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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
METHODIST HOMES FOR THE AGING OF THE WYOMING CONF IN THE ST NY

Doing Business As
THE JAMES G JOHNSTON MEMORIAL NURSING HOME CORPORATION

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

City or town, state or country, and ZIP + 4
BINGHAMTON, NY 13904

D Employer identification number
16-1421888

E Telephone number
(607) 775-6400

G Gross receipts $ 9,690,072

F Name and address of principal officer
BRIAN J PICCHINI CPA
10 ACRE PLACE
BINGHAMTON, NY 13904

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 9223

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

J Website: ▶ WWW UMHWC ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1992 | **M** State of legal domicile NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE ORGANIZATION IS A VALUE-BASED, NOT-FOR- PROFIT, CHURCH-RELATED ORGANIZATION WHICH MAINTAINS AND OPERATES A SKILLED NURSING FACILITY SEE SCHEDULE O

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**	33
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	33
5	Total number of employees (Part V, line 2a)	**5**	241
6	Total number of volunteers (estimate if necessary)	**6**	92
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,860	1,507
9	Program service revenue (Part VIII, line 2g)	10,181,354	9,618,224
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	96,426	68,740
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,279,640	9,688,471
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	5,622,373	6,013,085
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	4,032,194	4,010,431
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	9,654,567	10,023,516
19	Revenue less expenses Subtract line 18 from line 12	625,073	-335,045

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	8,778,569	8,320,800
21	Total liabilities (Part X, line 26)	2,931,697	2,808,973
22	Net assets or fund balances Subtract line 21 from line 20	5,846,872	5,511,827

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

****** | 2010-08-25
Signature of officer | Date

BRIAN J PICCHINI CPA VICE PRESIDENT FINANCE ACCOUNTING
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ JENNIFER KEBLES	Date 2010-08-25	Check if self-empolyed ▶ ☑	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ JENNIFER A KEBLES CPA 510 ANDERSON ST WILKESBARRE, PA 18702			EIN ▶ Phone no ▶ (570) 823-7695

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 8,301,440 including grants of $) (Revenue $ 9,618,224)

LICENSED SKILLED NURSING CARE SERVICES AND REHABILITATION SERVICES ARE PROVIDED TO THE RESIDENTS OF THE ORGANIZATIONS FACILITY SKILLED NURSING SERVICES ARE REGULATED AND LICENSED BY FEDERAL AND STATE AUTHORITIES DAYS OF CARE PROVIDED TO THE MEDICARE GOVERNMENT PROGRAM FOR THE ELDERLY AND THE MEDICAID GOVERNMENT PROGRAM FOR THE INDIGENT AMOUNTED TO 28,326 DAYS PRIVATE PAY RESIDENTS AND OTHER PAYOR PROGRAM RESIDENTS REPRESENTED 14,643 DAYS OF CARE FOR TOTAL DAYS OF CARE OF 42,969

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** ▶ $ 8,301,440

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● 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.*			
	● 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.*			
	● 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.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● 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? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? **Yes** **No**			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional **12A** Yes			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	**1a**	0		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**			
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	241		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	**3a**			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	**3b**			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .	**7g**			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	**8**			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	**9a**			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			

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.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . .	1a 33		
b	Enter the number of voting members that are independent . .	1b 33		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3	Yes	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

BRIAN J PICCHINI CPA
10 ACRE PLACE
BINGHAMTON,NY 13904
(607) 775-6400

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

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 Use Schedule J-2 if additional space is needed

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

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	68,462	982,410	65,471

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 4

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
SODEXHO MARRIOTT SERVICES BOX 81049 WOBURN, MA 018131049	DINING SERVICES	146,176
SUNDANCE REHABILITATION CORP PO BOX 277627 ATLANTA, GA 303847627	THERAPY SERVICES	474,017

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 2

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	401			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,106			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		1,507			
Program Service Revenue			Business Code				
	2a	ELDERLY NURSING CARE	623,000	9,614,545	9,614,545		
	b	OTHER REVENUE	623,000	3,679	3,679		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		9,618,224			
	3	Investment income (including dividends, interest and other similar amounts)		70,341			70,341
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses		1,601			
	c	Gain or (loss)		-1,601			
	d	Net gain or (loss)		-1,601			-1,601
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d					
	12	**Total revenue.** See Instructions		9,688,471	9,618,224		68,740

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	74,429		74,429	
7 Other salaries and wages	4,731,813	4,508,247	223,566	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	79,225	72,964	6,261	
9 Other employee benefits	773,005	714,845	58,160	
10 Payroll taxes	354,613	338,982	15,631	
11 Fees for services (non-employees)				
a Management	917,364		917,364	
b Legal	0			
c Accounting	0			
d Lobbying	0			
e Professional fundraising *See Part IV, line 17*				
f Investment management fees	0			
g Other	1,468,729	1,425,558	43,171	
12 Advertising and promotion	26,598		26,598	
13 Office expenses	0			
14 Information technology	0			
15 Royalties	0			
16 Occupancy	220,876	220,876		
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	3,636		3,636	
20 Interest	104,553	104,553		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	314,002	314,002		
23 Insurance	81,388		81,388	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a OTHER DIRECT EXPENSES	70,197	37,815	32,382	
b SUPPLIES AND MATERIALS	574,525	553,360	21,165	
c FOOD	42,800	42,800		
d CHANGE IN FAIR VALUE OF DERIV FIN INST	-32,562	-32,562		
e PROVISION FOR BAD DEBTS	195,308		195,308	
f All other expenses	23,017		23,017	
25 **Total functional expenses.** Add lines 1 through 24f	10,023,516	8,301,440	1,722,076	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		347,203	1	104,124
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		1,308,038	4	1,412,921
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		13,783	9	20,700
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 9,310,762			
	b	Less accumulated depreciation	10b 5,889,013	3,499,445	10c	3,421,749
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		3,489,584	13	3,251,553
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		120,516	15	109,753
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		8,778,569	16	8,320,800
Liabilities	17	Accounts payable and accrued expenses		692,938	17	815,133
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		2,060,000	20	1,845,000
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		178,759	25	148,840
	26	**Total liabilities.** Add lines 17 through 25		2,931,697	26	2,808,973
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		5,846,872	27	5,511,827
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		5,846,872	33	5,511,827
	34	Total liabilities and net assets/fund balances		8,778,569	34	8,320,800

