

COMMUNITY BENEFITS REPORTING FORM

Pursuant to RSA 7:32-c-1

FOR FISCAL YEAR BEGINNING 09/01/2014

to be filed with:
Office of the Attorney General
Charitable Trusts Unit
33 Capitol Street, Concord, NH 03301-6397
603-271-3591

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CHARITABLE TRUSTS UNIT

Section 1: ORGANIZATIONAL INFORMATION

Organization Name Rannie Webster Foundation; d.b.a. Webster at Rye

Street Address 795 Washington Road

City Rye County 08 - Rockingham State NH Zip Code 3870

Federal ID # -2331198 State Registration # 1904

Website Address: www.websteratrye.com

Is the organization's community benefit plan on the organization's website? No

Has the organization filed its Community Benefits Plan Initial Filing Information form? Yes

IF NO, please complete and attach the Initial Filing Information Form.

IF YES, has any of the initial filing information changed since the date of submission?

No **IF YES**, please attach the updated information.

Chief Executive: Thomas W. Argue 6039648144 targue@websteratrye.com

Board Chair: Rebecca L. Helm 6037729225 helmhse@msn.com

Community Benefits

Plan Contact: Thomas Argue 6039648144 targue@websteratrye.com

Is this report being filed on behalf of more than one health care charitable trust? No

IF YES, please complete a copy of this page for each individual organization included in this filing.

Section 2: MISSION & COMMUNITY SERVED

Mission Statement: RANNIE WEBSTER FOUNDATION MISSION STATEMENT

We believe that major improvements in medical technology, pharmaceutical developments and health care administration have contributed greatly to an increase in life expectancy for senior Americans. The increasing number of seniors in our New Hampshire population who are physically or mentally handicapped or otherwise incapacitated will increase the demand for care and services.

We believe a major challenge will be to insure the quality of life for aging Americans while recognizing the right of elders to make their own decisions regarding health care choices. The Rannie Webster Foundation has established an independent living and intermediate care facility to provide a mix of services for our Residents, in carrying out the wishes of the late Rannie Webster to provide and maintain a suitable and comfortable home for such persons as who by reason of old age, accident or bodily infirmity, or through lack of means shall be unable to properly and adequately provide for their own needs. These services will be provided in compliance with the Will of the late Rannie Webster and the Articles of Association and By-Laws of the Rannie Webster Foundation.

The Rannie Webster Foundation will strive to continually improve and optimize provided services, facility and grounds to meet the needs of the Webster at Rye community, and the community at large; to manage the assets of the Foundation in a fiscally prudent manner and perpetuate the corporation's ability to subsidize needy individuals in the Retirement Community, and, nursing Facility Medicaid recipients. The Foundation is committed to efficiently and effectively complying with current and future Federal, State and Local rules and regulations governing housing, medical, labor, accounting, environment and development and to providing employees with necessary management, training, directives and resources to meet the needs of the senior citizens in our care. The Foundation commits to being a participant in the greater community, actively promoting intergenerational activities and providing free use of Webster at Rye's facilities for area groups and community-based functions.

Goals and Objectives:

- I. Webster at Rye will be open to all persons regardless of race, creed, sex, or national origin.
- II. In carrying out the wishes of the late Rannie Webster to provide and maintain a suitable and comfortable home for such persons as who by reason of old age, accident or bodily infirmity, or through lack of means shall be unable to properly and adequately provide for their own needs, the Facility will make an effort to attract residents from all income levels and where possible endowments will be used to offset the costs of subsidized care.

Has the Mission Statement been reaffirmed in the past year (*RSA 7:32e-1*)? Yes

Please describe the community served by the health care charitable trust. "Community" may be defined as a geographic service area and/or a population segment.

Service Area (Identify Towns or Region describing the trust's primary service area):

The Rannie Webster Foundation has been serving citizens of the New Hampshire seacoast area since opening in March, 1986.

