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

**2011**

**Open to Public Inspection**

**A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011**

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

C Name of organization
METHODIST HOMES FOR THE AGING OF THE
WYOMING CONFERENCE IN THE STATE OF NY

Doing Business As
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 $ 10,985,858

F Name and address of principal officer
GARY E GARDNER 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) ☐ 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527

J **Website:** ▶ WWW UNITEDMETHODISTHOMES ORG

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

## Part I Summary

**Activities & Governance**

1 Briefly describe the organization's mission or most significant activities
NOT-FOR-PROFIT SKILLED NURSING FACILITY OFFERING BOTH SKILLED NURSING AND REHABILITATION SERVICES

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 | 27 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 27 |
| 5 | Total number of individuals employed in calendar year 2011 (Part V, line 2a) | 5 | 249 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 102 |
| 7a | Total 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 | 0 |

| | | | Prior Year | Current Year |
|---|---|---|---|---|
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | 533,132 | 928 |
| | 9 | Program service revenue (Part VIII, line 2g) | 9,738,553 | 10,900,896 |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d ) | 8,175 | 16,239 |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 37,537 | 42,672 |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 10,317,397 | 10,960,735 |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) | 0 | 0 |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4 ) | 0 | 0 |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 6,172,928 | 6,498,329 |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶0 | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 4,306,710 | 4,115,520 |
| | 18 | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 10,479,638 | 10,613,849 |
| | 19 | Revenue less expenses Subtract line 18 from line 12 | -162,241 | 346,886 |

| | | | Beginning of Current Year | End of Year |
|---|---|---|---|---|
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | 7,772,203 | 6,331,621 |
| | 21 | Total liabilities (Part X, line 26) | 2,413,165 | 657,512 |
| | 22 | Net assets or fund balances Subtract line 21 from line 20 | 5,359,038 | 5,674,109 |

## 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**

****** | 2012-09-05
Signature of officer | Date

GARY E GARDNER CPA CFO
Type or print name and title

**Paid Preparer's Use Only**

| | | | |
|---|---|---|---|
| Preparer's signature ▶ JULIUS GREEN CPA | Date | Check if self-employed ▶ ☐ | Preparer's taxpayer identification number (see instructions) P00350393 |
| Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ PARENTEBEARD LLC<br>1650 MARKET STREET SUITE 4500<br>PHILADELPHIA, PA 19103 | | | EIN ▶ 23-2932984<br>Phone no ▶ (215) 972-0701 |

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

**Part III** **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . . . . . . . . ☑

**1** Briefly describe the organization's mission

THE ORGANIZATION'S 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 A CARING AND COMPASSIONATE STAFF

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

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

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

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 8,986,663 including grants of $ ) (Revenue $ 10,943,568 )

LICENSED SKILLED NURSING CARE SERVICES AND REHABILITATION SERVICES ARE PROVIDED TO THE RESIDENTS OF THE ORGANIZATION'S 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 28,211 DAYS PRIVATE PAY RESIDENTS AND OTHER PAYOR PROGRAM RESIDENTS REPRESENTED 14,146 DAYS OF CARE FOR TOTAL DAYS OF CARE OF 42,357

**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** ▶$ 8,986,663

## 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* (see instructions)? | 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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II* | 4 | | No |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III* | 5 | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *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 temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V* | 10 | Yes | |
| 11 | If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.* | 11a | Yes | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.* | 11b | | No |
| c | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.* | 11c | Yes | |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.* | 11d | | No |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.* | 11e | Yes | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.* | 11f | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII* | 12a | | No |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional* | 12b | 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *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 and IV* | 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 and IV* | 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 |
| 20a | Did the organization operate one or more hospitals? *If "Yes," complete Schedule H* | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements | 20b | | |

**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** | | No |
| **b** | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | **24b** | | |
| **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** | | |
| **d** | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | **24d** | | |
| **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 (or a family member thereof) 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 | |
| **35a** | Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)? | **35a** | | No |
| **b** | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* | **35b** | | 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

Check if Schedule O contains a response to any question in this Part V . . . . . . . . . . . . ☑

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number reported in Box 3 of Form 1096 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 249 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | 2b | Yes | |
| | **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | | |
| 3a | Did the organization have unrelated business gross income of $1,000 or more during the year? | | 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 or securities account)? | | 4a | | No |
| b | If "Yes," enter the name of the foreign country ▶<br>See instructions for 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? | | 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 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 | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | 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 | | | |
| 13 | **Section 501(c)(29) qualified nonprofit health insurance issuers.** | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state?<br>**Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state | | 13a | | |
| b | Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | | |
| c | Enter the aggregate amount of reserves on hand | 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | 14a | | No |
| b | If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* | | 14b | | |