Part XI Financial Statements and Reporting

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
METHODIST HOMES FOR THE AGING OF THE WYOMING CONF IN THE ST NY

Employer identification number
16-1421888

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

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

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

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

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

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

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

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

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

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

9 ☐ An organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

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

a ☑ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

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

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

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

		Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?	**11g(i)**		No
(ii) a family member of a person described in (i) above?	**11g(ii)**		No
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		No

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
WYOMING ANNUAL CONFERENCE OF THE UNITED METHODIST CHURCH	161076205	1	Yes		Yes		Yes		0
Total									

Part II **Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	**14**	0 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	**15**	

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	0 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17	0 %
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2009.** 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—2008.** 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
METHODIST HOMES FOR THE AGING OF THE WYOMING CONF IN THE ST NY

Employer identification number
16-1421888

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
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 8/17/06	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

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

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

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

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☑ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	3,389,451	2,751,230			
b Contributions	145,131	751,334			
c Investment earnings or losses	70,170	96,830			
d Grants or scholarships					
e Other expenditures for facilities and programs	455,810	180,414			
f Administrative expenses		29,529			
g End of year balance	3,148,942	3,389,451			

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 100 000 % %
- b Permanent endowment ▶ %
- c Term endowment ▶ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		9,750		9,750
b Buildings		4,794,431	2,356,545	2,437,886
c Leasehold improvements				
d Equipment		4,477,456	3,532,468	944,988
e Other		29,125		29,125
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				3,421,749

Part VII Investments—Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
ASSETS WHOSE USE IS LIMITED UNDER TRUST		F
INDENTURE, HELD BY TRUSTEE	102,611	F
ASSETS WHOSE USE IS LIMITED BOARD DESIGNATED	3,148,942	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶	3,251,553	

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
RESIDENT TRUST FUNDS	19,475
DUE TO AFFILIATES	9,486
FAIR VALUE OF DERIVATIVE FINANCIAL INSTRUMENTS	119,879
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	148,840

2. Fin 48 Footnote In Part XIV, 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	9,688,471
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,023,516
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-335,045
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-335,045

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

1	Total revenue, gains, and other support per audited financial statements			1	9,689,671
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	1,601		
e	Add lines **2a** through **2d**			2e	1,601
3	Subtract line **2e** from line **1**			3	9,688,070
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	401		
c	Add lines **4a** and **4b**			4c	401
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	9,688,471

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	10,025,117
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	1,601		
e	Add lines **2a** through **2d**			2e	1,601
3	Subtract line **2e** from line **1**			3	10,023,516
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	10,023,516

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
XII	2d	LOSS ON SALE OF ASSETS
XII	4b	TRANSFER FROM AFFILIATE
XIII	2d	LOSS ON SALE OF ASSETS
V	4	THE INTENDED USES OF THE ENDOWMENT FUNDS ARE FUTURE CAPITAL IMPROVEMENTS AND FUTURE OPERATING COSTS AND TO ESCROW ADVANCE FEES, OVER WHICH THE BOARD RETAINS CONTROL AND MAY, AT ITS DISCRETION, SUBSEQUENTLY USE FOR OTHER PURPOSES
X	2	THE JAMES G JOHNSTON MEMORIAL NURSING HOME CORPORATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES BY PRESCRIBING A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD HAS BEEN MET MANAGEMENT DETERMINED THAT THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION THRESHOLD IN 2009

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
METHODIST HOMES FOR THE AGING OF THE WYOMING CONF IN THE ST NY

Employer identification number
16-1421888

Part I Questions Regarding Compensation

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
KEITH D CHADWICK	(i) (ii)	343,274	6,140	31,409	17,865	22,852	421,540	
NELSON B SNYDER II CPA	(i) (ii)	294,447	5,996	45,838	16,847	22,690	385,818	
GARY BREUILLY	(i) (ii)	53,692	136,168	-185	2,054	10,303	202,032	

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
I	1b	THE ORGANIZATION PROVIDED ALL EMPLOYEES WITH A HOLIDAY GIFT OF 25, THE GROSS-UP WAS CALCULATED IN ORDER TO COVER THE TAXES ALL PAYMENTS WERE REPORTED AS TAXABLE INCOME ON THE RESPECTIVE EMPLOYEES W-2
I	4a	DURING THE TAX YEAR, GARY BREUILLY WAS PAID 125,028 OF SEVERANCE THIS AMOUNT IS INCLUDED IN SCHEDULE J, PART II COLUMN Bii FOR GARY BREUILLY THE SEVERANCE IS BASED ON GARY BREUILLYS EMPLOYMENT AGREEMENT DATED MAY 1, 2005 WITH UNITED METHODIST HOMES SEVERANCE PAYMENTS WERE MADE BASED ON ITEM 8, TERMINATION OF EMPLOYMENT AGREEMENT, SUBSECTIONc WHICH READS UNITED METHODIST HOMES MAY TERMINATE THIS EMPLOYMENT AGREEMENT WITHOUT CAUSE AFTER THE INITIAL THREE MONTH PROBATIONARY PERIOD
I	4a	PROVIDED THAT UNITED METHODIST HOMES SHALL GIVE EMPLOYEE 365 DAYS WRITTEN NOTICE OF THE TERMINATION OF HIS EMPLOYMENT UNDER THIS EMPLOYMENT AGREEMENT UNITED METHODIST HOMES SHALL HAVE THE OPTION OF TERMINATING THE SERVICES OF EMPLOYEE AT ANY TIME SUBSEQUENT TO THE ISSUANCE OF THE NOTICE OF TERMINATION, SO LONG AS IT CONTINUES TO PAY EMPLOYEE BIWEEKLY AT THE SALARY RATES CALLED FOR IN THIS EMPLOYMENT AGREEMENT UP TO THE CONCLUSION OF THE ONE-YEAR TERMINATION PERIOD UNITED METHODIST
I	4a	HOMES MAY INCLUDE ACCRUED VACATION TIME AS PART OF THE COMPENSATION TO BE PROVIDED DURING THE PERIOD BETWEEN NOTICE OF TERMINATION AND THE EFFECTIVE DATE OF SUCH TERMINATION UNITED METHODIST HOMES PAID THE ONE YEAR SEVERANCE IN BIWEEKLY PAYMENTS, WITH THE SEVERANCE PAYMENTS BEGINNING IN 2009 AND CONCLUDING IN 2010

