete Schedule J . . . . .	<b>23</b> 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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .	<b>24a</b> Yes	
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	<b>24b</b>	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? . . . . .	<b>24c</b>	No
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	<b>24d</b>	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? If "Yes," complete Schedule L, Part I . . . . .	<b>25a</b>	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? If "Yes," complete Schedule L, Part I . . . . .	<b>25b</b>	No
<b>26</b>	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II . . . . .	<b>26</b>	No
<b>27</b>	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .	<b>27</b>	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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV . . . . .	<b>28a</b>	No
<b>b</b>	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . . . .	<b>28b</b>	No
<b>c</b>	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV . . . . .	<b>28c</b>	No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . .	<b>29</b>	No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	<b>30</b>	No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	<b>31</b>	No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	<b>32</b>	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? If "Yes," complete Schedule R, Part I . . . . .	<b>33</b>	No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .	<b>34</b> Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	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)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	<b>35b</b>	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	<b>36</b>	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? If "Yes," complete Schedule R, Part VI . . . . .	<b>37</b>	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. . . . .	<b>38</b> 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 . . . . .	<b>1a</b> 188	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b> 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? . . . . .	<b>1c</b>	

**Part V** **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

<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> 728			
<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? If "No" to line 3b, provide an explanation in Schedule O . . . . .	<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: ▶ _____ 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>			
<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>9 Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</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>12a</b>			
<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? If "No," provide an explanation in Schedule O . . . . .	<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**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year	12	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent	10	
<b>2</b>	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
<b>3</b>	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	
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
<b>6</b>	Did the organization have members or stockholders?	Yes	
<b>7a</b>	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	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	Yes	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	Yes	
<b>9</b>	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.)

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **NH**

**18** Section 6104 requires an organization to make its Form 1023 (or 1024-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 ☐ 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:  
**►SHELLY CRAIG 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.

See instructions for the order in which to list the persons above.

☐ 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) DAN CHARTRAND ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
(2) SUSAN DESJARDINS ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
(3) MIKE HICKEY ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
(4) SARAH DONNELLY ..... RESIDENT TRUSTEE	1.00 ..... 0.00	X						0	0	0
(5) BILL STAFFORD ..... RESIDENT TRUSTEE	1.00 ..... 0.00	X						0	0	0
(6) HOWIE ULFELDER ..... RESIDENT TRUSTEE	1.00 ..... 0.00	X						0	0	0
(7) JUSTINE VOGEL ..... RWE EX-OFFICIO/TRWG CEO	3.00 ..... 37.00	X						0	404,967	41,131
(8) TAMMY MICHAUD ..... CLERK	1.00 ..... 0.00	X		X				0	0	0
(9) DENISE BURKE ..... TREASURER	1.00 ..... 0.00	X		X				0	0	0
(10) DAVE BROWNELL ..... VICE CHAIR	1.00 ..... 0.00	X		X				0	0	0
(11) CATHY TROWER ..... CHAIR	1.00 ..... 0.00	X		X				0	0	0
(12) DEB RIDDELL ..... EXECUTIVE DIRECTOR/EX-OFFICIO	40.00 ..... 0.00	X		X				224,236	0	34,117
(13) JACK DUNN ..... RESIDENT TRUSTEE - LEFT JUL 2019	1.00 ..... 0.00	X						0	0	0
(14) KEVIN GOYETTE ..... TRWG CFO	3.00 ..... 37.00			X				0	273,484	21,372
(15) MARY RULISON ..... SALES COUNSELOR	40.00 ..... 0.00					X		150,013	0	17,604
(16) KATHRYN BOLDUC ..... DIRECTOR OF HEALTH SERVICES	40.00 ..... 0.00					X		147,324	0	720
(17) MARY FLANAGAN ..... NURSE PRACTITIONER	40.00 ..... 0.00					X		142,019	0	49,596

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

[illegible]

<b>1b Sub-Total</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>			
<b>d Total (add lines 1b and 1c)</b>	853,366	805,383	184,055