**Part VI** **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI . . . . . . . . . . . ☑

## Section A. Governing Body and Management

| | | | Yes | No |
|---|---|---|---|---|
| 1a | Enter the number of voting members of the governing body at the end of the tax year . . . | 1a 27 | | |
| b | Enter the number of voting members included in line 1a, above, who are independent . . . | 1b 27 | | |
| 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 governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | No |
| 6 | Did the organization have members or stockholders? . . . | 6 | Yes | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . | 7a | | No |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . | 7b | | 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 | Did the organization have local chapters, branches, or affiliates? . . . | 10a | | No |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | |
| b | Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . | | | |
| 12a | Did the organization have a written conflict of interest policy? *If "No," go to line 13* . . . | 12a | Yes | |
| b | Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . | 12b | Yes | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . | 12c | Yes | |
| 13 | Did the organization have a written whistleblower policy? . . . | 13 | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? . . . | 14 | Yes | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| a | The organization's CEO, Executive Director, or top management official . . . | 15a | Yes | |
| b | Other officers or key employees of the organization . . . | 15b | Yes | |
| | If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . | 16a | | No |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . | 16b | | |

## Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request

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

GARY E GARDNER 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**

Check if Schedule O contains a response to any question in this Part VII . . . . . . . . . . . ☑

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (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 |
|---|---|---|---|---|---|---|---|---|---|---|
| See Additional Data Table | | | | | | | | | | |
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**Part VII** **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (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 |
|---|---|---|---|---|---|---|---|---|---|---|
| See Additional Data Table | | | | | | | | | | |
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|---|---|---|---|---|
| **1b** | **Sub-Total** . . . . . . . . . . . . . . . . ▶ | | | |
| **c** | **Total from continuation sheets to Part VII, Section A** . . . . ▶ | | | |
| **d** | **Total (add lines 1b and 1c)** . . . . . . . . . . . . . . ▶ | 78,790 | 752,776 | 74,270 |

**2** Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶0

| | | | 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 or individual 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 Report compensation for the calendar year ending with or within the organization's tax year

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| SUNDANCE REHABILITATION CORP<br>PO BOX 277627<br>ATLANTA, GA 303847627 | THERAPY SERVICES | 625,123 |
| NURSEFINDERS<br>STAFFING DIVISION<br>DALLAS, TX 753910738 | NURSE AGENCY | 126,216 |
| BATES TROY INCORPORATED<br>151 LAUREL AVE<br>BINGHAMTON, PA 13905 | LAUNDRY SERVICES | 101,635 |
| | | |
| | | |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶3

**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 928 | | | | |
| | e | Government grants (contributions) | 1e | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | | | | |
| | g | Noncash contributions included in lines 1a-1f $ | | | | | |
| | h | **Total.** Add lines 1a-1f . . . . . . . ▶ | | 928 | | | |
| **Program Service Revenue** | | | Business Code | | | | |
| | 2a | ELDERLY NURSING CARE | 623000 | 10,900,896 | 10,900,896 | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f | All other program service revenue | | | | | |
| | g | **Total.** Add lines 2a–2f . . . . . . . . ▶ | | 10,900,896 | | | |
| **Other Revenue** | 3 | Investment income (including dividends, interest and other similar amounts) . . . . . ▶ | | 29,242 | | | 29,242 |
| | 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 | (ii) 12,120 | | | | |
| | b | Less cost or other basis and sales expenses | (ii) 25,123 | | | | |
| | c | Gain or (loss) | (ii) -13,003 | | | | |
| | d | Net gain or (loss) . . . . . . . . . . . ▶ | | -13,003 | | | -13,003 |
| | 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 | RECOVERY OF BAD DEBTS | 900099 | 32,272 | 32,272 | | |
| | b | OTHER REVENUE | 900099 | 10,400 | 10,400 | | |
| | c | | | | | | |
| | d | All other revenue . . . . | | | | | |
| | e | **Total.** Add lines 11a–11d . . . . . . ▶ | | 42,672 | | | |
| | 12 | **Total revenue.** See Instructions . . . ▶ | | 10,960,735 | 10,943,568 | 0 | 16,239 |

**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)
Check if Schedule O contains a response to any question in this Part IX . . . . . . . . . . ☐