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
METHODIST HOMES FOR THE AGING OF THE WYOMING CONF IN THE ST NY

Employer identification number
16-1421888

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased Yes	(g) Defeased No	(h) On Behalf of Issuer Yes	(h) On Behalf of Issuer No
A	BROOME COUNTY INDUSTRIAL DEVELOPMENT AGENCY	16-1136982	11472PAB6	09-25-2003	2,850,000	CURRENT REFUNDING OF PRIOR INDEBTEDNESS		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	2,850,000				
2	Gross proceeds in reserve funds					
3	Proceeds in refunding or defeasance escrows					
4	Other unspent proceeds					
5	Issuance costs from proceeds	33,292				
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds					
8	Year of substantial completion					

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
9	Were the bonds issued as part of a current refunding issue?	X									
10	Were the bonds issued as part of an advance refunding issue?		X								
11	Has the final allocation of proceeds been made?	X									
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X								
2	Is the bond issue a variable rate issue?	X									
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X								
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X								
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		X								
6	Did the bond issue qualify for an exception to rebate?	X									

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
METHODIST HOMES FOR THE AGING OF THE WYOMING CONF IN THE ST NY

Employer identification number
16-1421888

Identifier	Return Reference	Explanation
Form 990 I	1	OUR OUTREACH PROGRAMS FOR THE ELDERLY ARE DESIGNED TO PROVIDE FOR THE PHYSICAL WELFARE, SOCIAL, EDUCATIONAL AND RELIGIOUS WELFARE OF THE FRAIL AND ILL, AND THE INDIGENT ELDERLY, UTILIZING A HOLISTIC APPROACH TO CARE
Form 990 III	1	THE ORGANIZATIONS MISSION IS TO PROVIDE A WIDE RANGE OF SENIOR LIVING SERVICES WITH EXCEPTIONAL CARE AND COMPASSION OUR VISION IS TO BE THE PROVIDER OF CHOICE IN LIFESTYLE OPTIONS FOR SENIORS CORE VALUES INCLUDE CONCERN AND UNDERSTANDING FOR THE WHOLE PERSON, EDUCATION AND WELLNESS IN PURSUIT OF A FULL LIFE, INDEPENDENCE, DIGNITY AND A SENSE OF CONTROL FOR ALL RESIDENTS AND CARING AND COMPASSION IN OUR STAFF
Form 990 VI	1a, 1b AND 6	THE JAMES G JOHNSTON MEMORIAL NURSING HOME CORPORATION, FEDERAL ID 16-1421888, IS ONE OF TWELVE ENTITIES OF A GROUP OF BROTHER/SISTER RELATED AND AFFILIATED ORGANIZATIONS SEE SCHEDULE R, GOVERNED BY A COMMON BOARD OF DIRECTORS AND IS ASSOCIATED WITH THE WYOMING ANNUAL CONFERENCE OF THE UNITED METHODIST CHURCH WYOMING ANNUAL CONFERENCE, FEDERAL ID 16-1076205 SEE SCHEDULE A THE TWELVE BROTHER/SISTER RELATED ENTITIES OPERATE UNDER THE BRAND NAME UNITED METHODIST HOMES THE BY-LAWS OF TEN OF THE ORGANIZATIONS, EXCEPT FOR GRAND CARE CENTER AND THE UNITED METHODIST HOMES TRUST, PROVIDE THAT THE MEMBERS OF THE CORPORATIONS SHALL BE THE MEMBERS OF THE BOARD OF DIRECTORS THE BOARD OF DIRECTORS OF THE TEN ORGANIZATIONS PROVIDE FOR THIRTY-SIX DIRECTORS STRUCTURED AS FOLLOWS TWENTY-SEVEN DIRECTORS ELECTED BY THE MEMBERS DIVIDED INTO CLASSES OF NINE EACH PROVIDING FOR THE ELECTION OF NINE DIRECTORS EACH YEAR A DIRECTOR MAY SERVE TWO CONSECUTIVE THREE YEAR TERMS AND MUST REMAIN OFF THE BOARD FOR
Form 990 VI	1a, 1b AND 6	ONE YEAR BEFORE BECOMING ELIGIBLE FOR ADDITIONAL TERMS THE TWENTY-SEVEN ELECTED DIRECTORS HAVE ALL POWERS AND PRIVILEGES, INCLUDING VOTING, PROVIDED BY LAW NINE DIRECTORS EX-OFFICIO FROM THE WYOMING ANNUAL CONFERENCE WITH ALL POWERS AND PRIVILEGES OF AN ELECTED DIRECTOR AS FOLLOWS THE BISHOP, TWO DISTRICT SUPERINTENDENTS, THE COUNCIL DIRECTOR, THE HEALTH AND WELFARE MINISTRIES CHAIRPERSON, THE LAY LEADER OF THE WYOMING CONFERENCE, THE PRESIDENT OF THE HOMES FOR THE AGING GUILD OF THE CONFERENCE, THE PRESIDENT OF THE UNITED METHODIST WOMEN OF THE CONFERENCE AND THE PRESIDENT OF THE UNITED METHODIST MEN OF THE CONFERENCE THE EX-OFFICIO MEMBERS OF THE BOARD HAVE SUPER-MAJORITY VOTING PRIVILEGES WITH REGARD TO THE FOLLOWING FOUR ACTIONS A CHANGE IN THE CORPORATE NAME OF ANY OF THE TWELVE ENTITIES, A CHANGE IN THE EX-OFFICIO DIRECTORS POSITIONS, A CHANGE IN THE REQUIREMENT THAT AT LEAST 60 OF THE DIRECTORS SHALL BE MEMBERS OF THE UNITED METHODIST CHURCH AND THE PRESIDENT/CHIEF EXECUTIVE OFFICERS REPORT