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 13

		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>	<b>3</b>	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>	<b>4</b>	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>	<b>5</b>	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)	(B)	(C)
Name and business address	Description of services	Compensation
SULLIVAN CONSTRUCTION 258 SOUTH RIVER ROAD BEDFORD, NH 03110	CONTRACTOR	2,037,102
THE RIVERWOODS GROUP 5 WHITE OAK DRIVE EXETER, NH 03833	MANAGEMENT AND IT SERVICES	1,784,165
GEMINI ELECTRIC INC 8 PRISCILLA LANE AUBURN, NH 03032	CONTRACTOR	945,996
MORRIS PIGEON 273 LITTLEWORTH ROAD MADBURY, NH 03823	CONTRACTOR	759,957
SELECT REHABILITATION INC PO BOX 71985 CHICAGO, IL 60694	THERAPY SERVICES	537,862

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 ► 14



Form 990 (2019)		Page 9				
Part VIII		Statement of Revenue				
Check if Schedule O contains a response or note to any line in this Part VIII						
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	544,107			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	453,281			
	g Noncash contributions included in lines 1a - 1f:\$	1g	3,056			
	h Total. Add lines 1a-1f		997,388			
Program Service Revenue	Business Code					
	2a RESIDENT SERVICE FEES	623000	25,992,227	25,992,227		
	b HEALTH CENTER FEES	623000	7,481,388	7,481,388		
	c EARNED ENTRANCE FEES	623000	3,361,464	3,361,464		
	d					
	e					
	f All other program service revenue.					
g Total. Add lines 2a-2f.		36,835,079				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,382,143		3,382,143	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real	(ii) Personal			
		6a				
		b Less: rental expenses	6b			
		c Rental income or (loss)	6c			
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		7a	27,917,081			
		b Less: cost or other basis and sales expenses	7b	25,073,936	6,706	
		c Gain or (loss)	7c	2,843,145	-6,706	
	d Net gain or (loss)		2,836,439		2,836,439	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		8a			
	b Less: direct expenses		8b			
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19		9a			
	b Less: direct expenses		9b			
	c Net income or (loss) from gaming activities					
	10aGross sales of inventory, less returns and allowances		10a			
b Less: cost of goods sold		10b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11aANCILLARY RESIDENT SERVICES		812900	189,362		189,362	
b						
c						
d All other revenue						
e Total. Add lines 11a-11d			189,362			
12 Total revenue. See instructions			44,240,411	36,835,079	0	
					6,407,944	
Form 990 (2019)						

**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 . . . . .				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	300,626	300,626		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	254,754	127,377	127,377	
<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 . . . . .	18,145,459	15,364,466	2,780,993	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	234,451	189,219	45,232	
<b>9</b> Other employee benefits . . . . .	2,680,767	2,147,775	532,992	
<b>10</b> Payroll taxes . . . . .	1,308,605	1,039,177	269,428	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	1,238,112		1,238,112	
<b>b</b> Legal . . . . .	102,954		102,954	
<b>c</b> Accounting . . . . .	45,876		45,876	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .	339,682		339,682	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,070,357	563,203	507,154	
<b>12</b> Advertising and promotion . . . . .	202,848	153,872	48,976	
<b>13</b> Office expenses . . . . .	843,452	681,102	162,350	
<b>14</b> Information technology . . . . .	992,884	148,367	844,517	
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	4,202,401	3,568,469	633,932	
<b>17</b> Travel . . . . .	84,804	43,709	41,095	
<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 . . . . .	1,372,191	1,160,845	211,346	
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	6,874,122	5,478,701	1,395,421	
<b>23</b> Insurance . . . . .	437,306	371,812	65,494	
<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	1,640,592	1,427,315	213,277	
<b>b</b> REPAIRS AND MAINTENANCE	813,282	601,030	212,252	
<b>c</b> OTHER EMPLOYEE EXPENSES	477,481	257,843	219,638	
<b>d</b> RESIDENT ACTIVITIES	140,480	136,376	4,104	
<b>e</b> All other expenses	471,499	289,344	182,155	
<b>25</b> Total functional expenses. Add lines 1 through 24e	44,274,985	34,050,628	10,224,357	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 . . . . .		7,694,729	<b>1</b>	8,307,172
	<b>2</b>	Savings and temporary cash investments . . . . .		1,063,489	<b>2</b>	770,977
	<b>3</b>	Pledges and grants receivable, net . . . . .			<b>3</b>	
	<b>4</b>	Accounts receivable, net . . . . .		818,298	<b>4</b>	973,416
	<b>5</b>	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .			<b>5</b>	
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . .			<b>6</b>	
	<b>7</b>	Notes and loans receivable, net . . . . .		12,100,000	<b>7</b>	8,066,667
	<b>8</b>	Inventories for sale or use . . . . .		249,512	<b>8</b>	216,971
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		756,162	<b>9</b>	856,737
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b>	196,156,760		
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	94,363,052		
				99,129,571	<b>10c</b>	101,793,708
	<b>11</b>	Investments—publicly traded securities . . . . .		64,325,712	<b>11</b>	62,094,195
	<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 . . . . .		4,902,274	<b>15</b>	3,227,414	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . .		191,039,747	<b>16</b>	186,307,257	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		2,615,899	<b>17</b>	2,879,825
	<b>18</b>	Grants payable . . . . .			<b>18</b>	
	<b>19</b>	Deferred revenue . . . . .		20,180,340	<b>19</b>	21,469,613
	<b>20</b>	Tax-exempt bond liabilities . . . . .		54,660,000	<b>20</b>	52,725,000
	<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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .			<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		180,691,927	<b>25</b>	180,477,572
<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		258,148,166	<b>26</b>	257,552,010	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>					
	<b>27</b>	Net assets without donor restrictions . . . . .		-68,326,398	<b>27</b>	-72,577,124
	<b>28</b>	Net assets with donor restrictions . . . . .		1,217,979	<b>28</b>	1,332,371
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>					
	<b>29</b>	Capital stock or trust principal, or current funds . . . . .			<b>29</b>	
	<b>30</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>30</b>	
	<b>31</b>	Retained earnings, endowment, accumulated income, or other funds			<b>31</b>	
<b>32</b>	<b>Total net assets or fund balances</b> . . . . .		-67,108,419	<b>32</b>	-71,244,753	
<b>33</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		191,039,747	<b>33</b>	186,307,257	