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|---|---|---|---|
| **1** Grants and other assistance to governments and organizations in the United States See Part IV, line 21 | | | | |
| **2** Grants and other assistance to individuals in the United States See Part IV, line 22 | | | | |
| **3** Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 | | | | |
| **4** Benefits paid to or for members | | | | |
| **5** Compensation of current officers, directors, trustees, and key employees . . . . | 87,109 | | 87,109 | |
| **6** Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . | | | | |
| **7** Other salaries and wages | 5,087,667 | 4,860,308 | 227,359 | |
| **8** Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . | 80,818 | 71,826 | 8,992 | |
| **9** Other employee benefits . . . . . . . . | 866,629 | 828,805 | 37,824 | |
| **10** Payroll taxes . . . . . . . . . . . . | 376,106 | 354,612 | 21,494 | |
| **11** Fees for services (non-employees) | | | | |
| **a** Management . . . . . . . | 943,280 | | 943,280 | |
| **b** Legal . . . . . . . . . | 59,879 | | 59,879 | |
| **c** Accounting . . . . . . . . . . . . | 14,100 | | 14,100 | |
| **d** Lobbying . . . . . . . . . . . . | | | | |
| **e** Professional fundraising *See Part IV, line 17* . . | | | | |
| **f** Investment management fees . . . . . . . | | | | |
| **g** Other . . . . . . . . . . . | 1,567,458 | 1,512,807 | 54,651 | |
| **12** Advertising and promotion . . . . | 27,947 | | 27,947 | |
| **13** Office expenses . . . . . . . . | 601,854 | 552,050 | 49,804 | |
| **14** Information technology . . . . . . | | | | |
| **15** Royalties . . | | | | |
| **16** Occupancy . . . . . . . . . . . . | 198,955 | 198,955 | | |
| **17** Travel . . . . . . . . . . . . . | 8,427 | | 8,427 | |
| **18** Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . . . | | | | |
| **19** Conferences, conventions, and meetings . . . . | | | | |
| **20** Interest . . . . . . . . . . . . | 10,810 | 10,810 | | |
| **21** Payments to affiliates . . . . . . . | | | | |
| **22** Depreciation, depletion, and amortization . . . . . | 323,484 | 323,484 | | |
| **23** Insurance . . . . . . . . . . . . . . . | 54,860 | | 54,860 | |
| **24** Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O ) | | | | |
| **a** FOOD | 157,239 | 157,239 | | |
| **b** WRITE-OFF OF DEFERRED F | 72,458 | 72,458 | | |
| **c** OTHER DIRECT EXPENSE | 21,599 | 10,300 | 11,299 | |
| **d** RENTAL OR LEASE - MOVEA | 17,769 | 10,880 | 6,889 | |
| **e** | | | | |
| **f** All other expenses | 35,401 | 22,129 | 13,272 | |
| **25** **Total functional expenses.** Add lines 1 through 24f | 10,613,849 | 8,986,663 | 1,627,186 | 0 |
| **26** **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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 | 1,500 | 1 | 1,500 |
| | 2 | Savings and temporary cash investments | 421,765 | 2 | 148,830 |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | 790,385 | 4 | 966,571 |
| | 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 | 7,691 | 9 | 13,199 |
| | 10a | Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D* — 10a: 9,911,339 | | | |
| | b | Less accumulated depreciation — 10b: 6,419,043 | 3,651,701 | 10c | 3,492,296 |
| | 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 | 2,801,806 | 13 | 1,501,024 |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets See Part IV, line 11 | 97,355 | 15 | 208,201 |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | 7,772,203 | 16 | 6,331,621 |
| Liabilities | 17 | Accounts payable and accrued expenses | 648,431 | 17 | 641,278 |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | 1,620,000 | 20 | |
| | 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | 144,734 | 25 | 16,234 |
| | 26 | **Total liabilities.** Add lines 17 through 25 | 2,413,165 | 26 | 657,512 |
| 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 | 5,359,038 | 27 | 5,674,109 |
| | 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 | 5,359,038 | 33 | 5,674,109 |
| | 34 | Total liabilities and net assets/fund balances | 7,772,203 | 34 | 6,331,621 |

**Part XI Reconcilliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI . . . . . . . . . . ☑

| | | | |
|---|---|---|---|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) . . . | 1 | 10,960,735 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) . . . . . | 2 | 10,613,849 |
| 3 | Revenue less expenses Subtract line 2 from line 1 . . . . | 3 | 346,886 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . | 4 | 5,359,038 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) . . . . | 5 | -31,815 |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . . . | 6 | 5,674,109 |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII . . . . . . . . . . ☑

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other ____________<br>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?<br>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 separate basis, consolidated basis, or both<br>☐ 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 | | |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493257009722

# 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

2011

**Open to Public Inspection**

Name of the organization
METHODIST HOMES FOR THE AGING OF THE WYOMING CONFERENCE IN THE STATE OF 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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )

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? | | **(v)** Did you notify the organization in col (i) of your support? | | **(vi)** Is the organization in col (i) organized in the U S ? | | **(vii)** Amount of support? |
|---|---|---|---|---|---|---|---|---|---|
| | | | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** | |
| (A) METHODIST HOMES FOR THE AGING OF THE WYOMING CONFERENCE IN THE STATE OF NY | 240856145 | 9 | Yes | | Yes | | Yes | | 0 |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| **Total** | | | | | | | | | 0 |

**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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

## Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (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) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (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 2011 (line 6 column (f) divided by line 11 column (f)) | 14 |

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 | 15 |

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

## Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (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) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (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 2011 (line 8 column (f) divided by line 13 column (f)) | 15 | |
| 16 Public support percentage from 2010 Schedule A, Part III, line 15 | 16 | |

## Section D. Computation of Investment Income Percentage

| | | |
|---|---|---|
| 17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f)) | 17 | |
| 18 Investment income percentage from **2010** Schedule A, Part III, line 17 | 18 | |

19a **33 1/3% support tests—2011.** 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—2010.** 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. Also complete this part for any additional information. (See instructions).

| Facts And Circumstances Test |
| --- |
| |

| Explanation |
| --- |
| |
| |
| |
| |

**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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2011**

**Open to Public Inspection**

**Name of the organization**
METHODIST HOMES FOR THE AGING OF THE WYOMING CONFERENCE IN THE STATE OF 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 | 2,696,805 | 3,148,942 | 3,389,451 | | |
| b Contributions | 815,108 | 700,365 | 145,131 | | |
| c Investment earnings or losses | -8,125 | 51,482 | 70,170 | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 2,002,764 | 1,203,984 | 455,810 | | |
| f Administrative expenses | | | | | |
| g End of year balance | 1,501,024 | 2,696,805 | 3,148,942 | | |