Webster at Rye was constructed in Rye pursuant to the terms of its benefactor Rannie Webster's Will that states: "The objects and purposes of such charitable corporation shall be the establishment and maintenance of a home for the aged and invalid. It being my purpose to provide and maintain a suitable and comfortable home for such persons as who by reason of old age, accident, or bodily infirmity, or through lack of means shall be unable to properly and adequately provide for their own needs...It is my further wish and desire that such home be established in or near Rye, New Hampshire."

Service Population (Describe demographic or other characteristics if the trust primarily serves a population other than the general population):

The primary target population of the Rannie Webster Foundation are the frail elderly of Rye, and the immediate surrounding communities of Portsmouth, NH, New Castle, NH, Greenland, NH, and North Hampton, NH. The secondary target population includes Hampton, NH, Hampton Falls, NH, Seabrook, NH, Stratham, NH, Exeter, NH, Newfields, NH and Newington, NH.

Although the original plans identified individuals as young as 62 as being eligible for residency in the independent retirement community, the retirement community has since become an assisted living community and the actual average age for both the nursing home and assisted living community is in the 80's and 90's.

Section 3: COMMUNITY NEEDS ASSESSMENT

In what year was the last community needs assessment conducted to assist in determining the activities to be included in the community benefit plan?

2013 (Please attach a copy of the needs assessment if completed in the past year)

Was the assessment conducted in conjunction with other health care charitable trusts in your community? No

Based on the needs assessment and community engagement process, what are the priority needs and health concerns of your community?

	NEED (Please enter code # from attached list of community needs)
1	125
2	372
3	124
4	601
5	421
6	373
7	430
8	602
9	603

What other important health care needs or community characteristics were considered in the development of the current community benefits plan (e.g. essential needs or services not specifically identified in the community needs assessment)?

	NEED (Please enter code # from attached list of community needs)
A	121
B	126
C	127
D	370
E	422
F	501
G	522

Please provide additional description or comments on community needs including description of "other" needs (code 999) if applicable. Attach additional pages if necessary:

Section 4: COMMUNITY BENEFIT ACTIVITIES

Identify the categories of Community Benefit activities provided in the preceding year and planned for the upcoming year (note: some categories may be blank). For each area where your organization has activities, report the past and/or projected unreimbursed costs for *all* community benefit activities in that category. For each category, also indicate the *primary* community needs that are addressed by these activities by referring to the applicable number or letter from the lists on the previous page (i.e. the listed needs may relate to only a subset of the total reported costs in some categories).

<i>A. Community Health Services</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Community Health Education</i>	-- -- --		
<i>Community-based Clinical Services</i>	-- -- --		
<i>Health Care Support Services</i>	-- -- --		
<i>Other:</i>	-- -- --		

<i>B. Health Professions Education</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Provision of Clinical Settings for Undergraduate Training</i>	5 -- 7	\$6,000.00	\$6,000.00
<i>Intern/Residency Education</i>	-- -- --		
<i>Scholarships/Funding for Health Professions Ed.</i>	5 -- 7	\$9,385.00	\$9,500.00
<i>Other:</i>	-- -- --		

<i>C. Subsidized Health Services</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Type of Service: Dental/Oral Health</i>	1 2 1	\$16,345.00	\$18,000.00
<i>Type of Service: Mental Health Care</i>	3 7 --	\$3,800.00	\$4,000.00
<i>Type of Service: Housing Assistance</i>	6 -- 7	\$17,676.00	\$20,000.00
<i>Type of Service:</i>	-- -- --		
<i>Type of Service:</i>	-- -- --		

D. Research	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
<i>Clinical Research</i>	-- -- --		
<i>Community Health Research</i>	-- -- --		
<i>Other:</i>	-- -- --		

E. Financial Contributions	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
<i>Cash Donations</i>	6 -- 3	\$496.00	\$1,000.00
<i>Grants</i>	-- -- --		
<i>In-Kind Assistance</i>	-- -- --		
<i>Resource Development Assistance</i>	-- -- --		