**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>	44,240,411
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	44,274,985
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-34,574
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	-67,108,419
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-3,077,536
<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>	-1,024,224
<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>	-71,244,753

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

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

# Additional Data

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

Form 990 (2019)

**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, 2020 THE COMMUNITY HOUSED APPROXIMATELY 473 RESIDENTS IN INDEPENDENT APARTMENTS AND 113 RESIDENTS IN THE HEALTH CARE CENTERS. OVER THE COURSE OF THE YEAR THE HEALTH CARE CENTERS SERVED APPROXIMATELY 190 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 \$14,200,000 FOR THE FISCAL YEAR ENDED JUNE 30, 2020 (FY20). CONTINUED ON SCHEDULE O. THIS IS AN AVERAGE DISCOUNT OF 74% VERSUS THE STANDARD MONTHLY PRIVATE PAY RATE IN AREA NURSING HOMES AND ASSISTED LIVING FACILITIES. RWE ALSO PROVIDED BENEVOLENCE ASSISTANCE FOR ITS RESIDENTS WHO, THROUGH NO FAULT OF THEIR OWN, HAVE EXHAUSTED THEIR FINANCIAL RESOURCES. FOR FY20, RWE PROVIDED FINANCIAL ASSISTANCE TO A TOTAL OF FOUR RESIDENTS IN THE AMOUNT OF \$243,882.

SCHEDULE A  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
THE RIVERWOODS COMPANY AT EXETER  
NEW HAMPSHIRE

Employer identification number  
02-0400703

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

The organization is not a private foundation because it is: (For lines 1 through 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		
Total						

Part II

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

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

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6	<b>Public support.</b> Subtract line 5 from line 4.						
Section B. Total Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13	<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							
14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .					14	
15	Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .					15	
16a	<b>33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
b	<b>33 1/3% support test—2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
17a	<b>10%-facts-and-circumstances test—2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
b	<b>10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>						

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

<b>Calendar year (or fiscal year beginning in) ▶</b>		<b>(a) 2015</b>	<b>(b) 2016</b>	<b>(c) 2017</b>	<b>(d) 2018</b>	<b>(e) 2019</b>	<b>(f) Total</b>
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	365,876	389,335	610,846	506,887	997,388	2,870,332
<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	33,425,870	34,957,150	35,367,006	35,872,160	36,835,079	176,457,265
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513		317,049	289,316	533,409	189,362	1,329,136
<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	33,791,746	35,663,534	36,267,168	36,912,456	38,021,829	180,656,733
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons			198,020		292,288	490,308
<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		292,288	490,308
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						180,166,425