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 Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|---|---|---|---|
| 1a Land | | 9,750 | | 9,750 |
| b Buildings | | 4,917,104 | 2,613,660 | 2,303,444 |
| c Leasehold improvements | | | | |
| d Equipment | | 4,984,485 | 3,805,383 | 1,179,102 |
| e Other | | | | |
| **Total.** Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶ | | | | 3,492,296 |

**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 |
|---|---|---|
| (1) Financial derivatives | | |
| (2) 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 |
|---|---|---|
| (1) ASSETS WHOSE USE IS LIMITED BOARD DESIGNATED | 1,501,024 | F |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **Total.** *(Column (b) should equal Form 990, Part X, col (B) line 13 )* ▶ | 1,501,024 | |

**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 | 16,234 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) should equal Form 990, Part X, col (B) line 25 )* ▶ | 16,234 |

**2.** Fin 48 (ASC 740) 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 (ASC740)

## 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 | 10,960,735 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 10,613,849 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | 346,886 |
| 4 | Net unrealized gains (losses) on investments | 4 | -32,942 |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | 1,127 |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | -31,815 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | 315,071 |

## 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 | 10,908,524 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | | |
| a | Net unrealized gains on investments | 2a | -32,942 | | |
| b | Donated services and use of facilities | 2b | | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIV) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | -32,942 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 10,941,466 |
| 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 | 19,269 | | |
| c | Add lines **4a** and **4b** | | | 4c | 19,269 |
| 5 | Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12 ) | | | 5 | 10,960,735 |

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

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | 10,593,453 |
| 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 | -20,396 | | |
| e | Add lines **2a** through **2d** | | | 2e | -20,396 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 10,613,849 |
| 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 | 0 |
| 5 | Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18 ) | | | 5 | 10,613,849 |

## 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 |
|---|---|---|
| DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS | PART V, LINE 4 | THE INTENDED USES OF THE ENDOWMENT FUNDS ARE FUTURE CAPITAL IMPROVEMENTS, FUTURE OPERATING COSTS AND TO ESCROW ADVANCE FEES, OVER WHICH THE BOARD RETAINS CONTROL AND, MAY AT ITS DISCRETION, SUBSEQUENTLY USE FOR OTHER PURPOSES |
| DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48 | PART X | THE HOMES 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 2011 OR 2010 THE HOMES' FEDERAL RETURNS OF ORGANIZATION EXEMPT FROM INCOME TAX FOR THE YEARS ENDED DECEMBER 31, 2010, 2009, AND 2008 REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE |
| PART XI, LINE 8 - OTHER ADJUSTMENTS | | CHANGE IN FAIR VALUE OF DERIVATIVE FINANCIAL INSTRUMENTS 1,127 |
| PART XII, LINE 4B - OTHER ADJUSTMENTS | | LOSS ON SALE OF EQUIPMENT -13,003 BAD DEBT RECOVERY 32,272 |
| PART XIII, LINE 2D - OTHER ADJUSTMENTS | | LOSS ON SALE OF EQUIPMENT 13,003 CHANGE IN FAIR VALUE OF DERIVATIVE FINANCIAL INSTRUMENTS -1,127 RECOVERY OF BAD DEBTS -32,272 |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493257009722 |
|---|---|---|

**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

**2011**

**Open to Public Inspection**

**Name of the organization**
METHODIST HOMES FOR THE AGING OF THE WYOMING CONFERENCE IN THE STATE OF 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<br>☐ First-class or charter travel ☐ Housing allowance or residence for personal use<br>☐ Travel for companions ☐ Payments for business use of personal residence<br>☑ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees<br>☐ 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<br>☑ Compensation committee ☑ Written employment contract<br>☐ Independent compensation consultant ☑ Compensation survey or study<br>☐ 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** | | No |
| **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?<br>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | **4c** | | No |
| | **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?<br>If "Yes," to line 5a or 5b, describe in Part III | **5b** | | No |
| **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?<br>If "Yes," to line 6a or 6b, describe in Part III | **6b** | | No |
| **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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

| (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 | | | | |
| (1) KEITH CHADWICK | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 364,527 | 0 | 5,338 | 12,250 | 10,069 | 392,184 | 0 |
| (2) BRIAN PICCHINI | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 178,850 | 0 | 5,679 | 9,300 | 8,188 | 202,017 | 0 |
| (3) GARY GARDNER | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 126,730 | 0 | 10,555 | 6,890 | 11,700 | 155,875 | 0 |
| (4) JERRY HALBERT | (i) | 66,062 | 0 | 12,728 | 3,658 | 4,661 | 87,109 | 0 |
| | (ii) | 61,097 | 0 | 0 | 3,301 | 4,253 | 68,651 | 0 |

**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 |
|---|---|---|
| | PART I, LINE 1A | THE ORGANIZATION PROVIDED ALL EMPLOYEES WITH A HOLIDAY GIFT OF $25 THE GIFT WAS "GROSSED-UP" USING A COMPUTATION IN ORDER TO COVER THE TAXES ALL PAYMENTS WERE REPORTED AS TAXABLE INCOME ON EACH EMPLOYEE'S RESPECTIVE W-2 |