Form 990 VI	1a, 1b AND 6	OF OPERATIONS TO THE ANNUAL SESSION OF THE WYOMING ANNUAL CONFERENCE VOTING ON THESE FOUR ACTIONS REQUIRES AT LEAST A MAJORITY VOTE OF THE ELECTED DIRECTORS AND A UNANIMOUS VOTE OF THE EX-OFFICIO DIRECTORS TO BE APPROVED THE BY-LAWS ALSO PROVIDE FOR THE ANNUAL ELECTION OF HONORARY MEMBERS TO THE BOARD HONORARY MEMBERS ARE SELECTED FROM FORMER MEMBERS OF THE BOARD AND HAVE ALL RIGHTS AND PRIVILEGES OF BOARD MEMBERS EXCEPT FOR THE RIGHT TO MAKE OR SECOND A MOTION OR TO VOTE GENERALLY, OFFICERS OF THE BOARD ARE ELECTED IN MAY THE CHAIRMAN AND SECRETARY OF THE BOARD FOR 2009 WERE HONORARY, NON-VOTING MEMBERS OF THE BOARD THE BOARD MEETS FOUR TIMES PER YEAR A FINANCE/EXECUTIVE COMMITTEE MEETING IS HELD ELEVEN TIMES PER YEAR NO MEETINGS ARE HELD IN JULY ALL MEMBERS OF BOTH THE FINANCE COMMITTEE AND THE EXECUTIVE COMMITTEE ARE MEMBERS OF THE BOARD THE EXECUTIVE COMMITTEE, WHEN MEETING BETWEEN BOARD MEETINGS, IS AUTHORIZED TO EXERCISE ALL AUTHORITY OF THE BOARD EXCEPT TO HIRE, DISCHARGE OR FIX THE SALARY OF THE
Form 990 VI	1a, 1b AND 6	PRESIDENT/CHIEF EXECUTIVE OFFICER, TO APPROVE THE ANNUAL BUDGET OR MODIFICATIONS THERETO RESULTING IN AN AMOUNT EXCEEDING THE TOTAL AMOUNT OF THE BUDGET OR TO COMMIT AN ENTITY TO ANY MAJOR CONSTRUCTION OR ESTABLISHMENT OF A NEW FACILITY OR THE PURCHASE, MORTGAGE OR SALE OF ANY REAL PROPERTY SIX MEMBERS OF THE EXECUTIVE COMMITTEE CONSTITUTE A QUORUM AND ONE OF THE SIX MEMBERS MUST BE EITHER THE CHAIRMAN OR THE VICE CHAIRMAN OF THE BOARD ALL COMMITTEES OF THE BOARD, EXCEPT FOR ANY ADVISORY COMMITTEE, ARE COMPRISED OF MEMBERS OF THE BOARD THE BY-LAWS ARE SILENT WITH REGARD TO NON-DIRECTOR COMMITTEE MEMBERS
Form 990 VI	3	THE ORGANIZATION USES ITS RELATED PARTY MANAGEMENT COMPANY, THE UNITED METHODIST HOMES OF THE WYOMING CONFERENCE MANAGEMENT SERVICES CORPORATION, SEE SCHEDULE R, MANAGEMENT SERVICES TO PERFORM CENTRALIZED MANAGEMENT FUNCTIONS FOR THE ORGANIZATION SUCH CENTRALIZED SERVICES INCLUDE QUALITY ASSURANCE, BUILDINGS AND GROUNDS MANAGEMENT, HUMAN RESOURCES, EMPLOYEE BENEFITS, MARKETING AND PUBLIC RELATIONS, GROUP PURCHASING, ACCOUNTING AND FINANCIAL SERVICES, BUDGETING, INFORMATION TECHNOLOGY, INSURANCE, CONTRACT REVIEW AND NEGOTIATIONS, CORPORATE COMPLIANCE AND OTHER ADMINISTRATIVE FUNCTIONS MANAGEMENT SERVICES AND ITS RELATED AFFILIATED ORGANIZATIONS OPERATE UNDER A BOARD POLICY OF STRONG EXECUTIVE MANAGEMENT ALL HIRING, FIRING, PROMOTION AND DEMOTION DECISIONS ARE THE RESPONSIBILITY OF THE PRESIDENT AND CHIEF EXECUTIVE OFFICER OF THE UNITED METHODIST HOMES THE ORGANIZATION ALSO CONTRACTS FOR THE MANAGEMENT AND SUPPLY OF PHARMACY SERVICES, PHARMACY PRODUCTS AND OVER-THE-COUNTER PHARMACEUTICALS, INCLUDING PHARMACY
Form 990 VI	3	OPERATION, ADMINISTRATION AND CONSULTING, WITH AN OUTSIDE PHARMACEUTICAL SUPPLY COMPANY IN ADDITION, THE COMPANY ALSO CONTRACTS FOR THE MANAGEMENT, SUPERVISION AND PERFORMANCE OF THE FOLLOWING SERVICES DIETARY MANAGEMENT AND SERVICES INCLUDING THE OPERATION AND MANAGEMENT OF THE DIETARY DEPARTMENT, THE PROVISION OF DIETARY MANAGEMENT PERSONNEL, PREPARATION OF AN ANNUAL DEPARTMENT BUDGET AND THE PREPARATION AND PROVISION OF ALL MEALS, PROFESSIONAL THERAPY MANAGEMENT AND SERVICES, INCLUDING OPERATION OF THE THERAPY DEPARTMENT, THE PROVISION OF PROFESSIONAL MANAGEMENT AND LICENSED PROFESSIONAL THERAPISTS, PREPARATION OF AN ANNUAL DEPARTMENTAL BUDGET AND THE PROVISION OF SPEECH, OCCUPATIONAL AND PHYSICAL THERAPY SERVICES AND LAUNDRY MANAGEMENT AND COMPLETE LAUNDRY SERVICES INCLUDING THE OFFSITE PROVISION OF PROFESSIONAL LAUNDRY SERVICES AND REPAIR AND REPLACEMENT OF LINENS

Identifier	Return Reference	Explanation
Form 990 VI	11A	THE PROCESS BY WHICH THE ORGANIZATIONS OFFICERS, DIRECTORS AND TRUSTEES, BOARD COMMITTEE MEMBERS OR MANAGEMENT REVIEWED THE PREPARED FORM 990 IS AS FOLLOWS THE BOARD DID REQUIRE THAT PREPARATION OF THE FORM 990 FOR ALL TWELVE BROTHER/SISTER RELATED/AFFILIATED ORGANIZATIONS BE PERFORMED, CONDUCTED AND SUPERVISED BY AN OUTSIDE TAX PROFESSIONAL WHO IS A CERTIFIED PUBLIC ACCOUNTANT WITH SPECIFIC EXPERTISE IN NOT-FOR-PROFIT TAX EXEMPT ORGANIZATIONS AND THE TAXATION OF NOT-FOR-PROFIT TAX EXEMPT ORGANIZATIONS IN CONJUNCTION AND COLLABORATION WITH THE ORGANIZATIONS MANAGEMENT ALL INFORMATION REQUIRED TO PREPARE THE FORM 990 WAS COMPLETED, ASSEMBLED AND PROVIDED TO THE PROFESSIONAL TAX RETURN PREPARER BY MANAGEMENT OF THE ORGANIZATION