**Section B. Total Support**

<b>Calendar year (or fiscal year beginning in) ▶</b>		<b>(a) 2015</b>	<b>(b) 2016</b>	<b>(c) 2017</b>	<b>(d) 2018</b>	<b>(e) 2019</b>	<b>(f) Total</b>
<b>9</b>	Amounts from line 6.	33,791,746	35,663,534	36,267,168	36,912,456	38,021,829	180,656,733
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,756,542	1,634,222	2,062,957	3,045,550	3,382,143	11,881,414
<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.	1,756,542	1,634,222	2,062,957	3,045,550	3,382,143	11,881,414
<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.)	35,548,288	37,297,756	38,330,125	39,958,006	41,403,972	192,538,147

**14** **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.** ☐

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

<b>15</b>	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	93.570 %
<b>16</b>	Public support percentage from 2018 Schedule A, Part III, line 15	<b>16</b>	94.380 %

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

<b>17</b>	Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	6.170 %
<b>18</b>	Investment income percentage from <b>2018</b> Schedule A, Part III, line 17	<b>18</b>	5.520 %

**19a** **33 1/3% support tests—2019.** 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—2018.** 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? <i>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.</i>		
<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)? <i>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).</i>		
<b>2</b>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<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)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>		
<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? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>3c</b>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<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? <i>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.</i>		
<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)? <i>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.</i>		
<b>4c</b>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <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).</i>		
<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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
<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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<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))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<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)? <i>If "Yes," answer line 10b below.</i>		
<b>10a</b>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
<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>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

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>		
<b>1</b>		
<b>2</b>		

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>		
<b>1</b>		

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>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

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>			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

Part V

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

1		<input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014. . . . .			
b From 2015. . . . .			
c From 2016. . . . .			
d From 2017. . . . .			
e From 2018. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015. . . . .			
b Excess from 2016. . . . .			
c Excess from 2017. . . . .			
d Excess from 2018. . . . .			
e Excess from 2019. . . . .			

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 instructions and the latest information.

OMB No. 1545-0047

2019

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
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year . . . . .		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .

☐ Yes ☐ 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
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

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

☐ 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:

c

Beginning balance . . . . .

d

Additions during the year . . . . .

e

Distributions during the year . . . . .

f

Ending balance . . . . .

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .	653,429	598,877	544,928	470,106	459,683
b Contributions . . . . .	3,373	20,350	6,673	15,341	11,510
c Net investment earnings, gains, and losses	25,319	39,351	52,167	63,762	3,261
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .	5,484	5,149	4,891	4,281	4,348
g End of year balance . . . . .	676,637	653,429	598,877	544,928	470,106

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:

(i) unrelated organizations . . . . .

3a(i)

Yes

No

(ii) related organizations . . . . .

3a(ii)

Yes

No

b

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

3b

Yes

No

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		6,691,079		6,691,079
b Buildings . . . . .		171,924,527	85,201,631	86,722,896
c Leasehold improvements				
d Equipment . . . . .		12,481,467	9,161,421	3,320,046
e Other . . . . .		5,059,687		5,059,687
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				101,793,708

Schedule D (Form 990) 2019

Part VIIInvestments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIIIInvestments—Program Related.

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

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

Part IXOther Assets.

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

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

Part XOther 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	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	180,477,572

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 <b>1</b> :			
<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 <b>1</b> :			
<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 C ONSTRAINT THAT ONLY INVESTMENT EARNINGS CAN BE UTILIZED. IT SHOULD BE ABLE TO PROVIDE FUTU RE LIQUIDITY FOR ONE-TIME BUDGET SHORTFALLS AND NON-RECURRING EXPENSES WHEN NEEDED.

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2:	RWE IS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND IS EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE IRC. 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 ORGANIZATION'S FINANCIAL STATEMENTS.

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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2019

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

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

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

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

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS	17	50,500			
(2) MONTHLY FEE BENEVOLENCE ASSISTANCE	4	243,882			
(3) C.A.R.E. PROGRAM	10	6,244			
(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:	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.

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
Department of the Treasury Internal Revenue Service	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 <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.	
Name of the organization THE RIVERWOODS COMPANY AT EXETER NEW HAMPSHIRE		Employer identification number 02-0400703

Part I Questions Regarding Compensation		Yes	No
<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.			
<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 idemnification 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)		
<b>b</b> If any of the boxes on 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		1b	
<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 on Line 1a?		2	
<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.			
<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		
<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:			
<b>a</b> Receive a severance payment or change-of-control payment?		4a	No
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	No
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>			
<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:			
<b>a</b> The organization?		5a	No
<b>b</b> Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
<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:			
<b>a</b> The organization?		6a	No
<b>b</b> Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
<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.		7	No
<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.		8	No
<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)?		9	

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.