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

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

**2011**

**Open to Public Inspection**

Name of the organization
METHODIST HOMES FOR THE AGING OF THE
WYOMING CONFERENCE IN THE STATE OF NY

**Employer identification number**
16-1421888

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| | FORM 990, PART V, LINE 1 | FORMS 1099 FOR EACH OF THE RELATED UNITED METHODIST HOMES ENTITIES ARE ISSUED BY THE METHODIST HOMES FOR THE AGING OF THE WYOMING CONFERENCE IN THE STATE OF NEW YORK, FEDERAL ID# 24-0856145, WHICH ACTS AS THE COMMON ACCOUNTS PAYABLE ARM OF THE SYSTEM |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| | FORM 990, PART VI, SECTION A, LINE 2 | ON AN ANNUAL BASIS, THE ORGANIZATION PROVIDES A QUESTIONNNAIRE TO ALL BOARD MEMBERS WHICH ADDRESSES ANY POTENTIAL BUSINESS OR FAMILY RELATIONSHIP BETWEEN OFFICERS, DIRECTORS, TRUSTEES, OR KEY EMPLOYEES BASED ON THE RESPONSES, THERE ARE NO FAMILY OR BUSINESS RELATIONSHIPS IDENTIFIED BETWEEN OFFICERS, DIRECTORS, TRUSTEES, OR KEY EMPLOYEES WHICH WOULD REQUIRE DISCLOSURE ON THE FORM 990 |

| Identifier | Return Reference | Explanation |
|---|---|---|
| | FORM 990, PART VI, SECTION A, LINE 1 | THE JAMES G JOHNSTON MEMORIAL NURSING HOME CORPORATION, FEDERAL ID# 16-1421888, IS ONE OF TEN ENTITIES OF A GROUP OF BROTHER / SISTER RELATED AND AFFILIATED ORGANIZATIONS (SEE SCHEDULE R), GOVERNED BY A COMMON BOARD OF DIRECTORS THE TEN BROTHER / SISTER RELATED ENTITIES OPERATE UNDER THE BRAND NAME "UNITED METHODIST HOMES" THE BYLAWS OF 8 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 8 ORGANIZATIONS PROVIDE FOR 27 DIRECTORS, ELECTED BY THE MEMBERS, AND DIVIDED INTO THREE CLASSES OF NINE EACH THIS ARRANGEMENT PROVIDES FOR THE ELECTION OF NINE DIRECTORS EACH YEAR A DIRECTOR MAY SERVE TWO CONSECUTIVE THREE-YEAR TERMS AND MUST REMAIN OFF THE BOARD FOR ONE YEAR BEFORE BECOMING ELIGIBLE FOR AN ADDITIONAL TERM THE BOARD MEETS FOUR TIMES PER YEAR AND THE EXECUTIVE FINANCE COMMITTEE MEETINGS ARE HELD ELEVEN TIMES PER YEAR NO MEETINGS ARE HELD IN JULY THE EXECUTIVE FINANCE 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 PRESIDENT / CEO, 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 FACILTY OR THE PURCHASE, MORTGAGE OR SALE OF ANY REAL PROPERTY SIX MEMBERS OF THE EXECUTIVE FINANCE COMMITTEE CONSTITUTE A QUORUM AND ONE OF THE SIX MEMBERS MUST BE EITHER THE CHAIRPERSON OR THE VICE CHAIRPERSON OF THE BOARD |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| | FORM 990, PART VI, SECTION A, LINE 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 GROUND MANAGEMENT, HUMAN RESOURCES, EMPLOYEE BENEFITS, MARKETING AND PUBLIC RELATIONS, GROUP PURCHASING, ACCOUNTING AND FINANCIAL SERVICES, BUDGETING, INFORMATION TECHNOLOGY, INSURANCE CONTRACTING, 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 REPSPONSIBILITY OF THE PRESIDENT / CEO OF THE UNITED METHODIST HOMES |

| Identifier | Return Reference | Explanation |
|---|---|---|
| | FORM 990, PART VI, SECTION A, LINE 6 | THE BYLAWS PROVIDE THAT THE MEMBERS OF THE CORPORATION SHALL BE THE SAME PERSONS WHO SERVE AS MEMBERS OF THE BOARD OF DIRECTORS FOR THE METHODIST HOMES OF THE AGING OF THE WYOMING CONFERENCE IN THE STATE OF NEW YORK SEE ADDITIONAL DISCLOSURE IN SCHEDULE O OF FORM 990, PART VI, SECTION A LINE 4 |