F. Community Building Activities	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
<i>Physical Infrastructure Improvement</i>	6 -- 3	\$5,452,000.00	\$7,000,000.00
<i>Economic Development</i>	-- -- --		
<i>Support Systems Enhancement</i>	-- -- --		
<i>Environmental Improvements</i>	-- -- --		
<i>Leadership Development; Training for Community Members</i>	-- -- --		
<i>Coalition Building</i>	-- -- --		
<i>Community Health Advocacy</i>	-- -- --		

G. Community Benefit Operations	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
<i>Dedicated Staff Costs</i>	-- -- --		
<i>Community Needs/Asset Assessment</i>	-- -- --		
<i>Other Operations</i>	-- -- --		

H. Charity Care	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
<i>Free & Discounted Health Care Services</i>	1 2 5	\$60,455.00	\$60,000.00

I. Government-Sponsored Health Care	Community Need Addressed	Unreimbursed Costs (preceding year)	Unreimbursed Costs (projected)
<i>Medicare Costs exceeding reimbursement</i>	-- -- --		
<i>Medicaid Costs exceeding reimbursement</i>	1 2 5	\$426,392.00	\$450,000.00
<i>Other Publicly-funded health care costs exceeding reimbursement</i>	-- -- --		

Section 5: SUMMARY FINANCIAL MEASURES

<i>Financial Information for Most Recent Fiscal Year</i>	<i>Dollar Amount</i>
<i>Gross Receipts from Operations</i>	\$7,647,608.00
<i>Net Revenue from Patient Services</i>	\$7,591,291.00
<i>Total Operating Expenses</i>	\$7,750,592.00
<i>Net Medicare Revenue</i>	\$2,410,221.00
<i>Medicare Costs</i>	\$2,123,500.00
<i>Net Medicaid Revenue</i>	\$605,784.00
<i>Medicaid Costs</i>	\$1,032,176.00
<i>Unreimbursed Charity Care Expenses</i>	\$78,131.00
<i>Unreimbursed Expenses of Other Community Benefits</i>	\$20,641.00
<i>Total Unreimbursed Community Benefit Expenses</i>	\$238,443.00
<i>Leveraged Revenue for Community Benefit Activities</i>	\$0.00
<i>Total Community Benefits including Leveraged Revenue for Community Benefit Activities</i>	\$238,443.00

Section 6: COMMUNITY ENGAGEMENT in the Community Benefits Process

<i>List the Community Organizations, Local Government Officials and other Representatives of the Public consulted in the community benefits planning process. Indicate the role of each in the process.</i>	<i>Identification of Need</i>	<i>Prioritization of Need</i>	<i>Development of the Plan</i>	<i>Commented on Proposed Plan</i>
1) Portsmouth Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Exeter Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Seacoast VNA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Rockingham VNA & Hospice	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) AgeQuest	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Home Instead	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Rye Senior S.E.R.V.E.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Town of Rye Officials	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Rye Over 55 Club	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) Webster at Rye Retirees	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) Family & Legal Representatives of Webster at Rye Residents	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12) Rannie Webster Foundation Trustees	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13) UNH Nursing Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14) Community College Program of NH- Nursing Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15) Seacoast Red Cross LNA Training Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16) Extended Family	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide a description of the methods used to solicit community input on community needs (attach additional pages if necessary): The methods used to solicit community input on community needs included focus groups, individual interviews and mailed surveys. Feedback was collated and tabulated with resulting data analyzed for trends and statistical results.