[illegible]



**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 THE FOLLOWING TO EVALUATE COMPENSATION: 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)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE RIVERWOODS COMPANY AT EXETER  
NEW HAMPSHIRE

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part 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 instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number  
02-0400703

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A NHHEFA	02-0279866		09-28-2012	65,605,000	FINANCE/REFINANCE RIVERWOODS' EXISTING CONTINUING CARE RETIREMENT COMMUNITY		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired . . . . .	12,880,000							
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 of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .	X							
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, 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)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<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**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<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 TD							
<b>c</b> Term of hedge . . . . .	991.0000000000 %							
<b>d</b> Was the hedge superintegrated? . . . . .		X						
<b>e</b> Was the hedge terminated? . . . . .		X						

**Part IV Arbitrage** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<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**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
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

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493316056040
<b>SCHEDULE O</b> (Form 990 or 990-EZ)	<b>Supplemental Information to Form 990 or 990-EZ</b> 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 <u><a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a></u> for the latest information.		OMB No. 1545-0047
			<b>2019</b>
Department of the Treasury Internal Revenue Service			<b>Open to Public Inspection</b>
Name of the organization THE RIVERWOODS COMPANY AT EXETER NEW HAMPSHIRE		Employer identification number  02-0400703	

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A CONTINUED:	<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. VOLUNTEERING OUR TIME: RWE RESIDENTS CONTRIBUTE HUNDREDS OF HOURS EACH YEAR TO NUMEROUS LOCAL, REGIONAL, AND NATIONAL NON-PROFIT ORGANIZATIONS. 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 FY20, 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, STAFFORD 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 2019, 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 FY20 WE BEGAN A UNIQUE PARTNERSHIP WITH A 4TH GRADE CLASS AT LINCOLN STREET SCHOOL WHICH HAS CONTINUED THROUGHOUT FY20. 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</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A CONTINUED:	<p>OF 2017. WALKING SOCCER: IN THE FALL OF 2019, RWE DIRECTOR OF FITNESS ALONG WITH APPROXIMATELY 15 RESIDENTS PARTNERED WITH SEACOAST UNITED TO LAUNCH A COMMUNITY-WIDE WALKING SOCCER LEAGUE. ALREADY ESTABLISHED IN THE UK AND CANADA, BUT NEW TO NEW ENGLAND AND THE US, THE LEAGUE ENCOURAGES ACTIVITY AND CONNECTION AMONG OLDER ADULTS, MANY WHO PLAYED SOCCER IN THEIR YOUNGER DAYS AND MANY WHO ARE LEARNING THE GAME FOR THE FIRST TIME. RWE PROVIDED TRANSPORTATION FOR THE FIRST SIX-WEEK SESSION, HELPING TO ESTABLISH THE PROGRAM SO THAT OTHERS IN THE COMMUNITY COULD GET INVOLVED. THE PROGRAM WAS SO SUCCESSFUL IT WAS PRESENTED AT SEACOAST UNITED'S NATIONWIDE CONVENTION AS A BENCHMARK FOR OTHERS TO EMULATE. PHYSICAL DONATIONS: ANNUAL TOY AND FOOD DRIVES: THE RWE OUTREACH COMMITTEE ORGANIZED A CAMPUS-WIDE TOY DRIVE TO SUPPORT THE EXETER FIREFIGHTER'S HOLIDAY DRIVE, AND A FOOD DRIVE FOR ST. VINCENT DE PAUL IS ALSO AN ANNUAL EVENT. AN ADDITIONAL DONATION OF 30 CASES OF FROZEN COOKIES WERE DONATED IN NOVEMBER OF 2019 TO ST. MICHAEL'S PARISH. 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 FY 20 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 AND AUGUST OF 2019, FOUR GROUPS OF STUDENTS IN TEAMS OF TWO WERE FULLY IMMERSSED IN LIVING AT RWE. THE STUDENTS LIVED HERE, ATE HERE, TAUGHT WORKSHOPS AND MET IN GROUPS AS WELL AS ONE-ON-ONE WITH BOTH OUR INDEPENDENT LIVING AND HEALTH CARE RESIDENTS AT ALL THREE CAMPUSES. 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, R</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A CONTINUED:	ESIDENTS AND STAFF ARE FREQUENTLY ASKED TO SPEAK AT NATIONAL AND REGIONAL INDUSTRY CONFERENCE NCES, 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. ADDITIONAL INTERNSHIPS AND TRAINING IN FY20 INCLUDED: GREAT BAY NURSING STUDENTS (80 HOURS) SOCIAL WORK INTERNSHIPS (TWO, TOTALING 576 HOURS) SOCIAL WORK INTERNSHIP, 2ND YEAR MASTER PROGRAM (300 HOURS) CLINICAL PRECEPT DOCTOR OF NURSE PRACTITIONER INTERNSHIP (80 HOURS) WELLNESS CLINIC NURSE PRACTITIONER STUDENT INTERNSHIP (160 HOURS)



# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A CONTINUED:	<p>BUSINESS MANAGEMENT AND PERSONAL FINANCE TRAINING PROGRAMS: ESTABLISHED IN 2016, THE RIVER WOODS BUSINESS MANAGEMENT PROGRAM (RWBMP) OFFERS A VERSION OF A BUSINESS SCHOOL GEARED TOW ARD NEW FRONT-LINE LEADERS FROM WITHIN THE RWE STAFF, DEVELOPED AND TAUGHT BY RWE RESIDENT S. 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 FY20 THERE WERE 7 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 O NE 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. RWBMP 5 PART COURSE JAN- JUNE 2016 8 GRADUATES OCT-JUNE 2017 16 GRADUATES (36 TOOK PART, MANY TAKING COURSES AL A C ARTE) OCT-MAY 2018 11 GRADUATES OCT-MAY 2019 6 GRADUATES OCT-DEC 2019 7 PARTICIPANTS* PERS ONAL FINANCE FEB-APRIL 2018 9 GRADUATES OCT-NOV 2018 6 GRADUATES MARCH-APR 2019 7 GRADUATE S IN TOTAL, 79 PARTICIPANTS HAVE TAKEN SOME PORTION OF ONE OF THESE COURSES SINCE THE INCE PTION OF PROGRAMS. 63 HAVE GRADUATED FROM THE PROGRAMS (COMPLETED ENTIRE COURSE) SOME STAF F HAVE EVEN TAKEN AND COMPLETED BOTH COURSES. * DUE TO THE COVID-19 PANDEMIC, THIS PLANNED COURSE FOR THE EXETER SENIOR MALMANAGEMENT TEAM WAS CUT SHORT BY TWO COURSES AND THE PLAN NED SCHEDULE FOR THE PERSONAL FINANCE PROGRAM HAS BEEN POSTPONED. COMMUNITY SPONSORSHIPS: RWE IS A STRONG COMMUNITY PARTNER AND IN ADDITION TO RESIDENT AND STAFF TIME SPENT VOLUNTE ERING, RWE HAS ALSO HELPED A NUMBER OF COMMUNITY-WIDE EVENTS AND ORGANIZATIONS WITH FINANC IAL SUPPORT. WHILE MANY PROGRAMS THAT WOULD NORMALLY BE ON OUR LIST OF SPONSORSHIPS, DUE T O THE PANDEMIC, THESE PROGRAMS WERE POSTPONED OR CANCELLED. RWE CONTINUES TO PROVIDE SUPPO RT WHEREVER POSSIBLE DESPITE OUR CURRENT SITUATION. ORGANIZATIONS AND CHARITABLE CAMPAIGNS RECEIVING SUPPORT FROM RWE INCLUDE: ARTS IN REACH CONNOR'S CLIMB FOUNDATION EXETER HOLIDAY PARADE EXETER CHAMBER OF COMMERCE EXETER HIGH SCHOOL BOYS SOCCER BOOSTERS EXETER HISTORI CAL SOCIETY FRIENDS FOREVER INTERNATIONAL LEADERSHIP SEACOAST PROGRAM NEW HAMPSHIRE CHILDR EN'S TRUST NEW HAMPSHIRE WOMEN'S FOUNDATION PORTSMOUTH PRO MUSICA RACIAL UNITY DAY WALK SE ACOAST AREA CROP SEACOAST FAMILY PROMISE SEACOAST OUTRIGHT SEACOAST WIND ENSEMBLE ST. ANDR EW'S BY THE SEA MUSIC, MUSIC BY THE SEA 2018 SOCIETY ST. VINCENT DE PAUL EXETER THE EXETER CHAMBER "FESTIVAL OF TREES" CHRISTMAS AUCTION THE GREAT BAY STEWARDS VETERANS OF FOREIGN WARS (VFW), EXETER, NH POST #2181 WOMENADE OF GREATER SQUAMSCOTT RWE HAS PROVIDED SMALL HO NORARIUMS/DONATIONS TO A NUMBE</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A CONTINUED:</p>	<p>R OF GROUPS WHO HAVE PROVIDED SPEAKERS FOR OUR ON-CAMPUS EDUCATION PROGRAMS, INCLUDING: BI RCHTREE CENTER CASA OF NEW HAMPSHIRE CONCORD COMMUNITY MUSIC SCHOOL EDUCATION AND HOPE EXE TER HIGH SCHOOL EXETER HISTORICAL SOCIETY FRIENDS FOREVER INTERNATIONAL MURRAY IRISH DANCE NEW HAMPSHIRE ACADEMY FOR PERFORMING ARTS TOWN OF NOTTINGHAM THEATRE PROGRAM UNIVERSITY O F NEW HAMPSHIRE DEPARTMENT OF POLITICAL SCIENCE RWE ALSO PROVIDES MEETING AND FUNCTION SPA CE FREE OF CHARGE FOR SEVERAL LOCAL CIVIC AND RELIGIOUS GROUPS ON A REGULAR BASIS, INCLUDI NG: AMERICAN RED CROSS BLOOD DRIVE CHRIST CHURCH DAUGHTERS OF THE AMERICAN REVOLUTION EXET ER WOMEN'S CLUB FRIENDS FOREVER INTERNATIONAL KURN HATTIN HOME FOR CHILDREN LEADINGAGE MAI NE AND NEW HAMPSHIRE NEW HAMPSHIRE