| Identifier | Return Reference | Explanation |
|---|---|---|
| | FORM 990, PART VI, SECTION B, LINE 11 | THE PROCESS BY WHICH THE ORGANIZATION'S OFFICERS, DIRECTORS, BOARD COMMITTEE MEMBERS, AND MANAGEMENT REVIEWED THE PREPARED FORM 990 IS AS FOLLOWS THE BOARD DID REQUIRE THAT THE FORM 990 FOR ALL 10 BROTHER / SISTER RELATED AND AFFILIATED ORGANIZATIONS BE PPREPARED FROM INFORMATION COMPILED BY INTERNAL STAFF A DRAFT COPY OF THE FORM 990 WAS THEN PROVIDED TO THE ORGANIZATION'S MANAGEMENT, BOARD MEMBERS AND INDEPENDENT PUBLIC ACCOUNTING FIRM WITH SPECIFIC EXPERTISE IN NOT-FOR-PROFIT TAX RETURN PREPARATION A DETAILED REVIEW OF THE FORM 990 IS CONDUCTED FOR ANY CHANGES OR CORRECTIONS AFTER REVIEW BY ALL OF THE AFOREMENTIONED INDIVIDUALS, THE INDEPENDENT PUBLIC ACCOUNTING FIRM CONDUCTS THEIR FINAL REVIEW, SIGNS AS PAID PREPARER AND ASSISTS WITH THE ELECTRONIC SUBMISSION OF THE FORM 990 UTILIZING THIS METHODOLOGY, A COPY OF THE FORM 990 IS PROVIDED TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY FOR REVIEW AND COMMENT PRIOR TO THE FORM 990 BEING FILED |

| Identifier | Return Reference | Explanation |
|---|---|---|
| | FORM 990, PART VI, SECTION B, LINE 12C | UPON ELECTION TO THE BOARD OF DIRECTORS, ALL DIRECTORS ARE REQUIRED TO COMPLETE A WRITTEN CONFLICT OF INTEREST FORM IN CONNECTION WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY THE ORGANIZATION ALSO FOLLOWS THE PRACTICE OF UPDATING OFFICER AND DIRECTORS CONFLICT OF INTEREST INFORMATION IN WRITING ANNUALLY ALL BOARD MEMBERS AND EMPLOYEE PERSONNEL ARE SUBJECT TO THE ORGANIZATION'S CONFLICT OF INTEREST POLICIES 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 MEMBER'S AND EMPLOYEE PERSONNEL'S TRAINING ANY POTENTIAL CONFLICT OF INTEREST PROHIBITIONS AND SITUATIONS ARE COVERED AND DISCUSSED THE ORGANIZATION HAS ESTABLISHED AN "OVERSIGHT COMPLIANCE COMMITTEE" COMPOSED OF DIRECTORS OF THE BOARD AND STAFFED BY THE CORPORATE COMPLIANCE OFFICER AND COMPLIANCE PERSONNEL 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 CONFLICTS 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, KEY EMPLOYEES AND / OR MANAGERS AND ALL EMPLOYEE PERSONNEL ARE PROHIBITED BY THE BOARD CONFLICT OF INTEREST POLICY FROM PARTICIPATING IN ANY TRANSACTION IN WHICH THE OVERSIGHT COMPLIANCE COMMITTEE HAS DETERMINED THAT A CONFLICT OF INTEREST EXISTS THE OVERSIGHT COMPLIANCE COMMITTEE MAKES REPORTS OF ITS ACTIVITIES DIRECTLY TO THE BOARD OF THE ORGANIZATION ANY PERSON FOUND TO HAVE KNOWINGLY VIOLATED THE ORGANIZATION'S 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 ORGANIZATION'S CONFLICT OF INTEREST POLICY BOARD AND COMMITTEE MEMBERS ARE ASKED TO DISCLOSE ANY ISSUE OR MATTER IN WHICH THEY HAVE A CONFLICT AS INDICATED ABOVE THEY ARE ALSO ASKED TO ABSTAIN FROM VOTING ON SUCH MATTERS EMPLOYEES ARE REMINDED ABOUT POTENTIAL CONFLICTS OF INTEREST THROUGH OUR CORPORATE AND MANDATORY TRAINING PROGRAMS |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| | FORM 990, PART VI, SECTION B, LINE 15 | THE BOARD OF DIRECTORS HAS ESTABLISHED A MANAGEMENT AND PERSONNEL COMMITTEE COMPRISED OF BOARD MEMBERS HAVING NO CONFLICT OF INTEREST WITH RESPECT TO COMPENSATION AND BENEFIT LEVELS TO BE ESTABLISHED FOR ALL SENIOR EXECUTIVES EMPLOYED BY THE ORGANIZATION THE BOARD COMMITTEE UTILIZES STUDY DATA AS TO COMPARABLE COMPENSATION FOR SIMILARILY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS IN SIMILARILY SITUATED ORGANIZATIONS IN IT'S DELIBERATIONS DATA HAS BEEN COMPILED USING AN INDUSTRY JOB DESCRIPTION / CLASSIFICATION COMPENSATION STUDY WHICH FOCUSES ON MULTI-ORGANIZATION, MULTI-LOCATION, MULTI-LEVEL CARE SENIOR LIVING SERVICE ORGANIZATIONS IN THE UNITED STATES FOR COMPARATIVE COMPENSATION INFORMATION WHICH IS COMPARED TO THE UNITED METHODIST HOME'S SENIOR EXECUTIVE COMPENSATION LEVELS UNITED METHODIST HOME'S KEY EMPLOYEE AND EXECUTIVE COMPENSATION LEVELS ARE REVIEWED ANNUALLY BY THE MANAGEMENT AND PERSONNEL COMMITTEE AND ARE SUBSEQUENTLY INCORPORATED, UPON APPROVAL BY THE BOARD, INTO THE ORGANIZATION'S ANNUAL BUDGET |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| | FORM 990, PART VI, SECTION C, LINE 19 | 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 THE FEDERAL OR STATE FREEDOM OF INFORMATION ACTS, SINCE MOST OF THE DOCUMENTS ARE REQUIRED TO BE FILED WITH FEDERAL AND STATE REGULATORS AND LICENSING BUREAUS CERTAIN OF THE RELATED BROTHER / SISTER AFFILIATES ARE ALSO REQUIRED TO FILE WITH THE FEDERAL MEDICARE AND / OR STATE MEDICAID REGULATORY BODIES AS A RESULT OF THE FEDERAL AND STATE LAWS, RULES AND REGULATIONS UNDER WHICH THEY ARE GOVERNED |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| | FORM 990, PART VII | AS PREVIOUSLY DISCLOSED IN SCHEDULE O, THE BOARD OF DIRECTORS IS A COMMON BOARD THE TIME SPENT AS REPORTED ON PART VII IS FOR THIS ORGANIZATION AS WELL AS THE RELATED ORGANIZATIONS REPORTED ON SCH R |