Section 7: CHARITY CARE COMPLIANCE

Please characterize the charity care policies and procedures of your organization according to the following:	YES	NO	Not Applicable
The valuation of charity does not include any bad debt, receivables or revenue	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written charity care policy available to the public	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any individual can apply for charity care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any applicant will receive a prompt decision on eligibility and amount of charity care offered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notices of policy in lobbies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Notice of policy in waiting rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Notice of policy in other public areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notice given to recipients who are served in their home	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

List of Potential Community Needs for Use on Section 3

100 - Access to Care; General

- 101 - Access to Care; Financial Barriers
- 102 - Access to Care; Geographic Barriers
- 103 - Access to Care; Language/Cultural Barriers to Care
- 120 - Availability of Primary Care
- 121 - Availability of Dental/Oral Health Care
- 122 - Availability of Behavioral Health Care
- 123 - Availability of Other Medical Specialties
- 124 - Availability of Home Health Care
- 125 - Availability of Long Term Care or Assisted Living
- 126 - Availability of Physical/Occupational Therapy
- 127 - Availability of Other Health Professionals/Services
- 128 - Availability of Prescription Medications

200 - Maternal & Child Health; General

- 201 - Perinatal Care Access
- 202 - Infant Mortality
- 203 - Teen Pregnancy
- 204 - Access/Availability of Family Planning Services
- 206 - Infant & Child Nutrition
- 220 - School Health Services

300 - Chronic Disease – Prevention and Care; General

- 301 - Breast Cancer
- 302 - Cervical Cancer
- 303 - Colorectal Cancer
- 304 - Lung Cancer
- 305 - Prostate Cancer
- 319 - Other Cancer
- 320 - Hypertension/HBP
- 321 - Coronary Heart Disease
- 322 - Cerebrovascular Disease/Stroke
- 330 - Diabetes
- 340 - Asthma
- 341 - Chronic Obstructive Pulmonary Disease
- 350 - Access/Availability of Chronic Disease Screening Services

360 - Infectious Disease – Prevention and Care; General

- 361 - Immunization Rates
- 362 - STDs/HIV
- 363 - Influenza/Pneumonia
- 364 - Food borne disease
- 365 - Vector borne disease

370 - Mental Health/Psychiatric Disorders – Prevention and Care; General

- 371 - Suicide Prevention
- 372 - Child and adolescent mental health
- 372 - Alzheimer's/Dementia
- 373 - Depression
- 374 - Serious Mental Illness

400 - Substance Use; Lifestyle Issues

- 401 - Youth Alcohol Use
- 402 - Adult Alcohol Use
- 403 - Youth Drug Use
- 404 - Adult Drug Use
- 405 - Youth Tobacco Use
- 406 - Adult Tobacco Use
- 407 - Access/Availability of Alcohol/Drug Treatment

- 420 - Obesity
- 421 - Physical Activity
- 422 - Nutrition Education
- 430 - Family/Parent Support Services

500 – Socioeconomic Issues; General

- 501 - Aging Population
- 502 - Immigrants/Refugees
- 503 - Poverty
- 504 - Unemployment
- 505 - Homelessness
- 506 - Economic Development
- 507 - Educational Attainment
- 508 - High School Completion
- 509 - Housing Adequacy

520 - Community Safety & Injury; General

- 521 - Availability of Emergency Medical Services
- 522 - Local Emergency Readiness & Response
- 523 - Motor Vehicle-related Injury/Mortality
- 524 - Driving Under Influence
- 525 - Vandalism/Crime
- 526 - Domestic Abuse
- 527 - Child Abuse/Neglect
- 528 - Lead Poisoning
- 529 - Work-related injury
- 530 - Fall Injuries
- 531 - Brain Injury
- 532 - Other Unintentional Injury

533 - Air Quality
534 - Water Quality

600 - Community Supports; General
601 - Transportation Services
602 - Information & Referral Services
603 - Senior Services
604 - Prescription Assistance
605 - Medical Interpretation
606 - Services for Physical & Developmental Disabilities
607 - Housing Assistance
608 - Fuel Assistance
609 - Food Assistance
610 - Child Care Assistance
611 - Respite Care

999 - Other Community Need

Legal Notice

The Annual Report for Rannie Webster Foundation for the year ended August 31, 2014 is available for inspection at the office of the foundation, Webster at Rye, 795 Washington Road, Rye, New Hampshire, for a period of 180 days after the publication of this notice.

PM-00082157

Legal Notice

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PM-00082156