Form 990 VI 11A THE FORM 990 RETURN WAS PREPARED AND REVIEWED BY THE PROFESSIONAL TAX RETURN PREPARER AND SUBMITTED TO MANAGEMENT OF THE ORGANIZATION AFTER INPUT INTO AN IRS APPROVED ELECTRONIC RETURN FILING SYSTEM FOR REVIEW BY MANAGEMENT PRIOR TO DISTRIBUTION TO THE BOARD OF DIRECTORS AND FILING WITH THE IRS A DETAILED REVIEW OF THE FORM 990 WAS CONDUCTED BY MANAGEMENT ANY CHANGES OR CORRECTIONS WERE NOTED AND SUBMITTED TO THE PROFESSIONAL TAX RETURN PREPARER FOR THE PREPARERS FINAL REVIEW AND PROCESSING PRIOR TO FILING, A COPY OF THE ORGANIZATIONS FINAL FORM 990 FOR THE YEAR, AS ULTIMATELY FILED WITH THE IRS, WAS PROVIDED TO EACH VOTING MEMBER OF THE ORGANIZATIONS GOVERNING BODY FOR REVIEW AND COMMENT FOR THOSE MEMBERS OF THE BOARD OF DIRECTORS HAVING E-MAIL ADDRESSES, A COPY WAS SENT VIA E-MAIL A COPY WAS ALSO POSTED TO THE ORGANIZATIONS SECURED WEB SITE WHICH IS ONLY ACCESSIBLE TO MEMBERS OF THE BOARD OF DIRECTORS Form 990 VI 11A FOR THOSE MEMBERS OF THE BOARD OF DIRECTORS NOT HAVING E-MAIL ACCESS, HARD COPIES OF THE FORM 990 WERE PROVIDED UPON FINAL REVIEW AND APPROVAL BY MANAGEMENT, THE PROFESSIONAL TAX RETURN PREPARER WAS NOTIFIED OF FINAL APPROVAL AND THE FORM 990 RETURN WAS ELECTRONICALLY FILED AS A FINAL RETURN WITH THE IRS Form 990 VI 12c UPON ELECTION TO THE BOARD OF DIRECTORS, ALL DIRECTORS ARE REQUIRED TO COMPLETE A WRITTEN CONFLICT OF INTEREST FORM IN CONJUNCTION WITH THE ORGANIZATIONS CONFLICT OF INTEREST POLICY THE ORGANIZATION ALSO FOLLOWS THE PRACTICE OF UPDATING OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES AND/OR MANAGERS CONFLICT OF INTEREST INFORMATION IN WRITING ANNUALLY, GENERALLY WHEN OTHER INFORMATION IS BEING SOLICITED FROM THE MEMBERS OF THE BOARD OF DIRECTORS FOR PREPARATION OF THE ANNUAL IRS FORM 990 ALL BOARD MEMBERS AND EMPLOYED PERSONNEL ARE SUBJECT TO THE ORGANIZATIONS CONFLICT OF INTEREST POLICIES OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES AND/OR MANAGERS ARE REQUIRED TO COMPLETE A WRITTEN CONFLICT OF INTEREST FORM AT LEAST ONCE PER YEAR ALL EMPLOYEES ARE REQUIRED TO ACT INDEPENDENTLY AND WITHOUT A CONFLICT OF INTEREST IN THE PERFORMANCE OF THEIR JOB DUTIES IN ADDITION, AS PART OF THE BOARD MEMBERS AND EMPLOYED PERSONNEL TRAINING AND ORIENTATION, POTENTIAL CONFLICT OF INTEREST PROHIBITIONS AND SITUATIONS ARE COVERED AND Form 990 VI 12c DISCUSSED THE ORGANIZATION HAS ESTABLISHED AN OVERSIGHT COMPLIANCE COMMITTEE COMPOSED OF DIRECTORS OF THE BOARD AND STAFFED BY THE CORPORATE COMPLIANCE OFFICER, COMPLIANCE PERSONNEL AND A MANAGEMENT COMPLIANCE COMMITTEE ALL POTENTIAL CONFLICTS OF INTEREST ARE INITIALLY REVIEWED BY THE CORPORATE COMPLIANCE OFFICER, COMPLIANCE PERSONNEL AND THE MANAGEMENT COMPLIANCE COMMITTEE AND AN INITIAL DETERMINATION OF POTENTIAL CONFLICT IS MADE THE POTENTIAL CONFLICT OF INTEREST AND THE INITIAL DETERMINATION IS THEN REPORTED TO AND DISCUSSED WITH THE OVERSIGHT COMPLIANCE COMMITTEE OF THE BOARD WHICH MAKES THE FINAL DETERMINATION WITH REGARDS TO WHETHER A CONFLICT OF INTEREST DOES OR DOES NOT EXIST ANY PERSON, INCLUDING BOARD MEMBERS, OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES AND/OR MANAGERS AND ANY EMPLOYED PERSONNEL ARE PROHIBITED BY THE BOARD CONFLICT OF INTEREST POLICY FROM PARTICIPATING IN ANY WAY IN ANY TRANSACTION IN WHICH THE OVERSIGHT COMPLIANCE COMMITTEE HAS DETERMINED THAT A CONFLICT OF INTEREST EXISTS Form 990 VI 12c THE OVERSIGHT COMPLIANCE COMMITTEE MAKES REPORTS OF ITS ACTIVITIES DIRECTLY TO THE BOARD OF THE ORGANIZATION ANY PERSON FOUND TO HAVE KNOWINGLY VIOLATED THE ORGANIZATIONS CONFLICT OF INTEREST POLICY IS SUBJECT TO DISCIPLINARY ACTION AND/OR DISMISSAL BOARD MEMBERS ARE GENERALLY REMINDED FROM TIME TO TIME AT BOARD AND COMMITTEE MEETINGS OF THE ORGANIZATIONS CONFLICT OF INTEREST POLICY BOARD AND COMMITTEE MEMBERS ARE ASKED TO DECLARE CONFLICTS PRIOR TO DISCUSSION ON AN ISSUE OR MATTER IN WHICH THEY MAY HAVE A CONFLICT EMPLOYEES ARE REMINDED ABOUT POTENTIAL CONFLICTS OF INTEREST THROUGH OUR CORPORATE AND MANDATORY TRAINING PROGRAMS Form 990 VI 15a AND 15b THE BOARD OF DIRECTORS HAS ESTABLISHED AN OVERALL METHODOLOGY FOR ESTABLISHING THE SALARY OF THE TOP MANAGEMENT OFFICIAL AND OTHER KEY EMPLOYEES OTHER THAN THE TOP MANAGEMENT OFFICIAL WHICH HAS BEEN EMPLOYED FOR SEVERAL YEARS PRIOR TO THE PREPARATION OF THE 2009 FORM 990 THE METHODOLOGY INCLUDES AN OVERALL JOB DESCRIPTION/CLASSIFICATION APPROACH FOR PERSONNEL RESPONSIBLE FOR THE ENTIRE TWELVE BROTHER/SISTER RELATED/AFFILIATED ORGANIZATIONS AND AN INDIVIDUAL JOB DESCRIPTION/CLASSIFICATION APPROACH FOR PERSONNEL RESPONSIBLE FOR SINGLE OR MULTIPLE FACILITIES THE BOARD HAS USED AN INDUSTRY JOB DESCRIPTION/CLASSIFICATION COMPENSATION STUDY IN ESTABLISHING SALARIES FOR THE TOP MANAGEMENT OFFICIAL AND KEY EMPLOYEES THE INDUSTRY STUDY FOCUSES ON MULTI-ORGANIZATION, MULTI-LOCATION, MULTI-LEVEL CARE SENIOR LIVING SERVICE ORGANIZATIONS IN THE UNITED STATES THE STUDY REVIEWS SIXTEEN TOP MANAGEMENT AND KEY EMPLOYEE JOB DESCRIPTION/CLASSIFICATION POSITIONS FOR OVER 100 ORGANIZATIONS Form 990 VI 15a AND 15b THE STUDY IDENTIFIES COMPENSATION FOR THE SIXTEEN JOB POSITIONS UTILIZING REVENUE LEVELS, ORGANIZATION SIZE, NUMBER OF EMPLOYEES AND GEOGRAPHICAL LOCATION AND CLASSIFIES THE SURVEYED ORGANIZATIONS INTO QUARTERLY COHORTS THE STUDY REVIEWS BASE COMPENSATION, BONUS COMPENSATION AND BENEFITS AS A RESULT OF THE INTERMEDIATE SANCTION REGULATIONS, THE BOARD ALSO DECIDED TO ENGAGE A FIRM WITH NATIONAL EXPERTISE IN COMPENSATION AND BENEFITS TO PERFORM A JOB CONTENT REVIEW AND COMPENSATION STUDY FOR OUR SPECIFIC COMBINED ORGANIZATION STRUCTURE IN DECEMBER 2005 AND FURTHER UPDATED THE STUDY IN APRIL 2006 THE STUDY SELECTED TEN TOP JOB DESCRIPTIONS FOR STUDY AND INCLUDED THE PRESIDENT AND CHIEF EXECUTIVE OFFICER, THE ASSISTANT PRESIDENT AND CHIEF FINANCIAL OFFICER, THE VICE PRESIDENT OF FUND RAISING AND INVESTMENTS, THE VICE PRESIDENT/ADMINISTRATOR POSITIONS FOR THREE LARGE CAMPUS LOCATIONS, THE VICE PRESIDENT/ADMINISTRATOR POSITIONS FOR TWO MEDIUM SIZE CAMPUS LOCATIONS AND TWO FINANCE/ACCOUNTING SPECIALIST POSITIONS,