| Identifier | Return Reference | Explanation |
| --- | --- | --- |
| CHANGES IN NET ASSETS OR FUND BALANCES | FORM 990, PART XI, LINE 5 | NET UNREALIZED LOSSES ON INVESTMENTS -32,942 CHANGE IN FAIR VALUE OF DERIVATIVE FINANCIAL INSTRUMENTS 1,127 TOTAL TO FORM 990, PART XI, LINE 5 -31,815 |

| Identifier | Return Reference | Explanation |
|---|---|---|
| | FORM 990, PART XII, LINE 2C | THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY OVER THE AUDIT NEITHER THE OVERSIGHT PROCESS OR SELECTION PROCESS HAS CHANGED SINCE THE PRIOR YEAR |

**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

**2011**

**Open to Public Inspection**

**Name of the organization**
METHODIST HOMES FOR THE AGING OF THE
WYOMING CONFERENCE IN THE STATE OF 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 |
|---|---|---|---|---|---|
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**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled organization Yes | No |
|---|---|---|---|---|---|---|---|
| See Additional Data Table | | | | | | | |
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**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) Disproprtionate allocations? | | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Yes | No | | Yes | No | |
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**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 |
|---|---|---|---|---|---|---|---|
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**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

| | | | Yes | No |
|---|---|---|---|---|
| | **Note.** Complete line 1 if any entity is listed in Parts II, III or IV | | | |
| **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 related organization(s) | **1b** | | **No** |
| **c** | Gift, grant, or capital contribution from related organization(s) | **1c** | **Yes** | |
| **d** | Loans or loan guarantees to or for related organization(s) | **1d** | | **No** |
| **e** | Loans or loan guarantees by related organization(s) | **1e** | **Yes** | |
| **f** | Sale of assets to related organization(s) | **1f** | | **No** |
| **g** | Purchase of assets from related organization(s) | **1g** | | **No** |
| **h** | Exchange of assets with related organization(s) | **1h** | | **No** |
| **i** | Lease of facilities, equipment, or other assets to related organization(s) | **1i** | | **No** |
| **j** | Lease of facilities, equipment, or other assets from related organization(s) | **1j** | | **No** |
| **k** | Performance of services or membership or fundraising solicitations for related organization(s) | **1k** | | **No** |
| **l** | Performance of services or membership or fundraising solicitations by related organization(s) | **1l** | **Yes** | |
| **m** | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | **1m** | | **No** |
| **n** | Sharing of paid employees with related organization(s) | **1n** | **Yes** | |
| **o** | Reimbursement paid to related organization(s) for expenses | **1o** | | **No** |
| **p** | Reimbursement paid by related organization(s) for expenses | **1p** | | **No** |
| **q** | Other transfer of cash or property to related organization(s) | **1q** | | **No** |
| **r** | Other transfer of cash or property from related 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 | **(d)** Method of determining 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) Predominant income(related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtionate allocations? | | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Yes | No | | | Yes | No | | Yes | No | |
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**Part VII** **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