PUBLIC TELEVISION (NHPBS) PHILANTHROPIC EDUCATIONAL ORG ANIZATION (PEO) RICHIE MCFARLAND CHILDREN'S CENTER ST. VINCENT DE PAUL BOARD OF TRUSTEES T OASTMASTER'S INTERNATIONAL RWE PROVIDES TRANSPORTATION TO RESIDENTS VOLUNTEERING IN THE CO MMUNITY. FOR EXAMPLE, RWE SHUTTLES 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. ANNUAL R WE SCHOLARSHIPS: IN FY20, \$50,500 WAS AWARDED TO 17 RECIPIENTS. RIVERWOODS SCHOLARSHIP (FO RMERLY BOUTIQUE): \$2,500 EACH TO 4 RECIPIENTS = \$10,000 PEABODY SCHOLARSHIP: \$4,000 EACH T O 5 RECIPIENTS = \$20,000 SPENCER MEMORIAL: \$3,500 EACH TO 3 RECIPIENTS = \$10,500 GREAT BAY COMMUNITY COLLEGE (GBCC): \$2,000 EACH TO 5 RECIPIENTS = \$10,000 (\$2,000 WAS DONATED BY A RESIDENT) 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 CREATE D THE C.A.R.E. FUND, DESIGNED TO ASSIST EMPLOYEES OF RWE WHO DEMONSTRATE A FINANCIAL EMERG ENCY 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 C.A.R.E. COMMITTEE HAS AWARDED 29 GRANTS TOTALING \$15,200. THIS PROGRAM HAS BEEN CRITICAL IN PROVIDING SUPPORT FOR EMPLOYEES WHO H AVE A FAMILY MEMBER WHO IS OUT OF WORK OR HAS OTHERWISE BEEN NEGATIVELY AFFECTED BY THE F INANCIAL IMPACT OF THE CURRENT PANDEMIC. RWE BENEVOLENCE PROGRAM: AS A NOT-FOR-PROFIT CCRC, RWE HAS A BENEVOLENCE FUND TO HELP RESIDENTS WHO HAVE OUTLIVED THEIR ASSETS, OR HAVE FOUN D 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 BURD EN ON SENIOR ASSISTANCE PROGRAMS OUTSIDE THE RWE COMMUNITY. RIVERWOODS TRAIL SYSTEM: RWE L ANDSCAPING TEAM, WITH THE HELP OF THE RESIDENT TRAILS COMMITTEE, MAINTAINS OVER FOUR MILES OF WALKING AND HIKING TRAILS THAT CIRCUMNAVIGATE OUR THREE CAMPUSES. THESE TRAILS ARE ENJ OYED BY RWE RESIDENTS AND STAFF ON A DAILY BASIS BUT ARE ALSO OPEN AND WIDELY USED BY THE LOCAL EXETER AREA COMMUNITY. R</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A CONTINUED:	<p>ETAIL SUPPORT: PRIOR TO THE PANDEMIC, RWE CONCIERGE SERVICE OFFERED 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. DURING THE EARLY DAYS OF THE PANDEMIC WHEN OUR RESIDENTS WERE NOT LEAVING CAMPUS TO SHOP OR DINE OUT, OUR TEAM ORGANIZED WEEKLY "TAKE-OUT" OPPORTUNITIES IN WHICH ORDERS WERE PLACED ON BEHALF OF RESIDENTS AT A SINGLE LOCAL RESTAURANT EACH WEEK. FROM LOBSTER ROLLS TO PIZZA AND MEXICAN FOOD, ICE CREAM, COOKIES AND BAGELS, RWE SOUGHT TO SUPPORT LOCAL SMALL BUSINESS OWNERS WHENEVER AND WHEREVER POSSIBLE DURING THESE UNPRECEDENTED TIMES. OUR ON-CAMPUS COUNTRY STORES WERE STOCKED WITH STAPLES AND A SELECTION OF GOODS ALL PURCHASED AT A LOCAL GROCERY STORE. SOME OF THESE LOCAL BUSINESSES INCLUDE, BUT ARE NOT LIMITED TO: ACADEMY PIZZA ANI'S BAGELS CHERRY BOMB COOKIE CO. LOBSTER BOAT FRONT ROW PIZZA HEAVENLY DONUTS LAS OLAS LINDY'S GENERAL STORE MARKET BASKET MEMORIES ICE CREAM</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	<p>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 RWE.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
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 \$1,238,112 FOR SERVICES RENDERED DURING THE TAX YEAR. COMPENSATION PAID TO OFFICERS AND/OR KEY EMPLOYEES OF RWE BY TRWG IS NOT CONSIDERED TO BE A COMPONENT OF THE MANAGEMENT FEE. ANY COMPENSATION PAID BY TRWG IS AS AN EMPLOYEE OF TRWG; AS REQUIRED THIS COMPENSATION 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 TO THESE INDIVIDUALS.