Identifier	Return Reference	Explanation
Form 990 VI	15a AND 15b	THE STUDY INCLUDED PRIMARILY THE HIGHEST SALARY AND BENEFIT POSITIONS IN OUR COMBINED ORGANIZATIONS THE STUDY ANALYZED AND REVIEWED JOB CONTENT AND RESPONSIBILITY, BASE SALARY LEVELS, BONUSES AND BENEFIT LEVELS IN ORDER TO ESTABLISH SALARIES FOR 2009, THE MANAGEMENT AND PERSONNEL COMMITTEE OF THE BOARD DIRECTED AND REQUESTED THE CHIEF FINANCIAL OFFICER TO PREPARE A DETAILED ANALYSIS OF BASE SALARY FOR THEIR USE OF THE TEN ORGANIZATIONAL POSITIONS, INCLUDING THE TOP MANAGEMENT POSITION, FOR THE 2009 BUDGET UTILIZING BOTH THE 2009 INDUSTRY JOB DESCRIPTION/CLASSIFICATION STUDY AND THE NATIONAL FIRMS SPECIFIC ORGANIZATION JOB CONTENT STUDY OF DECEMBER 2005 AND APRIL 2006 FOR OUR TWELVE BROTHER/SISTER RELATED/AFFILIATED ORGANIZATIONS, TRENDED FOR INFLATION OCCURRING IN THE SENIOR LIVING SERVICE INDUSTRY 3 THE MANAGEMENT AND PERSONNEL COMMITTEE OF THE BOARD CONDUCTED A SESSION IN NOVEMBER 2008 TO PRELIMINARILY REVIEW THE ANALYSIS AND STUDY PREPARED BY THE CHIEF FINANCIAL OFFICER UTILIZING THE TWO COMPARABLE DATA COMPENSATION STUDIES