| Identifier | Return Reference | Explanation |
|---|---|---|

**Additional Data**

Return to Form

**Software ID:**
**Software Version:**
**EIN:** 16-1421888
**Name:** METHODIST HOMES FOR THE AGING OF THE WYOMING CONFERENCE IN THE STATE OF 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 | g Section 512 (b)(13) controlled organization | |
|---|---|---|---|---|---|---|---|
| WESLEY TOWERS INC<br><br>10 ACRE PLACE<br>BINGHAMTON, NY 13904<br>23-7095034 | INACTIVE | PA | 501 (C) (3) | LINE 11A | UMH - NY CORP | | No |
| BROOKS CENTER INC<br><br>10 ACRE PLACE<br>BINGHAMTON, NY 13904<br>16-1446116 | INACTIVE | NY | 501 (C) (3) | LINE 11A | UMH - NY CORP | | No |
| UNITED METHODIST HOMES FOR THE AGING OF THE WYOMING CONFERENCE TRUST<br><br>10 ACRE PLACE<br>BINGHAMTON, NY 13904<br>16-1401063 | FUNDRAISING | NY | 501 (C) (3) | LINE 11A | UMH - NY CORP | | No |
| METHODIST HOMES FOR THE AGING OF THE WYOMING CONFERENCE MANAGEMENT SERVICES<br><br>10 ACRE PLACE<br>BINGHAMTON, NY 13904<br>16-1486032 | MANAGEMENT SERVICES | NY | 501 (C) (3) | LINE 11A | UMH - NY CORP | | No |
| METHODIST HOMES FOR THE AGING OF THE WYOMING CONFERENCE IN THE STATE OF NY<br><br>10 ACRE PLACE<br>BINGHAMTON, NY 13904<br>24-0856145 | NURSING AND RESIDENT SERVICES | NY | 501 (C) (3) | LINE 9 | N/A | | No |
| METHODIST HOMES FOR THE AGING OF THE WYOMING CONFERENCE<br><br>10 ACRE PLACE<br>BINGHAMTON, NY 13904<br>22-3266577 | NURSING AND RESIDENT SERVICES | PA | 501 (C) (3) | LINE 11A | UMH - NY CORP | | No |
| GRAND CARE CENTER<br><br>10 ACRE PLACE<br>BINGHAMTON, NY 13904<br>22-2902920 | DAY CARE SERVICES | NY | 501 (C) (3) | LINE 9 | N/A | | No |
| THE ELIZABETH CHURCH MANOR NURSING HOME CORPORATION<br><br>10 ACRE PLACE<br>BINGHAMTON, NY 13904<br>16-1421889 | NURSING HOME | NY | 501 (C) (3) | LINE 11A | UMH - NY CORP | | No |
| THE GRACE VIEW MANOR NURSING HOME CORPORATION<br><br>10 ACRE PLACE<br>BINGHAMTON, NY 13904<br>22-3180239 | NURSING HOME | NY | 501 (C) (3) | LINE 11A | UMH - NY CORP | | No |

## Additional Data

**Software ID:**
**Software Version:**
**EIN:** 16-1421888
**Name:** METHODIST HOMES FOR THE AGING OF THE WYOMING CONFERENCE IN THE STATE OF NY

**Form 990, Special Condition Description:**

| Special Condition Description |
|---|

### 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 | | | |
| SHARON BERG<br>CHAIRPERSON | 11 00 | X | | X | | | | 0 | 0 | 0 |
| JOHN CROUNSE<br>VICE CHAIRPERSON | 4 50 | X | | X | | | | 0 | 0 | 0 |
| NEIL ANDRE<br>TREASURER | 2 00 | X | | X | | | | 0 | 0 | 0 |
| EDWIN ROGERS<br>ASSISTANT TREASURER | 3 50 | X | | X | | | | 0 | 0 | 0 |
| JAMES PROOF<br>ASSISTANT SECRETARY | 1 00 | X | | X | | | | 0 | 0 | 0 |
| WARREN WATKINS<br>DIRECTOR | 12 00 | X | | | | | | 0 | 0 | 0 |
| DONNA BRANDMEYER<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| EDWIN BETZ<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| JOSEPH COONS<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| CARL ERNSTROM<br>DIRECTOR | 7 50 | X | | | | | | 0 | 0 | 0 |
| JAMES CORSELIUS<br>SECRETARY | 2 50 | X | | X | | | | 0 | 0 | 0 |
| GEORGE KRAMER<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| LISA LEE<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| LEONARD LINDENMUTH<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| EVELYN LINTERN<br>DIRECTOR | 1 10 | X | | | | | | 0 | 0 | 0 |
| JAN MCCABE<br>DIRECTOR | 6 00 | X | | | | | | 0 | 0 | 0 |
| ROBERT MONTGOMERY<br>DIRECTOR | 4 00 | X | | | | | | 0 | 0 | 0 |
| LEE ROBESON<br>DIRECTOR | 4 00 | X | | | | | | 0 | 0 | 0 |
| MARYANN JOHNSON<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| ALLAN ROSE<br>DIRECTOR | 5 00 | X | | | | | | 0 | 0 | 0 |
| LINDA ROSS<br>DIRECTOR | 1 00 | X | | | | | | 0 | 0 | 0 |
| BETTY STANTON<br>DIRECTOR | 2 50 | X | | | | | | 0 | 0 | 0 |
| KENNETH SUMMERS<br>DIRECTOR | 3 00 | X | | | | | | 0 | 0 | 0 |
| DAVID TANENHAUS<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| A WAYNE TRIVELPIECE<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |

**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 | | | |
| MICHAEL VENUTI<br>DIRECTOR | 50 | X | | | | | | 0 | 0 | 0 |
| JAMES PYRAH<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| KEITH CHADWICK<br>PRESIDENT / CEO | 40 00 | | | X | | | | 0 | 369,865 | 22,319 |
| BRIAN PICCHINI<br>PRESIDENT / CEO - ELECT | 45 00 | | | X | | | | 0 | 184,529 | 17,488 |
| GARY GARDNER<br>CHIEF FINANCIAL OFFICER | 50 00 | | | X | | | | 0 | 137,285 | 18,590 |
| JERRY HALBERT<br>ADMINISTRATOR | 47 00 | | | | | X | | 78,790 | 61,097 | 15,873 |