**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**

Return Reference	Explanation
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**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	<p>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.</p>



## 990 Schedule O, Supplemental Information

Return Reference	Explanation
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 AT THE MEETING WHICH WAS HELD ON NOVEMBER 5, 2020. 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**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>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.</p>

**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. 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 2019. 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.</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
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 -1,004,636. CHANGE IN CHARITABLE GIFT ANNUITY LIABILITY -19,588.

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
THE RIVERWOODS COMPANY AT EXETER  
NEW HAMPSHIRE

Employer identification number  
  
02-0400703

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)THE RIVERWOODS GROUP 5 WHITE OAK DRIVE  EXETER, NH 03833 45-1450956	FURTHER THE MISSIONS OF THE RIVERWOODS GROUP MEMBERS	NH	501(C)(3)	LINE 12A, I	N/A		No
(2)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
(3)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
(4)WOMEN'S AID DBA PEARL MANOR 200 ALLIANCE WAY  MANCHESTER, NH 03102 02-0222249	PROVIDE SUPPORT FOR BIRCH HILL TERRACE	NH	501(C)(3)	PF	BIRCH HILL TERRACE		No

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

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

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

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

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

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

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

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

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

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

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

**e** Loans or loan guarantees by related organization(s) . . . . .

**f** Dividends from related organization(s) . . . . .

**g** Sale of assets to related organization(s) . . . . .

**h** Purchase of assets from related organization(s) . . . . .

**i** Exchange of assets with related organization(s) . . . . .

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

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

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

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

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

**o** Sharing of paid employees with related organization(s) . . . . .

**p** Reimbursement paid to related organization(s) for expenses . . . . .

**q** Reimbursement paid by related organization(s) for expenses . . . . .

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

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

Yes

No

1a

No

1b

No

1c

No

1d

Yes

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

Yes

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

No

1s

No

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

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



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

[illegible]

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

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

Return Reference	Explanation