Form 990 VI 15a AND 15b IN ORDER FOR SALARIES TO BE ESTABLISHED FOR THE TOP MANAGEMENT POSITION AND KEY EMPLOYEES FOR THE 2009 BUDGET AFTER PRESENTATION AND EXPLANATION OF THE ANALYSIS, MANAGEMENT PERSONNEL WERE DISMISSED FROM THE MEETING AFTER THE COMMITTEE DETERMINED THAT THERE WERE NO CONFLICTS OF INTEREST WITH BOARD MEMBERS ON ANY OF THE MANAGEMENT SALARIES OR POSITIONS AFTER DELIBERATION, MANAGEMENT PERSONNEL WERE RECALLED INTO THE MEETING AND INSTRUCTED THAT THE MANAGEMENT AND PERSONNEL COMMITTEE HAD APPROVED THE RECOMMENDED BASE SALARY LEVELS FOR INCLUSION IN THE 2009 BUDGET AND THAT THERE WOULD BE NO CHANGES IN BENEFIT LEVELS FOR EITHER THE TOP MANAGEMENT POSITION OR THE OTHER KEY EMPLOYEES IN ADDITION, THE MANAGEMENT AND PERSONNEL COMMITTEE MADE A FORMAL PRESENTATION TO THE BOARD AT THE FEBRUARY 2009 MEETING PRIOR TO ADOPTION OF THE 2009 BUDGET AND RECOMMENDED APPROVAL OF THE SALARIES AS STATED IN THE PRESENTATION MINUTES OF THE NOVEMBER 2008 MEETING WERE CONTEMPORANEOUSLY PRODUCED AND MAILED TO MEMBERS OF THE MANAGEMENT Form 990 VI 15a AND 15b AND PERSONNEL COMMITTEE PRIOR TO THE FEBRUARY 2009 MEETING OF THE BOARD IN FEBRUARY 2009, AT THE BOARD MEETING PRIOR TO CONSIDERING THE 2009 BUDGET, THE MANAGEMENT AND PERSONNEL COMMITTEE PRESENTED THE RESULTS AND RECOMMENDATIONS FROM THEIR NOVEMBER 2008 MEETING TO THE BOARD IN A PRIVATE EXECUTIVE SESSION WITH MANAGEMENT EXCUSED FROM THE MEETING THE BOARD APPROVED THE RECOMMENDATION OF THE MANAGEMENT AND PERSONNEL COMMITTEE FOR INCLUSION IN THE 2009 BUDGET AND MINUTES OF THE EXECUTIVE SESSION OF THE BOARD WERE CONTEMPORANEOUSLY PRODUCED AND MAILED TO THE BOARD PRIOR TO THEIR MAY 2009 BOARD MEETING THE TOP MANAGEMENT POSITION AND ALL KEY PERSONNEL WERE INCLUDED IN THIS PROCESS FOR 2009 IN ADDITION, THE INTERNAL REVENUE SERVICE CONDUCTED AN AUDIT IN 2007 OF OUR MANAGEMENT SERVICES CORPORATION FOR THE FORM 990 2005 CALENDAR YEAR THE ORGANIZATION WAS REQUESTED TO PRODUCE THE ABOVE DISCUSSED METHODOLOGY AND PROCEDURES, INCLUDING BOTH INDUSTRY STUDIES AND THE SPECIFIC ORGANIZATION STUDY, FOR REVIEW BY THE IRS AUDITOR Form 990 VI 15a AND 15b THERE WERE NO IRS AUDIT FINDINGS WITH REGARDS TO THIS PROCESS Form 990 VI 19 THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE ONLY TO MEMBERS OF THE CORPORATION OR TO MEMBERS OF THE BOARD OF DIRECTORS OF THE ORGANIZATION THE ORGANIZATION DOES NOT MAKE ANY OF THESE DOCUMENTS DIRECTLY AVAILABLE TO THE PUBLIC HOWEVER, THE MOST IMPORTANT OF THESE DOCUMENTS ARE AVAILABLE TO THE PUBLIC THROUGH FEDERAL OR STATE FREEDOM OF INFORMATION ACTS SINCE MOST DOCUMENTS ARE REQUIRED TO BE FILED WITH FEDERAL AND STATE REGULATORS AND LICENSING BUREAUS AND ALSO WITH FEDERAL MEDICARE AND/OR STATE MEDICAID AUTHORITIES AS A RESULT OF FEDERAL AND STATE LAWS, RULES AND REGULATIONS Schedule K II 5 BOND ISSUANCE COSTS INCURRED WERE 25,439 CREDIT ENHANCEMENT COSTS INCURRED WERE 7,853

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
METHODIST HOMES FOR THE AGING OF THE WYOMING CONF IN THE ST NY

Employer identification number
16-1421888

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

(a) Name, address, and EIN 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

See Additional Data Table

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? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) 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

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

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

		Yes	No
1	During the tax year, did the orgranization 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 **(iv)** rent from a controlled entity	**1a**	**No**
b	Gift, grant, or capital contribution to other organization(s)	**1b**	**No**
c	Gift, grant, or capital contribution from other organization(s)	**1c**	**Yes**
d	Loans or loan guarantees to or for other organization(s)	**1d**	**No**
e	Loans or loan guarantees by other organization(s)	**1e**	**Yes**
f	Sale of assets to other organization(s)	**1f**	**No**
g	Purchase of assets from other organization(s)	**1g**	**No**
h	Exchange of assets	**1h**	**No**
i	Lease of facilities, equipment, or other assets to other organization(s)	**1i**	**No**
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j**	**No**
k	Performance of services or membership or fundraising solicitations for other organization(s)	**1k**	**No**
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**	**Yes**
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**	**No**
n	Sharing of paid employees	**1n**	**No**
o	Reimbursement paid to other organization for expenses	**1o**	**No**
p	Reimbursement paid by other organization for expenses	**1p**	**No**
q	Other transfer of cash or property to other organization(s)	**1q**	**No**
r	Other transfer of cash or property from other organization(s)	**1r**	**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 other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproprtionate allocations? Yes	(f) No	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

Additional Data Return to Form

Software ID: 09000123
Software Version: 2009.0.12
EIN: 16-1421888
Name: METHODIST HOMES FOR THE AGING OF THE WYOMING CONF IN THE ST NY

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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 501(c)(3))	(f) Direct Controlling Entity
UNITED METHODIST HOMES FOR THE AGING OF THE WYOMING CONFERENCE TRUST 10 ACRE PLACE BINGHAMTON, NY13904 16-1401063	FUNDRAISING	NY	501c3	11 TYPE 1	WYOMING ANNUAL CONFERENCE OF THE UNITED METHODIST CHURCH
THE UNITED METHODIST HOMES OF THE WYOMING CONFERENCE MNGMT SERVICES CORP 10 ACRE PLACE BINGHAMTON, NY13904 16-1486032	MANAGEMENT SERVICES	NY	501c3	11 TYPE 1	WYOMING ANNUAL CONFERENCE OF THE UNITED METHODIST CHURCH
THE METHODIST HOMES FOR THE AGING OF THE WYOMING CONF IN THE ST OF NY 10 ACRE PLACE BINGHAMTON, NY13904 24-0856145	NSG RESIDENTIAL SVCS	NY	501c3	11 TYPE 1	WYOMING ANNUAL CONFERENCE OF THE UNITED METHODIST CHURCH
THE METHODIST HOMES FOR THE AGING OF THE WYOMING CONF IN THE ST OF PA 10 ACRE PLACE BINGHAMTON, NY13904 22-3266577	NSG RESIDENTIAL SVCS	PA	501c3	11 TYPE 1	WYOMING ANNUAL CONFERENCE OF THE UNITED METHODIST CHURCH
THE ELIZABETH CHURCH MANOR NURSING HOME CORPORATION 10 ACRE PLACE BINGHAMTON, NY13904 16-1421889	NURSING HOME	NY	501c3	11 TYPE 1	WYOMING ANNUAL CONFERENCE OF THE UNITED METHODIST CHURCH
THE GRACE VIEW MANOR NURSING HOME CORPORATION 10 ACRE PLACE BINGHAMTON, NY13904 22-3180239	NURSING HOME	NY	501c3	11 TYPE 1	WYOMING ANNUAL CONFERENCE OF THE UNITED METHODIST CHURCH
GRAND CARE CENTER 10 ACRE PLACE BINGHAMTON, NY13904 22-2902920	DAY CARE CENTER	NY	501c3	9	N/A
THE GRACEVIEW MANOR HOUSING DEVELOPMENT FUND CORPORATION 10 ACRE PLACE BINGHAMTON, NY13904 22-2804848	LOW INCOME HOUSING	NY	501c3	11 TYPE 1	WYOMING ANNUAL CONFERENCE OF THE UNITED METHODIST CHURCH
ELIZABETH CHURCH-DEPAUL CORPORATION 10 ACRE PLACE BINGHAMTON, NY13904 16-1509844	INACTIVE	NY	501c3	9	N/A
WESLEY TOWERS INC 10 ACRE PLACE BINGHAMTON, NY13904 23-7095034	INACTIVE	PA	501c3	11 TYPE 1	WYOMING ANNUAL CONFERENCE OF THE UNITED METHODIST CHURCH
BROOKS CENTER INC 10 ACRE PLACE BINGHAMTON, NY13904 16-1446116	INACTIVE	PA	501c3	11 TYPE 1	WYOMING ANNUAL CONFERENCE OF THE UNITED METHODIST CHURCH

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
OTHER DIRECT EXPENSES	70,197	37,815	32,382	
SUPPLIES AND MATERIALS	574,525	553,360	21,165	
FOOD	42,800	42,800		
CHANGE IN FAIR VALUE OF DERIV FIN INST	-32,562	-32,562		
PROVISION FOR BAD DEBTS	195,308		195,308	

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ARTHUR B GORDON DIRECTOR	2 00	X						0	0	0
LEONARD J LINDENMUTH DIRECTOR	2 00	X						0	0	0
EVELYN P LINTERN DIRECTOR	1 10	X						0	0	0
BETTY STANTON DIRECTOR	3 00	X						0	0	0
KENNETH T SUMMERS JR DIRECTOR	3 50	X						0	0	0
MICHAEL D VENUTI DIRECTOR	2 00	X						0	0	0
LINDA ROSS DIRECTOR	1 00	X						0	0	0
DAVID TANENHAUS DIRECTOR	1 00	X						0	0	0
REV DAVID MASLAND DIRECTOR EX-OFFICIO	1 00	X						0	0	0
REV GREGORY C MYERS DIRECTOR EX-OFFICIO	1 00	X						0	0	0
BLENDA SMITH DIRECTOR EX-OFFICIO	50	X						0	0	0
BISHOP SUSAN W HASSINGER DIRECTOR EX-OFFICIO	1 00	X						0	0	0
REV MARK MARINO DIRECTOR EX-OFFICIO	1 00	X						0	0	0
JERRY HALBERT ADMINISTRATOR	23 20					X		68,462	65,631	11,625

Additional Data

Software ID:
Software Version:
EIN: 16-1421888
Name: METHODIST HOMES FOR THE AGING OF THE WYOMING CONF IN THE ST NY

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KEITH D CHADWICK PRESIDENT/CEO	42 10			X	X			0	380,823	26,145
NELSON B SNYDER II CPA ASST PRES/CFO	47 60			X	X			0	346,281	25,561
GARY BREUILLY ASST PRES/COO	12 30			X	X			0	189,675	2,140
WARREN E WATKINS CHAIRPERSON	7 00			X				0	0	0
JOHN CROUNSE VICE CHAIRPERSON	2 50	X		X				0	0	0
NEIL ANDRE TREASURER	2 00	X		X				0	0	0
LESLIE DISTIN SECRETARY	2 00			X				0	0	0
CATHERINE WILLIAMS ASST TREASURER	1 00	X		X				0	0	0
JAMES V PROOF ASST SECRETARY	1 00	X		X				0	0	0
SHARON BERG DIRECTOR	7 80	X						0	0	0
CARL ERNSTROM DIRECTOR	2 00	X						0	0	0
A WAYNE TRIVELPIECE DIRECTOR	4 50	X						0	0	0
REV GEORGE C KRAMER DIRECTOR	4 00	X						0	0	0
AVA DOUGLASS DIRECTOR	80	X						0	0	0
ALLAN ROSE DIRECTOR	7 00	X						0	0	0
EDWIN ROGERS DIRECTOR	4 50	X						0	0	0
MICHELLE BERRY DIRECTOR	1 00	X						0	0	0
JOHN R EIDAM DIRECTOR	1 00	X						0	0	0
THOMAS R GASPER DIRECTOR	2 00	X						0	0	0
LISA W LEE DIRECTOR	2 00	X						0	0	0
ROSEANNE MULLIGAN DIRECTOR	1 00	X						0	0	0
LEE ROBESON DIRECTOR	6 00	X						0	0	0
JOHN H WELCH DIRECTOR	1 50	X						0	0	0
JOSEPH B COONS DIRECTOR	2 00	X						0	0	0
DR J RICHARD CUNNINGHAM DIRECTOR	1 00	X						0	0	0